GEORGIA INSTITUTE OF TECHNOLOGY  
SCHOOL OF HISTORY, TECHNOLOGY AND SOCIETY  

HTS 8803-A: SOCIOLOGY OF MEDICINE*  
Fall Semester, 2011  
Thursday 3:05-5:55pm  
Room: TBD

Instructor: Jennifer S. Singh, PhD, MPH  
Office: Old Engineering Building, Room G22  
Office Hours: By appointment  
Phone: 404 – 894 – 7445  
Email: Please contact me using T-Square or Jennifer.singh@hts.gatech.edu

COURSE DESCRIPTION:

This course is doctoral seminar whose principal goal is to introduce students to the sub-discipline of medical sociology. In this semester, we will explore the historical context and intellectual contributions that gave rise to these traditions in medical sociology, and become familiar with many of its central scholars, theories, and works. This seminar also examines crucial sociological issues that arise in phenomena generally termed “illness,” “sickness,” “health,” “healing,” “care,” and the socio-cultural, material and historical contexts in which these phenomena are constructed or emerge. Along the way we will pose a number of overarching questions, including:

• How do we account for the development of medical sociology, and how did medicine—as a profession, set of practices, economic sector, market, and way of thinking—come to be an object of sociology scrutiny?
• How do we see prevailing theoretical and substantive concerns in the larger discipline of sociology reflected and refracted in medical sociology?
• How do sociologists account for the structure of the medical professions and the health care system in the U.S. and its changes over time?
• What are some of the theoretical directions within sociology and substantive issues in medicine that foreshadow future concerns for the sociology of medicine and health?
• How are certain issues and “problems” around health and illness conceptualized and defined?
• What theories are useful in understanding our experiences of health and illness, and how the knowledges and systems of healing we bring to bear on these experiences have been shaped?
• How might we integrate theories and empirical work on health and illness as lived and active on the one hand, and as acted upon, inscribed, and constructed by social and cultural discourses on the other?

* This syllabus owes greatly to Dr. Janet Shim

1 of 33
There are three main levels on which we will conduct our exploration of medical sociology:

First, our aim will be to comprehend and appreciate theories on their own terms. We will seek to develop a systematic understanding of how sociologists defined the nature of the “problem” they sought to address within health and medicine, built their arguments, supported and defended them, and accounted for what they observed. Our task here will also be to consider how these works reflect the prevailing social concerns of their time, and to situate sociologists within their historical milieus in order to understand the intellectual contexts within which they constructed their accounts of medicine. We will attend to how these works often speak to two related but distinct registers: the analytic—addressing the question of how to explain the state of medicine and its evolution over time; and the prescriptive—addressing the question of how medicine as a social institution should be structured.

Second, this course will emphasize critique and comparison across texts and theorists. How do different medical sociologists reflect upon the work of their contemporaries, and the kinds of social thought that preceded them? How are they in dialogue with each other, with other social theorists, and with the discipline of sociology at large? How do they or would they respond to each other’s claims? What are their relative strengths and weaknesses, points of emphasis, and foci?

Third, we will seek to get a flavor for the appropriation and application of medical sociological theories. The basic purpose of any kind of theory is to be a tool to think with. Thus we want to test empirically the continued relevance or explanatory power of various theoretical models and accounts. How well do the theories and concepts that were developed in the mid-1950s and 60s, for example, explain norms regarding health and our societal responses to illness in the 80s and 90s? How can we critically apply and adapt their theories to analyze social phenomena within health and medicine, many of which have experienced dramatic change over the past half-century and more? How does such an exercise underscore what the respective strengths and weaknesses of various theoretical perspectives are? What modifications are required?

The strategic choice was made to focus on readings from the “canon” of medical sociology and on theories that help us to make sense of medicine and health care, at the occasional expense of examining attempts to apply those theories more recently and/or to specific health issues. However, throughout the course, you should continue to think about the readings within the context of the particular issue or part of the health-illness world in which you’re interested: To what extent do those theoretical perspectives give you better understanding? In what ways are they limited? And how might the claims of medical sociologists writing in the 20th century be useful and relevant in our 21st-century studies of health and medicine? Our discussions would benefit from your raising these kinds of thoughts and questions in class.
REQUIRED TEXTS:

There are two required books for this course, which are available at the Engineering Bookstore.


