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MEDICAL SOCIOLOGY NEWSLETTER

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JOHN MIROWSKY AND CATHERINE ROSS 2014 REEDER AWARD WINNERS

BY ANNE FIGERT AND TERRENCE HILL

John Mirwosky and Catherine Ross (listed here alphabetically) will receive the 2014 Leo G. Reeder Award in San Francisco for their distinguished contributions to Medical Sociology. Although both Catherine and John have both made significant solo contributions to the field, the award recognizes their influential body of co-authored scholarship. They serve as a model for the synergy which can result from a career long intellectual collaboration; one with a lasting effect on the field of medical sociology and related fields. It would be difficult to conduct research on the social causes of health without referencing Mirowsky & Ross and/or Ross & Mirowsky numerous times.

After attending different undergraduate institutions, Catherine and John met and received their M.A. and Ph.D. degrees from Yale University. Catherine received her Ph.D. in 1980 and John in 1981. They started their faculty careers at the University of Illinois where they had one of the first job shares and joint appointments in Sociology and the College of Medicine. They both quickly rose through the academic ranks at Illinois from Assistant Professor to Professor. They spent nine productive years at The Ohio State University from 1993-2002. In 2002, they moved to the warmer weather of the University of Texas at Austin where they are both Professors of Sociology and Research Affiliates of the Population Research Center.

While most scholars hope to establish a footprint on a single literature, Catherine and John have distinguished themselves by publishing extensively on several areas within sociology: the social causes or determinants of health, the measurement of mental health, aging, and education. During their careers, John and Catherine have amassed nearly $4 million in grant funding, two books and more than 150 journal articles and book chapters. Their first book, *Social Causes of Psychological Distress* (1989/2003) is one of the most influential and widely read books in Medical Sociology and the Sociology of Mental Health. Their second book, *Education, Social Status and Health* (2003), empirically documents the health benefits of education to good health across the life course. Current research projects include a NIH grant to re-conceptualize socioeconomic status and a NIA grant to study aging, social status and the sense of control. The Institute for Scientific

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JOHN MIROWSKY AND CATHERINE ROSS 2014 REEDER AWARD WINNERS

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Information lists them in the category of their most highly cited social science researchers.

During their careers, both Catherine and John have taught a wide range of courses in medical sociology, mental health, and research methods. They have mentored and indeed co-authored many articles with their students who have gone on to make their own names in the fields of medical sociology and the sociology of mental health.

John Mirowsky is a past Editor of *the Journal of Health and Social Behavior* and recent member of the National Institutes of Health's scientific review panels on human development and aging, and on risk prevention and human behavior. Catherine Ross was the Deputy Editor of *the Journal of Health and Social Behavior* and has served as an associate editor, consulting editor or on the editorial board on almost all of the leading sociological journals. Both Catherine and John have served on governmental review boards, task forces and working groups that have advanced the field.

Catherine Ross received the 2010 Leonard I. Pearlin Award for Distinguished Contributions to the Sociological Study of Mental Health and the Eliot Freidson Outstanding Publication Award (with Chloe Bird) from the Medical Sociology Section in 1995. John Mirowsky has been a Fellow at the Center for the Study of Poverty and Inequality at Stanford University and received the 2012 Leonard I. Pearlin Award for Distinguished Contributions to the Sociological Study of Mental Health.

For all of these reasons and more, the Medical Sociology section is pleased to recognize Catherine Ross and John Mirowsky as the recipients of the 2014 Leo G. Reeder Award for their distinguished contribution to medical sociology. However, we felt that the unique nature of John and Catherine's collaboration and careers called for a more personal reflection and to that end Terrence interviewed them.

An Interview with Catherine Ross and John Mirowsky with Terrence Hill

T: Where did you meet?

C & J: We met as graduate students at Yale. We became best friends in Blair Wheaton's medical sociology seminar. We bonded over Blair's exercises in theory and modeling, and the logic of causal analysis.

We studied together for all our common classes. After a while we were both in the Psychiatric Epidemiology program (John was from the start). It had seminars in sociology, psychiatry, and public health and epidemiology, which we took together. Among the experiences that most cemented our relationship were nights spent observing at the Emergency Room of Yale -New Haven Hospital, as part of that program. We think of it as our first real date. There's nothing like a Saturday night in a city ER to bring a couple together.

T: When did you start working together?

C & J: We started working on research together in 1977. Our first shared project was on life-events weighting schemes, growing out of a class project

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DON'T FORGET TO RENEW YOUR ASA MEMBERSHIP & YOUR MEMBERSHIP IN THE MEDICAL SOCIOLOGY SECTION!

JOHN MIROWSKY AND CATHERINE ROSS 2014 REEDER AWARD WINNERS

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using New Haven data collected by Jerry Myers. That paper was published in *JHSB* in 1979.

We also started teaching together at Yale. We jointly taught the medical sociology seminar our last academic year (1979-1980). Ellen Idler was a student in the class, and wrote a great paper, which we still remember, on the cascade of interventions in hospitalized childbirth.

T: Is it true you initially shared a job and salary at Illinois?

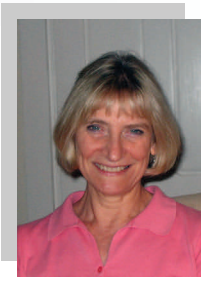
C & J: Yes, we shared our first job. The sociology department at Illinois had a job opening for someone in Social Epidemiology, joint with the medical school. We applied and were their top choices. Joan Huber, the chair of the sociology department arranged for us to share the job (and the salary, which was $18,000, so we each earned $9,000). This was in 1980, before academic couples were common, and it was a breakthrough on Joan's part.

