

SEMINAR IN HEALTH: THEORY & RESEARCH IN MEDICAL SOCIOLOGY

University of Nebraska – Lincoln
Course Syllabus

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Office hours: M & Th 1-2 or by appointment

SOCI 903
W 6 – 8:30 p.m.
Oldfather Hall 707

Reading Materials

- Article PDFs as posted on Blackboard
- Optional text: Bird, Chloe E.; Conrad, Peter; Fremont, Allen M., eds. (2010). *Handbook of Medical Sociology*. Vanderbilt University Press. Available electronically from UNL Libraries.

COURSE DESCRIPTION

The ASA Medical Sociology section describes the field thusly: Medical sociology provides an analytical framework for understanding the social contexts of health, illness, and health care. Central topics include the subjective experience of health and illness; political, economic, and environmental circumstances fostering ill health; and societal forces constraining the medical care system and individuals' responses to illness. This field draws on traditional sociological issues and contributes to them through reformulations of such basic concepts as social systems and institutions, professionalism, social movements and social change, and social interaction and negotiation. Drawing from pluralistic perspectives, the field is concerned with basic sociological research and its implications for public policy and practice. (www.asanet.org/medicalsociology/)

In this course, health is broadly defined to include physical health, mental health, disabilities, and health-risk behaviors (e.g., sexual behavior, substance use). Likewise, health care and health care systems are pluralistically defined to include home care, professional care, and traditional and alternative medicine, as well as associated professions (e.g., physicians, nurses) and industries (e.g., pharmaceuticals; insurance; hospitals).

As you can see, the field of medical sociology (sometimes referred to the sociology of health and illness) is extensive. The objective of this course is to provide an overview of the key paradigms in the study of health, illness, and health care. Weekly reading assignments offer theoretical and empirical articles. If you are pursuing a concentration in health or mental health, the readings serve as a springboard to deeper study.

COURSE REQUIREMENTS

Participation and Attendance. As a graduate seminar, your attendance is expected. (At this stage of the game, “skipping” is unacceptable.) Your participation in class discussion is required. In order to participate fully, you must be prepared. Simply reading/skimming the assignment is not sufficient. Rather, you should be attentive and critical, which will prepare you to contribute relevant ideas, reactions, and questions to the conversation. Your participation grade, assigned at the end of the semester, will be based on: demonstrated familiarity with the readings, contribution to the conversation, and weekly attendance.

Homework Assignments. In addition to reading all assigned material, you will be responsible for preparing a summary outline. The purpose of homework assignment is to: (1) help you process the readings; (2) prepare you to contribute fully to class discussions; (3) help you improve your writing skills. See Appendix 1 for details.

Course Project. You are responsible for preparing a critical literature review or empirical research paper. You will also present your results to the class. See Appendix 2 for details.

Paper Discussant. Each student will serve as a discussant for another student's paper. The discussant will provide a written (1-2 pages) and an oral review of a paper on the day that paper is presented. The written portion should be similar to a review that one might receive from a journal reviewer (see examples on Blackboard). A copy of the written portion should be given to the student and me on the day the paper is presented.

GRADING

Standard graduate course grading is on an "A-B-C" scale (above average – average – below average). Lower grades can and will be assigned if the student fails to submit an assignment or fails to meet the requirements of the course/assignment. I reserve pluses for either exceptional work (A+) or for work that is somewhere in the middle (B+, C+) but needs improvement to get over the hump.

In general, my interpretation of the letter grades is:

- A. Main ideas from the literature/research are described correctly, and the discussion is accurate, appropriate, and thoroughly explained and illustrated.
- B. Basic understanding of the material shown through an accurate description and appropriate discussion
- C. Some appropriate discussion, but limited understanding of the material exhibited (i.e., inaccurate description of point and/or inappropriate discussion; lack of focus)

Numerically, these grades are: A+ = 100, A = 95, B+ = 89, B = 85, C+ = 79, C = 75

Each of the items below will be assigned one of these grades. Final grades are based on percentages:

Class Participation	10%
Homework Assignments	35%
Prospectus & Outline	5%
Final Paper	35%
Presentation	10%
Paper Discussant	5%