Note: Most of these articles can be found on-line through JSTOR or other databases but if you prefer to have an indexed book for future reference, this is a great resource.

All other readings can be found on T-Square for this course.

COURSE REQUIREMENTS:

1. Participation and Discussion Questions (5% of final grade): This course is designed as a doctoral seminar in which participation from all students is necessary if everyone is to profit. Therefore, a portion of the final grade will be based on the quality and appropriately relative frequency of participation, which, it is assumed, will be based on careful reading of all assigned materials. Students are expected to attend every class, except in the case of documented personal illness, family/personal emergency, or observance of a religious holiday.

   Discussion questions for each session are provided below, and will be used as the basis for our in-class exchange. Not all discussion questions are relevant for each reading, but the objective is to use them to critically compare and contrast the authors’ perspectives against each other, to note similarities and differences, and to understand where those come from. Please read and prepare for class with this in mind. You are also required to offer additional questions for class discussion in the critical reviews.

2. Critical Reviews (one each week) (25% of final grade): All students in the course will share responsibility for preparing critical reviews for each of the required readings, which are intended to help you help each other grasp the ideas and implications of the readings. Each student is required to complete one critical review each week. They are due on T-Square at 5PM the day before class.

   Components of these reviews must include: (a) a summary of the theoretical position of the author and her/his core points and arguments; (b) brief reflections on its relationship to the other material assigned for that session, and how it relates to readings encountered earlier in the course (e.g., theoretically consonant—if so, how; in disagreement—if so, how; elaboration of another’s argument; etc.); (c) answers, based on the reading, to all those discussion questions for that session that are applicable to that reading; and (d) two thoughtful questions that you would like to address to the class based on the review. Depending upon the length of the reading, reviews should be 1-2 pages. See template at end of the syllabus for the critical reviews.

   By having prepared a response to the material in advance and sharing your evaluations with the rest of the class, it is my hope that you will be better prepared to engage in productive class discussions and that you will gain more from each other’s analyses than you would otherwise. I will be looking
for clear intellectual engagement with the materials, coherent examination of the topic, and thoughtful, relevant discussion questions.

At the first class of the semester, each of you will sign up for the readings you will review.

3. **Co-facilitation of class (2 x 10% of total grade):** For most weeks, we will have a designated co-facilitator of class discussion. I will pass around a sign-up sheet on the first day of class, and you should each sign up for **TWO** class sessions. In general, co-facilitators are responsible for preparing and answering discussion questions prior to class and working with me to lead discussion during class. Prior to class, co-facilitators will briefly meet with me to discuss a plan for that week’s class (this can be done in person, over the phone, or via email). During class, the co-facilitator is responsible for working with me to identify and sustain discussion topics, as well as to distill themes from seminar participants’ response papers. Students who serve as co-facilitators for particular class meetings should be prepared to describe their motivation for the discussion questions they developed and the themes they see as central in that week’s readings.

My goal in having you co-facilitate class is to improve your familiarity with diverse theoretical perspectives and to enhance your ability to identify themes in this literature. Grades for this activity will be based on the insightfulness and creativity of the discussion question and the organization of the class discussion.

4. **Current events paper and presentation (10% of total grade).** Throughout the course, each student is required to find a article, either in print or online (using LexisNexis or the paper’s online archive), from a reputable newspaper or news magazine (e.g., New York Times, Boston Globe, Time, Newsweek, etc.) that addresses an issue related to medicine, health and illness that you want to discuss in relation to the weekly themes of the course. Facilitation will require that you to post the article on T-Square by WEDNESDAY (at noon the day before class). Everyone is required to print, read, and bring the articles to class on Thursday. Presenters will be required to describe (not read) the article and [a] explain how it connects to the topic of the week and [b] explain how it could be re-conceptualized through a sociological lens based on the questions below. A sign-up sheet will be distributed at the first class.

The purpose of this assignment is to engage the theoretical writings in the context of contemporary issues facing medicine and health. In other words, to what extent do those theoretical perspectives give you better understanding? In what ways are they limited? And how might the claims of medical sociologists writing in the 20th century be useful and relevant in our 21st-century studies of health and medicine? The article you choose should allow you to answer these questions as well as the ones below that are applicable.