T: Have you always shared an office?

C & J: We always shared an office at home, where we do nearly all of our research work. We like having our desks in the same room, so it is easy to switch between individual work and asking each other questions, talking things out, planning, etc.

We had separate campus offices at Illinois because of the joint appointment (Catherine in the sociology department building and John in the medical school across the quad.) We continued to have separate offices at Ohio State. We started sharing our campus office at the University of Texas. They had an office big enough for two desks, a work table, and a black board—almost like home.

NOTES FROM THE CHAIR BY SUSAN E. BELL



Notes from the Chair

Happy New Year! One of the pleasures of my position is to announce the winner of the 2014 Leo G. Reeder Award. This year, for the first time in our history, there are two winners, nominated and elected jointly, Catherine E. Ross and John Mirowsky. This seems absolutely right; Mirowsky and Ross are co-authors of most of their work, including both of their books. Of course, collaboration is a key component in the construction of knowledge in medical sociology, and thus naming Ross and Mirowsky the 2014 Reeder Award winners also acknowledges this practice.

Congratulations to both of these superb medical sociologists, about whom Anne Figert and Terrence Hill have written in detail in this issue of the Newsletter. I hope you will join me in celebrating Catherine Ross and John Mirowsky in San Francisco. I look forward with great anticipation to their Reeder Award Address, "Education, Health, and the Default American Lifestyle."

Susan E. Bell

2014 ELIOT FREIDSON OUTSTANDING PUBLICATION AWARD: SEEKING BOOK NOMINATIONS

Nominations are due by February 15, 2014

The Freidson Award is given in alternate years to a book or journal article published in the preceding two years that has had a major impact on the field of medical sociology. The 2014 award will be given to a book published in either 2012 or 2013. The book may deal with any topic in medical sociology, broadly defined. Self-nominations are permissible. When making a nomination, please indicate (however briefly) the reason for the nomination.

Send nominations to Kathy Charmaz (charmaz@sonoma.edu) with the subject line: 2014 Freidson Award Nomination and mail a hardcopy of your nomination to her at the Department of Sociology, Sonoma State University,1801 E. Cotati Avenue, Rohnert Park, CA 94928. Nominations are due by **February 15, 2014**.

SEEKING NOMINATIONS FOR 2014 ROBERTA G. SIMMONS DISSERTATION AWARD

Deadline for all submission materials is March 1, 2014

Nominations are being accepted for the 2014 Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. The award is given each year by the Medical Sociology section. The awardee will receive a $750 travel grant to attend the ASA meetings and an award certificate, and will attend the Reeder dinner as a guest of the Medical Sociology section. Self-nominations are acceptable. Eligible candidates must have defended their doctoral dissertations within two academic years prior to the annual meeting at which the award is made. To be considered for the 2014 award, the candidate should submit an article-length paper (sole-authored), not to exceed 35 double-spaced pages (11- or 12-point font), inclusive of references. This paper may have been previously published, or may be in press or under review. A letter of recommendation from a faculty mentor familiar with the candidate's work is also required.

Electronic submission of the paper (MS Word or PDF) is required. The letter of recommendation should be sent directly by the recommender as an email attachment (MS Word or PDF). Please send all materials to Brea Perry (breaperry@uky.edu) with the subject line "2014 Simmons Award Nomination." Deadline for receipt of all submission materials is **March 1, 2014**.

SEEKING NOMINATIONS FOR 2014 LOUISE JOHNSON SCHOLAR

Applications are due by May 15, 2014

The Medical Sociology Section will select a student member of the section to be the 2014 Louise Johnson Scholar. The Louise Johnson Scholar fund was established in memory of Louise Johnson, a pioneering medical sociologist whose mentorship and scholarship we are pleased to honor. The fund was made possible by Sam Bloom of Mount Sinai School of Medicine, a former colleague of Louise Johnson. The Scholar will receive travel funds up to $350 to present at the annual ASA meetings in Denver and attend section events. Selection will be based on academic merit and the quality of an accepted ASA paper related to medical sociology; papers with faculty co-authors are ineligible. To apply, please send: 1) a copy of your acceptance notification to present at the 2014 ASA meetings, 2) a copy of your paper, 3) your CV, and 4) a letter of recommendation from a professor who can write about your academic merit.

Submissions should be sent via email, as Word documents or PDFs, to Dawne Mouzon (dawne.mouzon@rutgers.edu) with the subject line: "2014 Louise Johnson Scholar Nomination." Applications are due by **May 15, 2014**.

SEEKING NOMINATIONS FOR 2015 REEDER AWARD

Nominations are due by May 31, 2014

The Medical Sociology Section invites nominations for the 2015 Leo G. Reeder Award to be awarded at the annual meeting of the Medical Sociology Section in Chicago. This award is given annually for Distinguished Contribution to Medical Sociology. This award recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity that has contributed to theory and research in medical sociology. The Reeder Award also acknowledges teaching, mentoring, and training as well as service to the medical sociology community broadly defined.

Please submit letter of nomination, at least two other suggestions for nominators, and the nominee's curriculum vitae to Anne Figert (afigert@luc.edu) with the subject line: 2015 Reeder Award Nomination.

Nominations are due by May 31, 2014. Note: If a person nominated for the Reeder Award is currently a member of the Medical Sociology Section Council, the nomination will be deferred until the person is no longer on the Council.