SCHEDULE

Abbreviation Code

HMS = Handbook of Medical Sociology
JHSB = Journal of Health and Social Behavior
SHI = Sociology of Health and Illness
SSM = Social Science & Medicine

August 26 – Introduction & the Essentials

- Chaiklin, H. (2011). The state of the art in medical sociology. *Journal of Nervous and Mental Disease*, 199, 585-591.
- Conrad, P., & Schneider, J. W. (1992). A theoretical statement on the medicalization of deviance. Ch. 10 in *Deviance and Medicalization: From Badness to Sickness, expanded edition*. Philadelphia: Temple University Press.
- Pearlin, L. I. (1989). The sociological study of stress. *JHSB*, 30, 241-256.
- Link, B. G., & Phelan, J. (1995). Social conditions as the fundamental cause of disease. *JHSB, Extra Issue*, 80-94.

September 2 – Social Construction of Health & Illness

- Barker, K. The social construction of illness: medicalization and contested illness. *HMS* Ch. 9
- Jutel, A. (2009). Sociology of diagnosis: a preliminary review. *SHI*, 31, 278-299.
- Timmermans (2005). Death brokering: constructing culturally appropriate deaths. *SHI*, 27, 993-1013.
- Khalid, A., & Quinonez, C. (2015). Straight, white teeth as a social prerogative. *SHI*, 37, 782-796.
- Armstrong, D. (2014). Chronic illness: a revisionist account. *SHI*, 36, 15-27
 - Gilleard, C., & Higgs, P. (2014). Revisionist or simply wrong? *SHI*, 36, 1111-1115.
 - Armstrong, D. (2014). Revisionist or simply wrong? A rejoinder, *SHI*, 36, 1116-1117.
- Barker, K. (2011). Listening to Lyrica: contested illnesses and pharmaceutical determinism. *SSM*, 73, 833-842.

Recommended:

- Brown, P. (1995). Naming and framing: the social construction of diagnosis and illness. *JHSB*, 35, extra issue, 34-52.
- Horwitz, A. V. (2007). Transforming normality into pathology: the DSM and the outcomes of stressful social arrangements. *JHSB*, 48, 211-222.
- Conrad, P., & Barker, K. (2010). The social construction of illness: key insights and policy implications. *JHSB*, 51, S67-S79.

September 9 – Fundamental Causes Theory

- Link, B., & Phelan, J. Social conditions as fundamental causes of health inequalities. *HMS* Ch. 1
- Polonijo, A. N., & Carpiano, R. M. (2013). Social inequalities in adolescent human papillomavirus vaccination: A test of fundamental cause theory. *SSM*, 82, 115-125.
- Rubin, M. S., Clouston, S., & Link, B. G. (2014). A fundamental cause approach to the study of disparities in lung cancer and pancreatic cancer mortality in the United States. *SSM*, 100, 54-61.
- Denney, J. T., & He, M. (2014). The social side of accidental death. *Social Science Research*, 43, 92-107.

- Freese, J., & Lutfey, K. (2011). Fundamental causality: challenges of an animating concept for medical sociology. In Pescosolido, B. A., et al. (eds.), *Handbook of the Sociology of Health, Illness, and Healing*, pp. 67-81.
- Goldberg, D. S. (2014). The implications of fundamental cause theory for priority setting. *American Journal of Public Health, 104*, 1839-1843.

September 16 – The Stress Paradigm

- Aneshensel, C. S., & Mitchell, U. A. (2014). The stress process: Its origins, evolution, and future. Pp. 53-74 in Johnson, R. G, Turner, R. J., & Link, B. G. (eds.), *Sociology of Mental Health: Selected Topics from Forty Years, 1970s -2010s*. Springer Briefs in Sociology
- Pearlin, L. I., Schieman, S., Fazio, E. M., & Meersman, S. C. (2005). Stress, health, and the life course: Some conceptual perspectives. *JHSB, 46*, 205-219.
- Thoits, P. (2010). Stress and health: major findings and policy implications. *JHSB, 51*, S41-S53.
- Steptoe, A., & Kivimaki, M. (2013). Stress and cardiovascular disease: An update on current knowledge. *Annual Review of Public Health, 36*, 337-354.
- Kelly, S. J., & Ismail, M. (2015). Stress and type 2 diabetes: A review of how stress contributes to the development of type 2 diabetes. *Annual Review of Public Health, 36*, 441-462.
- Keller, A., Litzelman, K., Wisk, L. E., Maddox, T., Cheng, E. R., Creswell, P. D., & Witt, W. P. (2012). Does the perception that stress affects health matter? The association with health and mortality. *Health Psychology, 31*, 677-686.