- Briefly identify and describe the condition, illness, or health problem you have chosen. If there are population groups most affected by this illness, physical condition or health status, please describe this group (or groups).
- If applicable, what are the biological factors that are important to understanding this condition or health status?
- What are the social factors or social processes that are important to understanding this condition of health status?
- How, if at all, do people with this condition (and their families) interact with the health care system? Are other social institutions important to the discussion health and illness in the article?
Use at least three relevant class readings to support your analysis. Provide proper citations for these readings. This paper should be 5 pages, double-spaced, and please attach the news article to your essay. The papers are due the day you sign up and present to the class. These papers can also serve as a springboard into your final paper.

5. **Final Paper (40% of total grade):** Length of 13-15 pages, excluding title page, references, and the like. This paper should focus on a theoretical problem or topic within the course, or a topic of interest to you that can be addressed by appropriating in some fashion the arguments of the theorists in the course. Your paper should be comparative, taking up at least two different theoretical perspectives and considering how each handles the question or problem that is being posed and addressed in your paper. More likely than not, your paper will need to draw on literature beyond what is included in the syllabus; in doing so, the intent should be to critically assess that literature, engage it at a theoretical level, and develop and articulate your own theoretical positions and arguments.

Around week 6 or so, I will circulate sign-up sheets to schedule appointments to discuss your paper topics; these appointments are voluntary but recommended.

About your sources: Depending on your paper’s topic or question, you may or may not need to draw on additional works beyond what is included in the syllabus by the theorists you’ve selected to cover in your paper. However, please refrain from using secondary sources; the object of this assignment is to develop your own critical reading, interpretations, and insights into the literature, rather than reviewing those of others. Finally, if you choose an “application” type of paper, then you may need to judiciously include some outside sources related to the topic or question which you want to illuminate through appropriating theories, but please be aware that this does not need to be an “empirical” paper nor an exhaustive analysis of some topic. Please follow the ASA Style Guide when formatting citations for all sources (including course literature).

**GRADING POLICY**

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Course grade: 90-100=A  80-89=B  70-79=C  60-69=D  Lower than 60=F
POLICIES FOR WRITTEN WORK

All written papers are to be typed, double-spaced, using 12-pt. Times New Roman font, with one-inch margins, and must include page numbers, proper use of citations, and bibliographies. Please use ASA citation style: See: http://www.asanet.org/students/index.cfm for a link to ASA Quick Style Guide. I will deduct points for incorrect citation style.

I only accept hard copies papers at the beginning of class on the specified due dates. No electronic papers will be accepted.

Late assignments: Late assignments will be penalized one-third of a letter grade for each day they are late, as follows: grades for papers submitted up to 24 hrs late will be reduced by one-third (e.g., from A-to B+); 24-48 hrs late, by two-thirds of a grade (e.g., from A-to B); 48-72 hrs late, by a full grade; and so on.

If you have a personal or family emergency and are unable to complete an assignment, you must speak with me as soon as possible so we can discuss how and when you will complete the assignment. **Do not assume that you may hand in all of your assignments at the end of the course, or that you will be granted an extension.**

Research/Writing Resources at Georgia Tech:

http://libguides.gatech.edu/research: This guide will help you learn how to conduct research, how to write well, and how to avoid plagiarism by citing your sources.

**Some noteworthy medical sociology journals**

1. Journal of Health and Social Behavior  
2. Social Science and Medicine  
3. Sociology of Health and Illness  
4. Health  
5. Journal of Health Politics, Policy and Law  
6. Qualitative Health Research  
7. Journal of Public Health Policy  
8. Women and Health  
9. Medical Anthropology Quarterly  
10. Medical Sociology News  
11. Journal of Women and Aging  
12. Medical Sociology  
13. Health Affairs  
14. Family and Community Health  
15. The Milbank Quarterly  
16. Disabilities Studies Quarterly

**CLASSROOM CONDUCT**

- Since our class is debate-oriented, I expect you to respect and listen to everybody’s opinions and perspectives. I value and respect your contributions. Please do the same for others in the class. Our class is a space free of sexist, racist or other offensive comments.
- Please **silence** cell phones, and **turn off** iPods, or other electronics during class.
- Late arrivals & early departures disrupt not only me, but also other students; therefore, if you know you will be late or need to leave early—please talk to me **before** class (or email me).
- Regular attendance of the course is expected. Students are expected to attend every class, except in the case of documented personal illness, family/personal emergency, or observance of a religious holiday.
ACADEMIC HONOR CODE