HEALTH POLICY BY JENNIE JACOBS KRONENFELD

Quality of Care, Insurance Status and the Affordable Care Act

This column returns to a few issues linked to the Affordable Care Act (ACA), as well as to some issues of quality of care and insurance status. Certainly, the ACA has been receiving a great deal of public attention in the past few months, as the exchanges opened to the public and the government website opened to help people choose a plan in October. This column will not review all of the details of the issues that have arisen with the operation of the website and problems with people being able to learn about their options and make a choice, since I assume most medical sociologists have heard a great deal about these issues. These problems have led to even more debate about the implementation of this aspect of the law (earlier parts, such as allowing college age students to remain on their parents' health insurance plan, and modifications to the drug plan portion of Medicare have already been implemented with many fewer issues and controversies). This November, partially to deal with public criticism and the concern of Democrats in Congress about negative publicity about people losing the ability to stay on certain health insurance plans, President Obama announced one modification that represents a one year administrative fix to an important element of the ACA. This modification will allow Americans who are losing their health insurance coverage because of the new law and who have health insurance plans obtained within the past year that do not meet the standards of the new legislation to keep their old insurance for one year. The plans will be required to notify the policy holder of alternative available coverage options, including any benefits that they might lose by staying on their existing, subpar plan. Some states may not agree to the modifications, so that only people in some states will be able to retain their older policies for an additional year.

One concern about this modification, in addition to

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HEALTH POLICY BY JENNIE JACOBS KRONENFELD

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the threat it may represent to financial stability for the overall approach, is that some people will continue to have poor coverage that does not meet many health care needs. The overall goal of the ACA is to provide health insurance coverage for most Americans and thus provide those people with improved access to health care. Hopefully this will lead to an improvement in people's health as they will receive treatment when they need it and be eligible for preventive services and early detection of disease coverage. For those people who remain on subpar coverage for a year, this may not happen and could be an important concern. In fact, there are already concerns in the health care literature about whether the quality of care provided to people is the same across different insurance plans and options. Both a recent article in *Health Affairs* (Spencer, Gaskin and Roberts, 2013) and a column on Medicine and Social Justice written by Josh Freeman as part of activities linked to the American Public Health Association address some of these concerns.

Spencer and his colleagues find that the quality of care delivered to patients within the same hospital varies by insurance type. They show that the quality of care measures for a range of medical and surgical conditions are lower for patients covered by Medicare than for those with private insurance. Recognizing that Medicare patients are, on average, older and thus likely in worse health than those on private insurance, the authors of the article control for a variety of factors including disease severity. Even doing this, they still find that the risk-adjusted mortality rate is significantly higher for Medicare patients as contrasted with privately insured patients. This is, for many, a somewhat surprising finding. There has often been speculation in health services research literature that Medicaid, the insurance program for the poor in the United States, may lead to lower quality care. In fact, this perception (and some evidence) of lower quality for Medicaid patients was one of the reasons the authors of the study wanted to examine issues of quality of care for Medicare patients. Many experts, however, have often felt that Medicare—which in many ways operates as a single payer system that covers almost everyone 65 and over—offers good quality care for that group of Americans. As Freeman points out in his column and based on his own experiences working in a number of hospitals (including some publicly funded hospitals in different parts of the United States), Medicare is often the poorest payer and some hospitals do think that, on the whole, they may lose money on Medicare patients. Why then the findings in the article? It could be that Medicare and other less well insured patients might have physicians who do not have as good outcomes and perhaps, within teaching hospitals might be more likely to be cared for by residents than by attending physicians, although anecdotal evidence does not seem to support this. Another idea is that perhaps more diagnoses as co-morbidities are listed on patient bills for those with private insurance, to justify higher reimbursements which might make these patients appear sicker than Medicare patients even if the Medicare patients are actually sicker. Perhaps hospitals are less likely to provide certain more expensive services for Medicare patients since hospitals are reimbursed for them by diagnosis. In this time of change in the health care system in the US understanding differences by types of insurance on quality of care may be increasingly important.

Related Citations

Spencer, C.S.; Gaskin, D.J.; and Roberts, E.T. 2013. The Quality of Care Delivered to Patients Within the Same Hospital Varies by Insurance Type. *Health Affairs*. October, 32 (10): 1731-39.

Please send suggestions for future policy column topics to **Jennie.Kronenfeld@asu.edu**

ASSISTING THE ASSISTANT PROFESSOR
BY BARRET MICHALEC

I have been thinking a lot about the issue of vulnerability as of late, and the difficulty of showing vulnerability or being perceived as vulnerable, especially as an Assistant Professor. As Assistant Professors we are often at a loss in terms of certain departmental or University policy-related knowledge, how to properly advise a particular student (graduate and undergraduate), or perhaps even where the best daycare is located. Yet, for some (many) it can be difficult to express the need for help, to explain that they feel overwhelmed or frustrated, or to show particular emotions to their colleagues – fearing that they would then appear vulnerable and perhaps be perceived as a burden, foolish, or unprepared for the position. These fears are almost always irrational and at times our fight against appearing vulnerable actually stunts our professional and personal growth. In this light, I decided it was important to show my own vulnerability.