Recommended:

- Carr, D., & Umberson, D. (2013). The social psychology of stress, health, and coping. Pp. 466-487 in J. DeLamater and A. Ward (eds.), *Handbook of Social Psychology*.
- Aneshensel, C. S. (2015). Sociological inquiry into mental health: the legacy of Leonard I. Pearlin. *JHSB, 56*, 166-178.

September 23 – Health Disparities

- Williams, D. R., & Sternthal, M. (2010). Understanding racial-ethnic disparities in health: sociological contributions. *JHSB, 51*, S15-S27.
- Pampel, F. C., Krueger, P. M., & Denney, J. T. (2010). Socioeconomic disparities in health behaviors. *Annual Review of Sociology, 36*, 349-370.
- Pellowski, J.A., Kalichman, S. C., Matthews, K. A., & Adler, N. (2013). A pandemic of the poor: social disadvantage and the U.S. HIV epidemic. *American Psychologist, 68*, 197-209.
- Kaiser, K., Cameron, K.A., Curry, G., & Stolley, M. (2013). Black women's awareness of breast cancer disparity and perceptions of the causes of disparity. *Journal of Community Health, 38*, 766-772.
- Turner, R. J. (2013). Understanding health disparities: The relevance of the stress process model. *Society & Mental Health, 3*, 170-186.
- Longest, K. C., & Thoits, P. A. (2012). Gender, the stress process, and health: a configurational approach. *Society & Mental Health, 2*, 187-206.

Recommended:

- Springer, K. W., & Mouzon, D. M. (2011). "Macho men" and preventative health care: implications for older men in different social classes. *JHSB, 52*, 212-227.

September 30 – Social Relationships, Networks, & Health

- Lovasi, G. S., Adams, J., & Bearman, P. S. Social support, sex, and food: social networks and health. *HMS* Ch. 5
- Umberson, D., R., & Reczek, C. (2010). Social relationships and health behavior across the life course. *Annual Review of Sociology*, *36*, 139-157.
- Verhaeghe, P., Pattyn, E., Bracke, P., Verhaeghe, M., & Van Du Putte, B. (2012). The association between network social capital and self-rated health: pouring old wine in new bottles? *Health & Place*, *18*, 358-365.
- Haas, S. A., Schaefer, D. R., & Kornienko, O. (2010). Health and the structure of adolescent social networks. *JHSB*, *51*, 424-439.
- Centola, D. (2011). An experimental study of homophily in the adoption of health behavior. *Science*, *344*, 1269-1272.
 - Response: Van der Leij, M. J. Experimenting with buddies. *Science*, *344*, 1220-1221.
- Cronin, J. M., McCarthy, M., & Collins, A. (2014). Creeping edgework: carnivalesque consumption and the social experience of health risk. *SHI*, *36*, 1125-1149.

October 7 – Labeling & Stigma

- Olafsdottir, S., & Pescosolido, B. A. (2011). Constructing illness: how the public in eight Western nations respond to a clinical description of schizophrenia. *SSM*, *73*, 929-938
- Thoits, P. A., & Link, B. G. (2015). Stigma resistance and well-being among people in treatment for psychosis. *Society & Mental Health*, DOI: 10.1177/2156869315591367.
- Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*, *103*, 813-821.
- Hansen, H., Bourgois, P., & Drucker, E. (2014). Pathologizing poverty: new forms of diagnosis, disability, and structural stigma under welfare reform. *SSM*, *103*, 76-83.
- More to come...

October 14 – Patients

- Rier, D. A. The patient's experience of illness. *HMS* Ch. 10
- Albrecht, G. L. The sociology of disability. *HMS* Ch. 12
- Gengler, A. M. (2014). "I want you to save my kid!": Illness management strategies, access, and inequality at an elite university research hospital. *JHSB*, *55*, 342-359.
- Schaepe, K. S. (2011). Bad news and first impressions: patient and family caregiver accounts of learning the cancer diagnosis. *SSM*, *73*, 912-921.
- Poteat, T., German, D., & Kerrigan, D. (2013). Managing uncertainty: a grounded theory of stigma in transgender health care encounters. *SSM*, *84*, 22-29.
- More to come...

