

Medical Sociology Newsletter

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NOTES FROM THE CHAIR

By Jane McLeod jmcleod@indiana.edu



As I write, our annual meeting session organizers are finalizing their sessions and ASA is beginning work on the Preliminary Schedule. Although almost five months away, the annual meeting seems to be just around the corner! We will share details of this year's sessions in the summer newsletter. For now, please note that our section reception will be held on Saturday, August 11th, followed by our section day on Sunday, August 12th. If you can, plan your travel so that you can join us for our section events. The sessions and receptions offer us the opportunity to see old friends, make new connections, and think collectively about how our research can contribute to reducing health inequalities and improving health care.

In the interim, enjoy the range of columns and resources this issue features on the theme of "Art in Health and Medicine." Our newsletter editors, Barret Michalec and Ann Bell, have outdone themselves once again! Many thanks to all who contributed to this issue.



A PUBLICATION OF THE MEDICAL SOCIOLOGY SECTION OF THE ASA

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

Section Slate of Candidates for 2018 Elections

Andrew London, Chair, Nominations Committee

Nominations Committee: Jen'nan Read (Chair-Elect), Reanne Frank, Lindsay Stevens, & Adam Lippert

Thanks are due to our terrific Committee and Chair for their hard work and to all who were willing to run for office.

Chair-Elect

Deborah Carr, Boston University

Robert Hummer, University of North Carolina-Chapel Hill

Chair-Elect, Nominations Committee

Jennifer Karas Montez, Syracuse University

Lijun Song, Vanderbilt University

Student Member, Nominations Committee

Elizabeth Culatta, University of Georgia

Lauren Olsen, University of California San Diego

Member, Nominations Committee (vote for 2)

Courtney Boen, University of Pennsylvania

Matthew Dupre, Duke University

Matthew Gayman, Georgia State University

Tania Jenkins, Temple University

Health Policy & Research Committee Chair

Joseph Harris, Boston University

Shannon Monnat, Syracuse University

Council Member-at-Large

Andre Christie-Mizell, Vanderbilt University

Patricia Rieker, Boston University

Student Council Member-at-Large

Aalap Bommaraju, University of Cincinnati

Katherine Morris, Harvard University

Membership Chair

Robyn Brown, University of Kentucky

Krystale Littlejohn, Occidental College

Secretary/Treasurer - Elect

Jason Rodriguez, University of Massachusetts-Boston

Miranda Waggoner, Florida State University

SEEKING NOMINATIONS FOR 2019 REEDER AWARD

Nominations are due by April 1, 2018

The Medical Sociology Section invites nominations for the 2019 Leo G. Reeder Award, to be awarded at the annual meeting of the Medical Sociology Section in New York. This award is given annually for Distinguished Contributions 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 a letter of nomination, at least two other suggestions for nominators, and the nominee's curriculum vitae to Brea Perry at blperry@indiana.edu with the subject line: 2019 Reeder Award Nomination. Nominations are due by April 1, 2018. 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.



Teaching

Ophra Leyser-Whalen & Adelle Montebianco

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Using Photovoice to Integrate both Art & Undergraduate Research into Your Course

Bridging art and health may be as easy as integrating a classroom assignment that most Millennial and Generation Z-ers have plenty of experience with-- taking a photo. This can be accomplished through photovoice, which is "an innovative participatory action research method based on health promotion principles and the theoretical literature on education for critical consciousness [and] feminist theory" (Wang 1999:185). As one helpful resource, PhotoVoice (<http://photovoice.org/>), "promote[s] the ethical use of photography for positive social change" and its website features inspiring photovoice projects from around the globe on topics such as food security, housing rights, adoption, and climate change. This method is quite popular in a diversity of college classrooms because it offers instructors an authentic connection to students' lives.

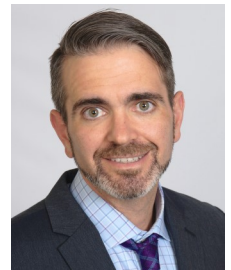
Here we offer a brief example of how photovoice was used in an upper-division "Social Determinants of Health" course at the University of Texas at El Paso. While the readings took a global approach to the social determinants that influence individual and population-level health, the photovoice assignment required students to take photographs to illuminate numerous course themes (e.g., barriers to access and factors that contribute to health disparities). Students were able to capture aspects of their own experiences and visually share their lives with their peers.

Importantly, participating in a photovoice assignment meant that students were performing research through systematically investigating how social determinants play out in their own lives and communities, i.e., the student-created data and knowledge. This, then, could be considered to be a Course-based Undergraduate Research Experience (CURE).

Wang, C. C. (1999). Photovoice: A participatory action research strategy applied to women's health. *Journal of Women's Health, 8*(2), 185-192.

Health Policy & Research

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For the 2018 ASA Annual Meeting, the Health Policy and Research Committee is co-sponsoring a workshop provided by the Scholars Strategy Network to assist sociologists in facilitating uptake of our research by policymakers and practitioners (details of time and location to come). Avi Green, Executive Director of the SSN, and I collaborated to provide the following three tips "to get research used by policymakers."