Working Towards/Against/With Tenure: A Personal Narrative

When I was at East Carolina University for my MA I was applying to Ph.D. programs and basically freaking out with worry and concern. My advisor said to me, "If you're like this now, you're going to lose it come Tenure time. You need to take these things in stride." I thought she was just too far removed from the experience to really understand how much angst could be associated with the application process. I had convinced myself that there was absolutely no way I would be this concerned with Tenure because: a.) that was eons away, and b.) by that time I would have the skills I needed to build a solid dossier. Well, in March I will "declare" that I am going up for Tenure and there were definitely more than a few times last semester that I wanted to travel to a magical world where tenure didn't exist, and I could ride unicorns, slide down rainbows…and my student loans were paid off. I would be sitting in my office, staring glassy-eyed at my CV and think to myself "Is this enough?", then turn to my desk and see the projects I *could* embark on and want to run through my office building like Macaulay Culkin in *Home Alone* or scream into "the abyss" like Zach Braff in *Garden State*. My advisor was right, this was worse. True, it's probably all subjective and relative, but few people understand it and of those that do far fewer are in the same boat as the "Hopefully-soon-to-be-Tenured".

I don't remember when I first gave serious thought to Tenure, it was probably when I was on the job market and was told it was important to ask questions about the nuts and bolts of the process and the requirements at that particular institution. What were the expectations regarding publications (where and how many), grants (from where and how much), teaching (what were "good" evaluations), and service – what did I *need* to do to get Tenure? When I took my position, although Tenure was always salient it wasn't something I focused on, and it wasn't something that I dreaded. I focused on my work and came to view Tenure as a prestigious opportunity – one that if I did my work in the manner I knew I could then I had little to be concerned with. Also, within my institution I had yearly assessments and formal evaluations in years two and four, so there were

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ASSISTING THE ASSISTANT PROFESSOR
BY BARRET MICHALEC

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stages of appraisal which was comforting, like a warm blanket. Then this past Fall semester arrived and "Tenure" stole my blanket, and lit it on fire. My evaluations went well but now Tenure was here - the Ivan Drago of performance evaluations.

I had worked hard and felt supported by my department but during this past Fall semester I felt I had moved from working *towards* Tenure to working *against* it mentally and emotionally, gathering publications, grants, service work and teaching evaluations like a hoarder of sorts with the constant question looping in my brain "Is this enough?" I would be haunted by presentations that didn't go exactly as I wanted them to, tidbits of conversations with Administrative figures that I now perceived as foretelling, silent (and not so silent) comparisons with fellow faculty and their dossiers, rejections from journals and funders, and the ghosts of students and colleagues that I wondered may or may not have an axe to grind. I had come to see Tenure as the Grim Reaper, lurking over my shoulder with the sickle and hood, just waiting, waiting to drop that sickle and harvest my career. All those years of grad school and five years of professional professoring down the tubes - what would I do then? The worry loomed, and it became clear that no amount of publications, grant money, awards, service work, or high praise of my teaching would appease the demon I had made Tenure out to be. I needed to make a personal change.

I'm not one for New Year's Resolutions – why wait for January 1st to start something that would probably benefit me right this moment – but this year I made one as it seemed timely and appropriate: I will do my best to not let the Tenure process consume me. This does not mean that I am attempting to forget about Tenure, but rather that I will work *with* Tenure not *against* it. My research dossier will go out to external reviewers this Spring so I have done what I can (and will continue to do what I can in these remaining months) to work *towards* Tenure and to continue to build on all aspects of my dossier. It is now time to work *with* the process, *with* my promotions and tenure committee, and *with* myself.

I am indeed confident with and proud of what I have done thus far in my career, but I have decided to engage in particular exercises to stay professionally and personally grounded and focused during this process, such as: exercising regularly, no cell phone/email after 7pm, being more open and sincere (even appropriately vulnerable) with colleagues, not constructing any new courses or engaging in any new service work in the next year, and trying hard to allow myself to be myself.

This is just my perspective, but perhaps it rings true to some of you as well. Please feel free to share your own thoughts, concerns, and ideas about the Tenure process. Whether you are a fellow Assistant Professor at the verge of the Tenure evaluation process or just starting your career, or you're an Associate or Full professor - your perspectives and insights are valuable and could be quite comforting to another. All the best to each of you in 2014.

CHECK OUT THE RETOOLED MEDICAL SOCIOLOGY WEBSITE!

http://www2.asanet.org/medicalsociology/index.html

TEACHING TIPS BY JENNIFER REICH

Teaching Boundaries

A body of research shows that students retain information better when they can connect it to their own experiences. Sociology courses on health, illness, and medicine more often than other courses provide opportunities to make those connections, perhaps because undergraduates today have unprecedented personal experience with medical systems. On the one hand, this may make them uniquely qualified to analyze their experiences and link them to broader systems of institutions and inequality. For example, learning concepts of medicalization and pharmaceuticalization can make students' own experiences of growing up with medications for anxiety disorders, depression, attention deficit and hyperactivity disorder, or bipolar disorders clearer. On the other, it raises new challenges for instructors about how to manage the large amount of personal disclosure and the ways those alter classroom communities.

Student disclosure in the classroom holds great promise and potential pitfalls. For example, in discussing obesity and rates of diabetes, students often draw on their emotional connection to food from home or how public health campaigns to encourage lighter fare would conflict with their grandmother's generous use of lard in traditional recipes. These discussions offer useful ways to understand the challenges of creating change at both individual and community levels. Reading disease histories of recent conditions like anorexia or ADHD can contextualize students' own observations and experiences in new ways. Linking biography to history is well-traveled territory in undergraduate sociology courses. Yet, each of these examples also holds some risk for the student who discloses personal information and sometimes crosses a line to what instructors might see as "over-sharing." In talking with colleagues about their classroom experiences, many referenced times students disclosed information about their sexuality, history of victimization, prescriptions, substance use, or medical diagnoses. One professor offered that in a lesson about shame and stigma, he asked his class, somewhat facetiously, what they remember about the last time they tripped in public. One student quickly and eagerly raised her hand and then sheepishly lowered it. She then asked, "Wait, do you mean tripping on acid or something else?"