All students are required to abide by the Georgia Tech Academic Honor Code. Based on the Graduate Addendum to the Academic Honor Code: Scholarly misconduct refers to misconduct that occurs in research and scholarly activities outside of the classroom. The following definitions are taken from the Institute Policy on Scholarly Misconduct:

* "Misconduct" or "scholarly misconduct" is the fabrication of data, plagiarism, or other practice that seriously deviates from those that are commonly accepted within the academic or research community for proposing, conducting, or reporting research or scholarly activity. It does not include honest error or honest differences in interpretation or judgments of data.
* "Plagiarism" is the act of appropriating the literary composition of another, or parts of passages of his or her writings, or language or ideas of the same, and passing them off as the product of one's own mind. It involves the deliberate use of any outside source without proper acknowledgment. Plagiarism is scholarly misconduct whether it occurs in any work, published or unpublished, or in any application for funding.

All graduate Students are encouraged to become familiar with this policy, which is available from the Office of the Dean of Students.

ACCOMODATIONS

Students with disabilities needing reasonable accommodations are encouraged to contact the instructor. The Office of the Dean of Students, ADAPTS Disability Services Program is available to assist us with the reasonable accommodations process. More information at: http://www.adapts.gatech.edu/index.php.

ADDITIONAL BOOKS (By no means a complete list)


Treatable Disorders. Baltimore, MD: Johns Hopkins University Press.


WEB RESOURCES


Sociology of Health and Illness: Podcasts Key Thinkers and Debates: http://www.blackwellpublishing.com/shil_enhanced/podcasts.asp#podcast2

This guide highlights health data available at the state, federal and international level in several areas of health care and health administration. Primary sources are the Federal Government and international agencies: http://resources.library.lemoyne.edu/content.php?pid=88173&sid=1521742

Socio-Web: The SocioWeb is an independent guide to the sociological resources available on the Internet and is founded in the belief that the Internet can help to unite the sociological community in powerful ways. http://www.socioweb.com/

Sociological Images: Sociological Images encourages people to exercise and develop their sociological imaginations with discussions of compelling visuals that span the breadth of sociological inquiry. http://thesocietypages.org/socimages/
Professional Organizations

American Sociological Association
Southern Sociological Association
Society for Social Studies of Science

Sociological Data/Research Sites

U.S. Bureau of the Census
PEW Research Center
Electronic Journal of Sociology
Sociological Review Online

Search Tools and Archives

WWW Virtual Library: Sociology
Metacrawler
ASA Student Style Website
COURSE SCHEDULE


Discussion Questions:

1. What is theory? What is sociological theory?
2. How did medicine, illness, and then health more broadly come to be objects of sociological investigation?
3. What is distinctive about approaching medicine and health as social phenomena? What kinds of questions does such an approach make us ask about how modern health care, the experience of illness, and the role of health professionals, medical institutions, and ideas about health in social affairs came to be?

Readings:

**Introduction to Medical Sociology**


WEEK 2. September 1, 2011. Introduction to the U.S. Healthcare System

Discussion Questions:
1. In what ways do sociologists conceptualize social institutions (i.e. Healthcare system) as socially constructed?
2. How do the different sociological perspectives (Functionalism and Conflict theory) differ in their analytical perspective towards healthcare delivery systems? How is the State viewed in each of these perspectives?
3. What major factors influence health care costs structures in the U.S.?
4. What institutions, ideologies, and organizations have influenced the organization of the US health care system?
5. How do existing institutional structures influence the health care reform debate? Whose interests might be furthered by health care reform legislation? Whose might be lessoned?

Budrys, G. (2001). Introduction to Health Care System as a Social Institution (Ch. 1) and Two Sociological Perspectives of the Health Care System (Ch. 2). In Our Unsystematic Health Care System (pp. 1-10 and 11-22). New York, NY: Rowman & Littlefield.