- 1. Go off campus and build relationships.** The best way for a policymaker or civic leader to learn of what you do is to for you to meet them in person on their turf. Get 15 minutes in their office or have coffee with them, briefly tell them about your work, and ask, "How can I help you?" Be open to the possibility that you will come away with new research questions.
- 2. If you read in the news that your issue is being debated, use the press to create relationships.** When a policy debate hits the news, many of the relevant decision makers will have already decided what they think. Still, by working with journalists, you can inform the public and position yourself as an expert, increasing the likelihood you will be called by civic leaders earlier the next time around. If you observe that a policymaker is advancing an idea that is well-supported by research, credit the person by name when speaking to journalists. They will appreciate it!
- 3. Translate your evidence-informed perspective into clear, actionable recommendations.** Researchers appreciate uncertainty and nuance, but policymakers need to make specific choices. When you speak to them avoid jargon, tell illustrative stories to make your points, and make specific recommendations.

To learn more about the Scholars Strategy Network, visit their website at: <http://www.scholars.org>.

Career & Employment

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Art can help us see new perspectives. An even more salient reason for my love of art, though, is when I recognize something familiar or feel recognized by the painting, photograph, performance, text, or other media. Experiences with art can remind us we're not as alone as we think. Based on my wholly non-scientific collection of accounts of being a graduate student, graduate school can be a lonely place. Academia as a whole doesn't talk about this enough, but it can be debilitating.

The resource I offer in this newsletter is thus a Tumblr that depicts one person's take on grad student life and some of its loneliness. In mid-2016, an unnamed graduate student had a particularly dispiriting meeting with his advisor. As he related in a December 2018 article in the *San Francisco Chronicle* (<https://www.sfchronicle.com/entertainment/article/Building-angst-Lego-Grad-Student-s-plastic-12416487.php>), he realized after that meeting that he'd forgotten how to have fun. Graduate school had trained him out of hobbies and other "non-productive" recreational activities. So he decided to return to an activity he loved in his childhood, but with a grown-up sensibility: he began building scenes from graduate student life out of Legos and posting them online (<https://legogradstudent.tumblr.com/>).

Take a look at them. They're funny. They're biting. And they're very popular. Taking a moment to scan through the posts may make you feel recognized. Or it may help you see your graduate students with a different perspective. Or it may inspire you to pursue your own "non-productive" hobby. Or it may do none of these. Art, after all, is never all things to all people. But for the anonymous grad student at least, "playing" with Legos seems to be good for his health.

Student News & Views

Alaz Kilicaslan alazk@bu.edu



For the Spring 2018 issue of the newsletter, I interviewed Dr. Ian Williams, a practicing GP, comic artist and writer from the United Kingdom, on his thoughts about the use of art in medical practice and education. Here are a few highlights of his views:

- ◇ Engaging in art in clinical practice and medical education has a great potential to re-humanize medicine and to help health professionals reflect on and improve their practice. However, we're still in early stages of this endeavor.
- ◇ Comics, which brings narrative and images together, is a particularly powerful form of art and tool in health activism in today's visually oriented society.
- ◇ Medicine itself should be seen as a form of art. But, this craft-like dimension of clinical practice is under threat because of the increasing technicalization and bureaucratization of medicine.

In addition, I want to share a few webpages and articles that I find particularly relevant and briefly discuss how they illustrate Dr. Williams' points.

<https://www.artsy.net/article/artsy-editorial-med-schools-requiring-art-classes> is an opinion piece by Casey Lesser on how medical schools around the U.S. are increasingly incorporating arts and humanities into their curriculum to enhance future doctors' observational skills, critical thinking, and empathy. Lesser, like Ian Williams, emphasizes the need for Western medicine, and Western society more broadly, to open up to the perspectives of others and reconsider its own assumptions and discusses how art classes can play a role in this. At <https://www.youtube.com/watch?v=ol1b1tMNI4E> you can learn more about a class being held at Yale University's Center for British Art as one of the pioneers of this trend.

In the interview, Dr. Williams likens ideal doctors to "shamans", which are also known to be good "empaths" as they can put themselves to others' shoes and feel what they experience. Dr. Meir Kryger's article (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3365094/>) discusses how Charles Dickens' empathy and observational skills enabled him to draw detailed portraits of characters suffering from various health conditions. More than a hundred years later, doctors used his descriptions while coming up with the "Pickwickian syndrome" (today known as the obesity hypoventilation syndrome). Maybe the lesson to take from that is medicine has to learn from literature how to develop "narrative imagination".

<https://www.npr.org/sections/goatsandsoda/2015/04/09/397853271/an-artists-brainstorm-put-photos-on-those-faceless-ebola-suits> is an example of how art can be used to address a practical real-world problem. At the peak of the Ebola Crisis in Liberia in 2014, artist Mary Beth Haffern literally gave a human face to medicine: she suggested slapping a smiley photo of the healthcare workers on their protective suits so that patients can "get a sense of the warm, friendly human underneath their suits", and it has been a success.

If you have any comments on the interview or this column, or suggestions about what you would like to see in the Summer issue, please contact me at alazk@bu.edu. I am looking forward to incorporating your thoughts and experiences!