In discussions with colleagues, it is clear that many of us want to create an engaging, vibrant learning environment where students personally connect to material, participate in discussion, and hear from each other. Yet, those same faculty members also describe challenges that are created when students disclose too much information. There are three scenarios worth considering where potential harm can emerge from these moments of disclosure that most often require faculty intervention.

First, *a student can disclose too much and make other students uncomfortable*. This might include political positions, religious beliefs, or sexual orientation. It also might include personal information that a student doesn't realize is painful for another student to hear. Last year I had a student whose father had died a difficult death from cancer and he freely shared information about hospice care, support from neighbors, and the challenges in healthcare interactions. In that same class, another student had lost her mother the week before classes started and never spoke a word during class about it, but discussed it with me during office hours.

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TEACHING TIPS BY JENNIFER REICH

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Although the latter student never spoke in class, her body language likely communicated disinterest to the other student's experience, even as she simply felt it was too raw to engage. Other information might be highly stigmatizing. To give another example, it is common in course discussions about HIV, sexually transmitted infections, or abortion for students to condemn those suffering as responsible for their own conditions, often without considering that their classmates may be among those infected or affected. This kind of exchange not only shuts down discussion but also potentially further alienates the student who faces stigma and inhibits their ability to learn.

Second, *a student may disclose private information, but does not think through the ramifications*. We assume students think about the ramifications of public disclosure before speaking, but this may not always be true. Students may talk about their own mental health issues, experiences of death in their families, or chronic illnesses they endure. Like the tripping student above, students may be excited by connections they make and underestimate how their classmates' (or instructors') views of them might shift after they share information. For example, when discussing the history of the DSM and the demedicalization of homosexuality, it might seem inviting to disclose information about one's own sexuality. Yet in some communities, this can be potentially risky for a student. Depending on the size of the class, campus, or major, this can have long-lasting effects.

Third, *a student may share information that concerns the faculty member*. Students might share information they don't see as stigmatizing or risky but which alarms the faculty member whose job includes keeping an eye on the welfare of his or her students. This might include information about a serious illness, suicide attempt, or victimization. These disclosures might happen in class, but also may appear in papers or arise in office hours. They also may be offered as justification for behaviors that fall short of the expectations laid out in the class, including failure to meet deadlines or poor attendance. They also may add a sense of guilt for holding those students accountable. Faculty have to consider how seriously to take these stories, evaluate whether the threat or condition is on-going, and consider if and how to best intervene, or what accommodations to make.

Personal disclosures can be very helpful in class and cathartic for students who have an opportunity to understand their experiences in new and different ways. Yet, thinking about how to manage the potential perils is important too. There are no easy answers for achieving the right balance, but hopefully, the following guiding ideas will prove useful.

Consider your own comfort level managing disclosures. Are you someone who welcomes discussion or is uncomfortable with it? How much room do you want to create in the class for these explorations and how much would you like to tamp them down? One colleague announces early in the term that he does not want to hear about medications, dating problems, or details on health, and in so doing, makes clear there is no space for these issues in class. Others I know design exercises, like a fishbowl (where one group with a shared experience speak in the center of a circle to each other while other class members observe) or small group discussions. Another colleague explained that one term, so many students had similar stories about depression or anxiety that she chose to shift the class into a support group for one class so her students could have an opportunity to

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TEACHING TIPS BY JENNIFER REICH

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feel supported and she could make sure everyone was okay before continuing the class. Some instructors choose books and readings that explicitly engage personal narrative, which potentially creates more space for students to do the same. Others assign papers that require students to interview someone about an illness (encouraging students to protect their subjects' confidence). Knowing one's own comfort managing these issues before the course starts is key to deciding how much space to offer.

Make ground rules. The first day of class is a good time to make clear how much and what kind of disclosure is appropriate, as well as the expectations for interaction. There are many excellent examples of how faculty can work with students early in a course to develop and communicate expectations for civility and respect. Some instructors work with students to generate their own list of what good discussion and harmful speech would sound like and to then help the students to generate formalized rules for class discussions. These might include rules for discussion tone, words that can be used to highlight when a comment is harmful, or etiquette about interruption or interjection, acceptable ways of disagreeing, or body language (like eye rolls or raised eyebrows). One colleague allows students to use a word students have chosen when something is offensive, distressing, or harmful. At that point, discussion has to stop so the student and the speaker can solve whatever misunderstanding might have occurred, with the instructor's facilitation. Such ground rules can also help create a sense of community and accountability that might work well with other course goals.

Some instructors add information to their syllabi explaining expectations. Citing other colleagues or university policies may help to make clear that the goals of the course might include efforts to foster "an open and diverse society where the rights of all community members are respected, regardless of gender, race, ethnicity, religion, sexual identity, national origin, age, or disability" or one might wish to explain that the course will cover "material which may support or challenge your beliefs and values" and "You are encouraged to express your views freely and openly; but remember that personal insults and abusive language have no place in the classroom." Other faculty might clarify that "no one will be graded on their opinions or politics; what matters is that you have critically engaged with the readings and other course materials." Some universities also provide model text that may be of use. For example, The Office of Legal Affairs at UNC Charlotte posts this sample on its website for instructors:

> To encourage orderly and productive classroom conduct, I will conduct this class in an atmosphere of mutual respect. I encourage your active participation in class discussions. Each of us may have strongly differing opinions on the various topics of class discussions. The conflict of ideas is encouraged and welcome. The orderly questioning of the ideas of others, including mine, is similarly welcome. However, I will exercise my responsibility to manage the discussions so that ideas and argument can proceed in an orderly fashion. You should expect that if your conduct during class discussions seriously disrupts the

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TEACHING TIPS BY JENNIFER REICH

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> atmosphere of mutual respect I expect in this class, you will not be permitted to participate further.