Discussion Questions:

1. How is Parsons a product of his historical and intellectual time? In what ways does his work reflect the prevailing concerns in sociology at that moment?
2. What are the theoretical bases of structural functionalism?
3. How did Parsons accomplish the task of rendering medicine and sickness legitimate objects of sociological scrutiny? What theoretical arguments and claims did he make in order to do so?
4. What are the claims of the concept of the sick role?
5. In what ways does the sick role illuminate how medicine in particular, and society more generally, work?
6. What theoretical contributions did Parsons make to sociology in general, and to medical sociology in particular?
7. In what ways are Parsons’ concerns with values, social order, and societal functioning still relevant today? What can we take from his scholarship into contemporary medical sociology?

Readings:


Recommended:


Discussion Questions:

1. What is the nature of the professional claim? On what grounds does medicine have and exercise authority and wield power?
2. What relationships does Freidson’s earlier work draw between professionalism, professional autonomy, and professional status in medicine?
3. In his later years, Freidson wrote about the role of knowledge in medical authority. In what ways did he make these connections? And how is his work in this vein continuous or distinctive from his earlier writings on professional autonomy and control?
4. What is Friedson’s position on the social nature of illness? How does it compare to Parsons’ theory of the sick role?
5. How does Freidson’s attention to the actual content of medical work open up new avenues for sociological inquiry? How do we see the effects of such moves today?
6. Is Freidson’s understanding of medical authority—its sources, maintenance, and implications—of a different character than those of Parsons and of Starr? In what ways are they similar or different?

Readings:


Readings to be considered:


Freidson, E. 2001. Professional knowledge and skill (Ch. 1), Divisions of labor? (Ch. 2), The assault on professionalism (Ch.8), and The soul of professionalism (Ch. 9). In *Professionalism: The Third Logic*. Chicago, IL: The University of Chicago Press, p. 17-35, 36-60?, 179-196, 196-222.


Discussion Questions:

1. What is politics about, at the most basic level? What is “political economy”? What assumptions are embedded in that very phrase, in putting and considering politics and economy together?
2. For the most part, medical sociologists tend to agree that medicine and physicians accumulated great prestige and professional control through the mid-20th century. How do they variously explain the rise of modern medicine? What social processes do they claim underlie this overall trend?

Readings: TBD, but tentative list below:


Readings to be considered:


Discussion Questions:

1. How can we bring in the modern state into our understanding of medicine and health care? To what degree, in what ways, and how does it and its interests exert influence? How does this square with scholars we’ve read previously who argue that medicine is more of an autonomous, professional domain?

2. How do different authors characterize the changing social organization of medical institutions and health care over the past several decades? What do their various characterizations—privatization, rationalization, corporatization, deprofessionalization are just some examples—indicate about the theoretical and political lenses through which they view health care?

3. Can one theory or explanation account for both the rise as well as the purported fall of the status of modern medicine?

4. Is there a crisis in health care? What is the nature of this crisis? How is this an ongoing social construction, why and how is this framing of the situation mobilized, and to what ends?

5. What implications do aspects of the changing political economy of health care have for the social relationships between patients and health professionals? For how health care is provided and organized? For society as a whole?

Readings:


WEEK 7. October 6, 2011. The Reorganization and Deprofessionalization of Health Care: Reconsidering Professional Sovereignty and Autonomy

Discussion Questions:

1. Medical sociologists tend to agree that medicine and physicians have experienced diminishing autonomy since roughly the 1970s. But they often disagree on why that is, how it came about, the degree of actual decline, and its consequences for physicians’ social status. What are their various accounts about the nature of the crisis in the medical profession, their diagnoses of its problems, and how do they differ?

2. How do differing perspectives on professional autonomy, professional status, and professional dominance stand up to emerging trends in medicine? To what extent do they accurately describe what has been going on, and where do they fall short?

3. To what degree do you believe that the social prestige and authority of medicine has fallen? What evidence can you, based on the readings, marshal for your answer? In what ways is medicine working to counteract this trend?

Readings: TBD, but tentative list below:


Readings to be considered:


WEEK 8. October 13, 2011. Inequality and Health

Discussion Questions:

1. What are some of the contours of health inequalities in America? What are some of the social characteristics and differences that pattern health inequalities?
2. What theories can help us explain the production of social inequalities in health? What are the assumptions and views of the world and of the health care system that underlie those various theories?
3. What is the relationship between inequalities in health and other forms of social inequality? To what degree do views of social difference and inequality in health, health care, and medicine feed back into society?
4. Are there ways in which inequalities in health are distinctive, merit a different kind of theorization than other forms of social inequality, and have unique and/or particularly significant consequences for individuals?