October 21 – Professionals

- Timmermans, S., & Oh, H. (2010). The continued social transformation of the medical profession. *JHSB*, *51*, S94-S106.
- Winnick, T. A. (2005). From quackery to complementary medicine: The American medical profession confronts alternative therapies. *Social Problems*, *52*, 38-61.

- Szymczka, J. E., & Bosk, C. L. (2012). Training for efficiency work, time, and systems-based practice in medical residency. *JHSB*, 53, 344-358.
- Martin, G. P., et al. (2015). Professionalism: redundant, reshaped, or reinvigorated? Realizing the “third logic” in contemporary health care. *JHSB*, DOI: 10.1177/0022146515596353
- More to come...

October 28 – Medicalization and its Discontents

- Conrad, P. (1992). Medicalization and social control. *Annual Review of Sociology*, 18, 209-232.
- Armstrong, D. (1995). The rise of surveillance medicine, *SHI*, 17, 393–404.
- Thorpe, K. E., and Philyaw, M. (2012). The medicalization of chronic disease and costs. *Annual Review of Public Health*, 33, 409-423.
- Ebeling, M. (2011). Get with the Program! Pharmaceutical marketing, symptom checklists and self-diagnosis. *SSM*, 73, 825-832.
- Mintzes, B. (2012). Advertising of prescription-only medicines to the public: Does evidence of benefit counterbalance harm? *Annual Review of Public Health*, 33, 259-277.
- Timmermans, S., & Buchbinder, M. (2010). Patients-in-waiting: living between sickness and health in the genomics era. *JHSB*, 51, 208-423.

Recommended:

- Conrad, P., Mackie, T., & Mehrotra, A. (2010). Estimating the costs of medicalization. *SSM*, 70, 1943-1947.
- Saguy, A., & Riely, K. W. (2005) Weighing both sides: morality, mortality, and framing contests over obesity. *Journal of Health Politics, Policy, and Law*, 30, 869-923.

November 4 – Health Care

- Wright, E. R., & Perry, Brea L. (2010). Medical sociology and health services research: past accomplishments and future policy challenges. *JHSB*, 51, S107-S119.
- Fennell, M. L., & Adams, C. M. (2011). U.S. health care organizations: Complexity, turbulence, and multi-level change. *Annual Review of Sociology*, 37, 205-219.
- Beckfield, J., Olafsdottir, S., & Sosnaud, B. (2013). Healthcare systems in comparative perspective: Classification, convergence, institutions, inequalities, and five missed turns. *Annual Review of Sociology*, 39, 127-146.
- Feagin, J., & Bennefield, Z. (2014). Systemic racism and U.S. health care. *SSM*, 103, 7-14.
- Livne, R. (2014). Economies of dying: the moralization of economic scarcity in U.S. hospice care. *American Sociological Review*, 26, 888-911.
- More to come...

November 11 – Health Care Reform

- Quadango, J. (2010). Institutions, interest groups, and ideology: An agenda for the sociology of health care reform. *JHSB*, 51, 125-136.
- Mechanic, D., & McAlpine, D. D. (2010). Sociology of health care reform: Building on research and analysis to improve health care. *JHSB*, 51, S147-S159.
- Blank, R. H. (2012). Transformation of the US healthcare system: why is change so difficult? *Current Sociology*, 60, 415-426.

- More to come on reform...

November 18 – TBD

November 25 – Thanksgiving break

December 2 & 9 – Class presentations

ADDITIONAL COURSE POLICIES

Class Decorum. In a graduate classroom, **everyone** should feel comfortable asking questions, sharing ideas, and engaging fully in the conversation. My goal is to support an inconclusive environment, regardless of stage in the program, status characteristics, etc. I expect you to show respect for others. You should actively and thoughtfully listen to others, and then respond to their ideas not to them as individuals. This creates a positive learning environment for everyone. Thoughtful debate is welcomed and encouraged. Harassment and disrespectful behavior will not be tolerated.