Check in with students throughout the course. It is often useful to offer an opportunity for an informal evaluation midway through the course. This can be as simple as a few open-ended questions about how students feel the class is going, whether they feel comfortable speaking in class, or how the class experience could be improved. By giving students an anonymous method to provide feedback, you as the instructor may be able to intervene in a situation that is not going well (particularly from students who seldom speak). You may also hear feedback about class progress that students love, which can also be validating. Requests for mid-course feedback can also communicate to students that you care about their experience, which can have broader effects on the class climate.

Identify resources on campus. Whether you opt to create very little space for these discussions and disclosures or to facilitate them more broadly, it is important to know what resources on campus exist for students. You may want to be ready to refer a student to student health services, student life, or to the office that supports those who have experienced sexual assault. Some colleges have more elaborate programs designed to support the emotional needs of students, but most campuses have some resources available. It is useful to be ready should you want to refer someone or reach out to those who specialize in this work.

As instructors, our goal is often to inspire students to challenge their assumptions. We have to remember that we are also inadvertently asking them to question what they know and even the views of their families and friends, which until now they may have taken for granted. This is exciting but also risky, particularly as their disclosures may carry varying levels of stigma. No matter how much space you designate, students are likely to want to engage their personal experiences. Much of this is appropriate insofar as college is a time where students often enjoy unprecedented independence, exposure to different ideas and people, and opportunity for self-examination. It is also commonly a time with high rates of experimentation, substance use, and shifting responsibility for one's own mental and physical health. Engaging students where they are requires the hard work of moving them *beyond* the personal to link to meso- and macro- level concepts in Sociology. While we make space for the personal, we should not lose sight of the larger goal of connecting to broader systems of meaning and structures of inequality, even as it makes students differently uncomfortable. These dynamics all add to the challenges of teaching.

Finally, it is worth highlighting that disclosures and the labor of managing them may not be equally distributed. In fact, much of this work represents a form of gendered emotional labor. Research on gender and teaching evaluations suggest that students evaluate how well the personality of a professor matches their gendered expectations. This is particularly true in terms of expectations that women professors should be more available outside of class, more emotionally supportive, and more willing to walk a student through a task or process. As such, it is important to consider that while engaging students and building a safe community for discussion can be rewarding, it is also a form of emotional labor that can be time-consuming, emotionally exhausting, and challenging—and that is disproportionately expected of women faculty.

CAREER & EMPLOYMENT BY PATRICIA RIEKER

Career Choice Terminology

Anyone who wants to write about tenure track and other career models struggles with an inexact terminology for discussing these pathways. However, in the spring of 2011 four enterprising sociology graduate students from the University of Minnesota wrote an insightful article in *Contexts* summarizing the employment experiences of 15 sociologists they had interviewed. The interviewees were employed outside of academia in research, applied, practice, policy and governmental settings and engaging in what Michael Burawoy called 'public sociology'.[1] They recognized that different types of alternative work settings and career paths share many characteristics with academic settings such that the distinctions tend to obscure more than they reveal. Rather than use the term non-academic—which was inadequate for describing the diversity and content of their interviewees' work settings—they chose to use the new term 'Embedded Sociologists' and the previously used term 'Professorate' to describe traditional tenure track careers in collegiate settings http://contexts.org/articles/spring-2011/embedded-sociologists/ Although I have given up the search for ideal terms, for a variety of reasons I like their terminology because it helps avoid some of the negative connotations associated with the term non-academic. In a future column I might try to track down the students, who at the time were also graduate editors at *Contexts,* to see if their article had any impact of their career choices. I would be very appreciative if Hollie Nyseth, Sarah Shannon, Kia Heise and Suzy Maves McElrath could contact me at (rieker@bu.edu). Now that the cranky terminology issue is out of my system I can continue with the actual focus of this column.

Alternative Career Models

There is general agreement that there has been one dominant career model in sociology, which is the tenure -track professorate. This track consists of a basically regimented pathway consisting of more or less standardized courses, examinations, a dissertation requirement, and refereed publications. Careers outside of this pathway are often thought to be less desirable, of lower status, and having little academic/ intellectual content. Yet, Roberta Spalter-Roth[2] and others have recommended that Sociology might grow as a discipline if it facilitated more than one career model. In this column I begin the sociological exploration of different career models by talking to embedded sociologists and with their help will describe the characteristics, skills, satisfactions, and drawbacks that shape such career experiences. According to a 2007 ASA report "Beyond the Ivory Tower: Professionalism, Skills Match, and Job Satisfaction in Sociology," the three factors that increased job satisfaction were autonomy, control and specific skills.[3] However, more than half of the 600 sociologists surveyed who worked in research and applied settings reported that they felt undertrained in four areas: grant writing, policy analysis, visual presentation, and program evaluation.