Readings:


Recommended:


Discussion Questions:

1. In what ways are understandings of medicine as an institution of social control a product of their time? With whom were such works in conversation with?
2. What are the historical continuities and disjunctures between early work on medicine and social control, and theories of medicalization and biomedicalization?
3. Does the concept of medicalization comprehensively describe all of the ways in which medicine as an institution and its professionals exert social control over the definition, experience, and treatment of illness?
4. What are some of the distinctions between medicalization and biomedicalization? How are these substantively and theoretically important?
5. Where might we look today to see examples of (bio)medicalization in practice? Where are they being contested? How are they being modified or reconfigured? How might such processes change into the future?
6. What are some critiques of medicalization and biomedicalization theories? Given all of the changes wrought in medicine, health care, and the medical professions over the past half-century, do you feel that medicine as an institution of social control is becoming weaker, stronger, different in character and/or effect?

Readings:


Recommended:


Discussion Questions:

1. How is the historical emergence of the social psychology of health and illness situated within the context of broader sociological concerns and currents?

2. How were scholars who used social psychological approaches in explicit conversation with other theoretical perspectives?

3. How is the focus of SI (symbolic interactionism) different and/or similar than previous theoretical perspectives discussed in the course? How does this manifest in the study of health and illness? Who and/or what are the major focus?

Readings:


Recommended Readings:


WEEK 11. November 3, 2011. NO CLASS DUE TO TRAVEL: MAKE UP CLASS TBD

Experiences of Health and Illness: Subjectivity and Structure

Description: In this session, we will continue to examine aspects of the lived experiences of health and illness that had occupied early pioneers in the social psychology of health and illness, and explore how more recent scholars used these approaches. These include interactional processes involved in the shaping of ongoing experiences, conceptions of the self and subjectivity, and the mutual articulations among cultural interpretations, social interactions, and physical events and suffering felt at the material level.

Discussion Questions:

1. How are health and illness social and political phenomena in the conceptions of the various authors?
2. In what ways do considerations of stigma, pain, and other aspects of disability and illness interrogate and problematize dominant cultural ideologies about health, illness, normality, and how we should confront issues of sickness and disability in our own lives?
3. What does an analysis of the experience of illness tell us about routine modes of social interaction? That is, what does an attendance to disrupted meanings reveal about the construction of subjectivity, social relationships, and social structures?
4. How do the authors reconceptualize the experience of living with disability or illness as “work” and what does this reconceptualization contribute to our understandings of our bodies in society?

Readings:


Readings to be considered:


Description: These classes will touch on some of the cultural and social issues involved in the definitions of “health” and “illness.” Furthermore, we will attempt to trace some of the ways in which these conceptions are crafted, sustained, disrupted, and reconstructed, and the consequences that flow from how these terms are constructed and defined.

Discussion Questions:

1. What do the authors tell us about how we define health and illness, disease and well-being? What kinds of knowledges, dynamics, interactions do we draw on in defining these terms?
2. What are the consequences of particular constructions of health and illness, of what constitutes legitimate knowledge about them? What do these constructions have to do with biomedicine, how we understand it, the role it plays in our individual and collective lives?
3. What do these authors say about how a disease entity or category comes about? In what ways can we think of health and illness as socially produced? As socially constructed?
4. Through these readings, in what ways can we understand knowledge about illness and disease as a political phenomenon? How do conceptualizations of health, risk, and illness contribute to power relations in society?
5. In what ways do broader social ideologies about hierarchy and ideas about who gets sick and why interact with each other

Readings:


WEEK 13, November 17, 2011. Social Construction of Biomedical Knowledge and Practices

**Description:** This class will touch on issues around the construction of biomedical knowledges and practices. Who usually shapes what kinds of biomedical knowledges, and how are they produced? Who is excluded from participation? What are some of the implications and consequences of legitimated or unauthorized knowledges on the experience of health and illness? How might we evaluate and better understand why attention is paid to some problems and not to others?