Written Submissions. Written assignments should reflect a scholarly writing style: coherent and well-reasoned, integrative, and no spelling/grammar errors. They should be polished, not rough drafts. All written work should follow standard procedure (i.e., 12 pt. font, 1 inch margins, spell- and grammar-checked, appropriate citations). I am not impressed by how much you can write, but how well you can write. All written work should be posted to Blackboard. I will not accept emailed or hard copy papers. I do NOT grant extensions, and I do NOT accept late assignments.

Academic Integrity. When you place your name on an assignment, I interpret this to mean that you have received no unauthorized assistance on the assignment. Unauthorized assistance includes but is not limited to: turning in assignments as your own work when it is not; plagiarism (presenting someone else's published ideas as your own). These acts **will not** be tolerated. You will automatically fail the course, and I will report the incident to the graduate chair. For more information, visit http://www.unl.edu/ous/academic_tips/integrity.shtml.

Students with Disabilities: Students with disabilities are encouraged to contact me for a confidential discussion of their individual needs for academic accommodation. It is the policy of the University of Nebraska-Lincoln to provide flexible and individualized accommodation to students with documented disabilities that may affect their ability to fully participate in course activities or to meet course requirements. To receive accommodation services, students must be registered with the Services for Students with Disabilities (SSD) office (<http://www.unl.edu/ssd/>), 132 Canfield Administration, 472-3787 voice or TTY.

APPENDIX 1 – SUMMARY OUTLINES

Each week, prepare a summary outline that (1) integrates the assigned readings, (2) offers a critical analysis, and (3) lists “talking points” for further discussion. You should approach the outline as if you were drafting an entry for the *Annual Review of Sociology*. When complete, *Annual Review* articles integrate the literature to tell the reader something about the “state of the field,” identify common themes and findings across the literature, note contradictions between readings, attempt to resolve the source of such disagreements, and suggest new directions.

As you might imagine, writing such an article does not simply involve writing – a good deal of outlining and drafting happens prior to the finished product. Your outline should thus reflect that process. In your outline, following the appraisal and integration of the readings, be sure to identify unresolved issues, controversies, and directions for further research/theoretical development. At the end of your outline, add a few talking points/questions that are suitable for class discussion.

Outlines should not exceed 2 pages. Outlines should be posted to Bb each Wednesday PRIOR to class time.

APPENDIX 2 – COURSE PROJECT

The course project should substantially expand on a topic covered by the course. Both types of papers should review relevant literature and theory. A critical review then presents hypotheses or directions for future research or theoretical development, similar to an *Annual Review* piece. An empirical paper then presents a methods section and qualitative or quantitative analysis, similar to a *JHSB* or *SHI* piece. A critical review may be more appropriate for an early career student or for a student preparing a thesis or dissertation proposal. An empirical study may be more appropriate for an advanced student who is working on a thesis or dissertation, or working on a paper for professional presentation or publication.

Deadlines:

- A 1-2 page prospectus for the paper is due on **Fri. Sept. 25** (*posted to Blackboard by 12 noon*). A prospectus outlines the focus of your paper, identifies key references, and describes the data (if applicable).
- A revised prospectus, accompanied by an outline of the paper and a more complete reference list, is due on **Fri. Oct. 23** (*posted to Blackboard by 12 noon*).
- A full draft of your paper should be emailed to your discussant and cc'd to me not later than **Fri. Nov. 20**.
- Presentations will be either Dec. 2 or 9. I will random select your presentation day, unless you want to volunteer for Dec. 2. The presentation should be similar to one given at a professional meeting and be no more than 10 minutes in length. After the presentation, you will revise your paper based on the input of the assigned discussant's comments and comments raised during class discussion.
- A final paper is due **Wed. Dec. 16** (*posted to Blackboard by 12 noon*). Your final paper should include a “response to reviewer” that describes how you addressed the discussant's comments and any comments raised in class.
- **I do not grade “recycled” papers** – you must write something new and/or substantially different from a previous paper. If you are attempting to dovetail to your other course work or thesis/dissertation, you must confer with me first. I also want you to think outside of your box of comfort. Too often, people let their thesis/dissertation/disciplinary identity “define” them.