Characteristics of One Research/Applied Setting

To pursue these issues, I report part of a discussion I had with Chloe E Bird, PhD, a sociologist who is embedded in the RAND Corporation and also prominent in the discipline. Chloe and her husband Allen Fremont (MD, PHD) are both medical sociologists who made the active choice to work at RAND over 13 years ago. What was important at the time, Chloe said, was to find jobs that both she and her husband would find challenging and satisfying and to make a good match between the organization and their interests/skills. They both wanted to work in an environment where they could do research that would have an impact on behavior, policy

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and practice. Chloe also wanted to engage with and contribute to the discipline of sociology. As one of her co-authors I can attest that she has accomplished that through her extensive publications, and by serving in leadership positions in the ASA, the medical sociology section, and on editorial boards of *JHSB* and *Women's Health*, among others.

I did ask her about the critical issues of autonomy, control over work priorities, collaborative versus solo work conditions, and publication choices. I emphasized those issues because such topics are important to those who have chosen both professorate and embedded careers. Chloe thinks of autonomy as the" freedom to make choices about paths and actions". But she added that the "ability to realize those choices is a function of decisions and resources that others hold (or that simply aren't available in some settings)". The only time the autonomy issue comes up is when she has to think about whether and how the work fits with the organization's goals. RAND is a soft money organization and everyone needs to be sure she/he can obtain sufficient grant and contract support for their salaries. Aside from the pressure to produce, this emphasis on the bottom line can have some influence on how you prioritize your time and what you choose to study. However, she said "Even when you are doing work in risky funding streams, that can still be cushioned by institutional benefits". Some of 'cushioning' benefits, resources and work characteristics she highlighted include the following:

- Training and support for grant writing is provided and includes editing, administrative research assistance, and available success models, among other assets.
- Grant writing, research, and publishing is mainly done collaboratively in cross-disciplinary teams. Intellectual silos are discouraged.
- Feedback available from cross-disciplinary perspectives that challenges thinking and writing and greatly improves their quality.
- Enhanced ability to design and conduct research that is larger and stronger that can be done alone.
- Support and training for how to conceptualize and translate your work in effective ways given the intended audience and organized outlets for doing so.
- Opportunities to communicate directly to government officials, policy-makers, health plan leadership, community leaders and other decision-makers.

In embedded settings such as RAND, as in the tenure-track professorate contexts, it terms of career planning it takes time to find a balance between the kinds of organizational demands for advancement and the available opportunities for training to build the right skillset or to gain access to the protected time needed to meet those demands. Regardless of setting, the more successfully one manages the critical organizational tasks, and the extent to which that behavior is acknowledged and rewarded, the greater the likelihood that the perception or actual degree of autonomy and control will increase. This process is likely accompanied by fewer unexpected checks on one's actions, teaching, publications, or research plans thus leading to a greater sense of control and satisfaction (and maybe well-being). I know it's not that simple but in broad strokes that's how it works. To be continued, as hopefully over the course of this

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column I will have accumulated enough feedback from colleagues to develop and delve more into the major themes associated with alternative career paths and models.

Sources

1. Dan Clawson, Robert Zussman, Joya Misra, Naomi Gerstel, Randall Stokes, Douglas L. Anderton, and Michael Burawoy (eds). Public Sociology: Fifteen Eminent Sociologists Debate Politics and the Profession in the Twenty-first Century (University of California Press, 2007). Prominent sociologists debate the meaning and practice of public sociology as defined in Michael Burawoy's 2004 ASA presidential address.
2. Roberta Spalter-Roth "Beyond the Ivory Tower: Professionalism, Skills Match, and Job Satisfaction in Sociology. ASA Powerpoint 2007.
3. Roberta Spalter-Roth. "Sociologists in Research, Applied, and Policy Settings: Bringing Them in From the Cold." *Journal of Applied Social Science* (2007), 1(2):4-18.

Attention Job Seekers: Do you have questions about non-tenure track positions? What are your concerns?

Attention Job Holders: I would especially welcome feedback and sociological reflections from those who have moved between academic and applied settings. What topics would you recommend for future columns? Let me know if you would like to be interviewed—don't be shy!

Send comments and questions to:

rieker@bu.edu (subject line: Jobs and Ideas)

STUDENT NEWS & VIEWS BY JESSICA SEBERGER

For my stint as student editor I want to explore how recent PhDs found and secured positions within or outside of academia and how sociologists (with a focus on medical sociologists) connect to others through technology. I intend to explore discussion with sociologists who communicate extensively through Twitter, those who use groups on Facebook as a resource for classroom material, those who have and maintain personal/professional blogs, and those who contribute op-ed pieces to major news outlets.

For this edition of the newsletter I interviewed Dr. Eric Grollman. Dr. Grollman recently received his PhD from Indiana University and has secured a tenure-track position at the University of Richmond. Dr. Grollman's research examines the impact that prejudice and discrimination has on marginalized groups' health, well-being, and world views. Within the last year he has also restarted a blog he started in graduate school. That blog, ConditionallyAccepted.com, provides a space for scholars who exist at the margins of academia. In the following interview we discuss his new position, his blog, and social media use by sociologists in academia.

JS: You've recently joined the University of Richmond as tenure-track professor. What made this position a good fit for you? How was your transition from graduate school to assistant professor?

Dr. Grollman: What I was looking for, on the job market, was a place where a good balance between personal life and professional life was possible. I'd heard this was more doable at a liberal arts institution. I also really wanted to work at a place where there was an

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acknowledged synergy between doing research and teaching. When I interviewed at the University of Richmond one of the professors whom I met with mentioned that they focused on this synergy, and I was drawn to that. I expected my transition to professor to be a bumpy transition, but making the switch from graduate student to professor isn't as automatic as you'd expect. I also had plans to be politically neutral my first year but there were a couple of times where I stepped on political landmines that I didn't know about and I had to deal with the consequences of that. So I was hoping to quietly focus on my work and establish myself but there was still political stuff that I found myself bumping up against.