**Discussion Questions:**

1. What conditions what we know about illness, the body, well-being? What are the authors’ conceptualizations of how various knowledges about health and illness come into being?
2. What does it mean for biomedical knowledges and practices to be “constructed”? In what ways are these products of social processes? What is the nature, content, and shape/trajectory of these processes?
3. What pictures are offered by the authors of the contexts within which biomedical knowledge and practices are constructed?
4. How do the authors view the “traffic” that occurs between the content of scientific knowledge and the broader social, cultural, political, and historical contexts that cradle it? What boundaries and dichotomies do various social actors attempt to erect, police, sustain, and contest? Why, and with what consequences?
5. What do each of the authors contribute to Casper and Berg’s charge to “move beyond epistemology”? What are some of the politics, consequences, significance for policy, lived experiences, and how we set up our health care institutions and distribute health resources?
6. How do lay knowledges effect the dominant constructions of health and illness? Shift the power dynamics in the doctor-patient relations?

**Readings:**


Recommended:


Readings to be considered:


WEEK 14. November 24, 2011. NO CLASS DUE TO THANKSGIVING HOLIDAY
WEEK 15. December 1, 2011. Social Movements in Health and Illness

**Description:** This session will be concerned with the critical roles that disease construction, illness experiences, “expert” and “lay” knowledges all play in the emergence of social communities and activism around health issues. As such, it is a continuation of sorts from last week’s class on biomedical knowledges. There are numerous sociological theories about social movements, and we will discuss some of the most commonly used perspectives. We will also trace some of the conditions that give rise to health-related social movements, the forces that give shape to their histories and dynamics, and the effects that they can have at the level of lived experiences as well as public policies.

**Discussion Questions:**

1. What specific aspects of health and illness do health social movements organize around and what are the central challenges? Whose knowledge counts in these debates?

2. What different notions of “identity” do these authors discuss as central to the success (or failure) of health social movements?

3. What shifts and changes do we see in the role of information, knowledge and literacy in health social movements? In an individual’s confidence to make a difference (agency)? In the formation of group identities?

**Readings:** (Possible changes to readings to be announced.)


Recommended:


Description: The goal of this final session will be to try to look forward and outward to broader issues that concern medical sociology and the social study of health and medicine in general.

Discussion Questions:

1. Sociological writing and sociologists themselves often exhibit a dual, inter-related, and reciprocal character: on the one hand, analytic—that is, describing what is, what has changed, and providing explanatory accounts for these; on the other hand, prescriptive—advocating ways to ameliorate what is defined to unjust, inefficient, unethical, or otherwise amiss in a social situation. What are the various prescriptions that these authors offer for changing the health care system for the better?

2. What are the “definitions of the situation” or articulations of the “problems” of health care that underlie these prescriptive agendas?

3. What is on the horizon for macro-level and micro-level perspectives in medical sociology? How do these reflect historically prevailing concerns in our discipline?

4. What are some of the emergent issues in the systems and organizations and institutional practices we construct to manage health and sickness, both those highlighted in the readings and those you see on the horizon? What are some of the big changes that we as medical sociologists need to confront and analyze? In what ways do these shifts compel new thinking and theorizing?

5. In what ways are the social processes around health and illness in a post-industrial or postmodern society distinct from those of a modern one?

6. What directions might occupy our disciplines in the immediate future? What gaps are yet to be filled?

7. What do we want/need/desire from biomedicine? How can we change the ways in which biomedicine inheres and is embedded within our social order at present?

Readings:

Readings: TBD, but tentative list below:


Implications. *Journal of Health and Social Behavior, 51* (S), S67-S79.


OR


Readings to be considered:


Template for Critical Reviews

CITATION: Provide a complete citation in ASA citation style.

MAJOR CONCEPTS AND/OR THEORIES ADDRESSSED (feel free to define concepts that are new and that you are learning for the first time)

DISCUSSION QUESTIONS: Two thoughtful questions that you would like to address to the class based on the review.

CORE ARGUMENT/THESIS/BRIEF SUMMARY/THEORETICAL PERSPECTIVE: A summary of the theoretical position of the author and her/his core points and arguments.

METHODS AND DATA SOURCES (IF APPLICABLE):

CRITIQUE: A brief reflection on its relationship to the other material assigned for that session, and how it relates to readings encountered earlier in the course (e.g., theoretically consonant—if so, how; in disagreement—if so, how; elaboration of another’s argument; etc.). Based on the reading, answers to all those discussion questions for that session that are applicable to that reading, and/or address questions brought up by students in class.