JS: In the last year you've restarted a blog you started as a graduate student. What inspired you to start the blog? Could you tell me a bit about it?

Dr. Grollman: I wanted to play it safe while on the job market so I censored my online social media accounts while on the job market but that self-censorship took a toll. At some point I thought to myself, "I can't do this anymore," especially at a time when I was starting to see parts of academia that were really kind of ugly and upsetting [*note from JS: see conditionallyaccepted.com for more details]*. This was all when I was most socially isolated because I was working on my dissertation. So I started this blog where I planned to write about instances of discrimination and micro-aggressions, while keeping myself anonymous. But, I still felt it was too risky to do this while on the job market, so I deleted the blog. After graduating I still felt like there needed to be some space within academia, particularly for marginalized scholars who face these difficult and unfair experiences. I felt like these experiences needed to be highlighted so people can stop suffering in isolation. I found out later that many of my experiences were common, but I didn't have those stories accessible to me. I hope that with this blog I can have this space where people are telling these stories, and talking about how they navigated through these experiences so we can make these experiences transparent.

JS: How have others responded to your blog within the field of sociology?

Dr. Grollman: It's hard to gauge. I keep waiting for the shoe to drop, for someone to say, "Okay, you're out of here, you're fired." So I'm still waiting for that but it hasn't come yet. Ironically, I came to the University of Richmond thinking that this was a great place for me because no one would give me grief about blogging. Initially, I still kept it really private, in part so I could gauge the political climate. At colloquy, when new faculty are introduced to the full faculty body, my dean introduced me and said, "Oh, this is Eric Grollman, he's a new professor of sociology and he blogs, sometimes personal and critical reflections." My heart dropped because I was being outed in such a big way. I kept waiting to hear if there'd be repercussions to my blogging. So, I asked the chair of my department, "Do you all know that I blog?" and she said, "Of course, it's so public, everybody knows." She said that people like it and that it was part of what made me strong as a candidate. That is not what I'm used to. That just reinforced why Richmond is a good place for me. Outside of my institution I have heard good things. A lot of people seem to appreciate it and say, "Oh this is so inspiring, you're so brave." So it's been good overall.

JS: Do you use social media in other ways as a sociologist (for example, in the classroom or at conferences)?

Dr. Grollman: I haven't figured out how much I want to use it in the classroom and pedagogically. Right now if I want to share links with my students, I'll show them the link at the start of class. It's something I've been thinking about but I would prefer to do my homework first before I start using it. I do use Twitter to put out teaching questions like, "Hey, people who teach, what

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STUDENT NEWS & VIEWS BY JESSICA SEBERGER

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would you recommend for ___." At conferences, sometimes I'll "live tweet" with other people so others who are not in a session have a record of what was said. Also, using Twitter and other social media has created a nice academic network, even with people I wouldn't normally connect with at conferences or in person. It has been good in that way, as far as using and sharing resources.

JS: Do you feel compelled to be "on" or professional with your twitter account at all times?

Dr. Grollman: I've been trying to figure out what the right balance is. I've been feeling too "out there." I don't censor myself too much; I post a hybrid of personal and professional on Twitter. It's just me and what I would say (outside of class). Lately, I've been becoming unhappy because sometimes it opens me up to hostility as I become more visible. I'm not really ready to deal with that kind of hostility. We simply don't have professional norms around how (and whether) to use social media, whether it "counts," and what protections there are for those who use it.

JS: Some of the topics on your blog are pretty personal. How do you feel about self-disclosure as a sociologist?

Dr. Grollman: I think it's underrated. My opinion is that our goal seems to be being "objective," which we know doesn't exist. In general we seem to discourage using the personal as a perspective, as a support for something. Pedagogically, you can't ask a human to set aside their humanness to make sense of the social world. If we want to have a conversation about how racism shapes health, it's unfair and nearly impossible to ask me to set aside my own experiences with racism and my health. (Keep in mind that this is not at the expense of existing research and theory.) Since we don't put these stories out there, they're not out there. I think there's power in telling your personal experience, otherwise we just leave it invisible and pretend that it doesn't happen. Blogging and Twitter are spaces where I can actually write about my personal experiences. It opens up these new spaces to have these conversations that are for public consumption. My intent is to provoke conversations about these sensitive issues. For example, writing publicly about my struggles with anxiety in graduate school, or experiencing racist hostility from other academics hopefully contributes to a chorus of voices that highlight how pervasive these problems really are.

JS: What advice do you have for graduate students or junior faculty with regards to social media?

Dr. Grollman: I have two bits of advice. The first is to think about the benefits and consequences of using social media. The benefits of it are being open and accessible, inspiring people, or speaking in ways that you can't in journals or in the classroom. The consequences may be that since it is public, what we do outside of the classroom and in publications may trickle into our colleagues' evaluations of our work. You have to be comfortable with what you put out there. There are some people who have been harassed, particularly women who blog or are on Twitter, when people don't agree with what they're saying. The second piece of advice is to take time to reflect on why you're using social media. Because we haven't crystalized its professional value, you have to be intentional and self-directed in deciding why you're using it and what you want to come from it.

As in the previous issue, I'm looking for recent graduates and scholars who use social media and are willing to share their experiences with me. To do that, please contact me at jessicaseberger@gmail.com.

Also, if you have ideas about interviewees for this column please send them to me at jessicaseberger@gmail.com.

A PUBLICATION OF THE MEDICAL SOCIOLOGY SECTION OF THE ASA

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