Guest Column: Shelley L. Wall, MScBMC, PhD Biomedical Communications Program, University of Toronto

Medical Illustration as Cultural Artifact

Visual imagery is everywhere in medicine and healthcare, from anatomical images used for study by medical students, to diagrams and data visualizations for research dissemination in peer-reviewed journals, to illustrations and animations that accompany patient education materials. Yet I suspect that few people give much thought to where those images come from, or how they shape our conceptions.

As a certified medical illustrator and a professor in a graduate medical illustration program at the University of Toronto, I often get blank looks when I explain what I do. “Don’t you just get all those pictures off the Web?” I was once asked, seriously, by a senior hospital administrator. More frequently, the question is “Can’t you just take a picture now?”

These kinds of questions seem to imply that 1) we are so immersed in the bath of visual imagery that washes over us each day that we don’t even think to question a didactic illustration as an artifact created *by someone*, and 2) that illustration is assumed to be a mechanical record of *what is*—a function now better performed by a camera.

Factual accuracy is, of course, essential in medical and scientific images, which is one reason this is a specialized branch of illustration pursued by people with both artistic skill and a thorough grounding in the life sciences, working in close collaboration with scientists and clinicians. In addition to accurate content, medical illustrations—especially the more complex ones—reflect a great deal of skilled narrative shaping on the part of their creators. A good illustration *tells a story*: an intraoperative photograph may furnish raw visual data about a surgical procedure, but a surgical illustration can clarify structures and anatomical relationships, omit extraneous detail (all that blood, for instance), and suggest procedural sequence. Moreover, good illustrations are crafted with the needs of their target audience in mind: an illustration for use by surgical residents, for example, will differ not only in information content but also in manner of presentation to an illustration of the same procedure created for patients.

Medical illustrations perform much more than strictly denotative functions. Works of medical art are culturally embedded: they reflect the assumptions and aesthetics of their place and time, and they circulate within specific communication contexts. That illustrative choices can have profound *connotative* implications was brought powerfully home to me when I was engaged to create patient education materials for the multidisciplinary urogenital clinic—known informally as the “intersex clinic”—at The Hospital for Sick Children in Toronto. It was the early 2000s; intersex activism was gaining ground, but intersex issues (the term “disorders of sex development” had not yet been proposed) had nothing like the visibility they were later to attain. There were few resources available to explain prenatal sexual differentiation for the parents of children with atypical genital anatomy. We proposed to create educational illustrations and animations that would inform without stigmatizing. In doing preliminary research, and in reviewing the ways in which sexual differentiation is typically presented, I became aware of how normative assumptions can be embedded in the very structure of visual language. The “obvious” way to diagram sexual differentiation leads to a binary visual structure, with female anatomy on one side and male on the other, and only the space of abnormality, if not outright pathology, left for the representation of anatomy that falls somewhere else on the morphological spectrum. Stigmatizing implications were thus built right into the visual language. This project reinforced, for me, the need to approach the design process with humility and with a willingness to question the assumptions (in this case about sex and gender, but the same goes for culture, age, ability, sexuality, race, socioeconomic norms—and the list goes on) underlying my design decisions.

This is only one small example, but the experience left a deep imprint on my practice and teaching. Medical illustrations are cultural artifacts; they communicate on many levels, both explicit and implicit. It is up to us, whether we create medical images, or simply use them for teaching and learning in healthcare, to be attuned to the many ways in which art can speak.

For more information on the Toronto Biomedical Communications (medical illustration) program, see www.bmc.med.utoronto.ca. For information on the profession, and the other excellent educational programs at Johns Hopkins, University of Illinois at Chicago, and Augusta University, see ami.org. To see how we addressed some of the issues mentioned here in the SickKids materials, please visit: <http://www.aboutkidshealth.ca/En/HowTheBodyWorks/SexDevelopmentAnOverview/Pages/default.aspx>

Post Notices on the ASA Medical Sociology Section List
<MEDSOC@LISTSERV.NEU.EDU>

Please note that the link to our website has changed from what it was (<http://asanet.org/medicalsociology>) to <http://www.asanet.org/asa-communities/sections/medical-sociology>

Interview with a Scholar: Ian Williams, MD

In this issue of our newsletter focused on “art in health and medicine”, I am excited to share my interview with Dr. Ian Williams. Dr. Williams is a comic artist, printmaker, and writer, besides being a practicing GP in the United Kingdom. He is the founder and co-editor of the website Graphic Medicine (<https://www.graphicmedicine.org/>) and his first graphic novel *The Bad Doctor* (<http://myriadeditions.com/books/the-bad-doctor/>) was published in 2014. Dr. Williams also plays active roles in organizations aiming to promote critical dialogues between healthcare and arts/humanities by being a member of the advisory board for the International Health Humanities Network and a council member of the Association for Medical Humanities. Below, he discusses how art can be used in health activism, including the disability rights movement; why medicine should be seen as a form of art and how this is under threat; and how different art forms, and especially comics, can help health professionals to reflect on and improve their practice, among other key issues.

You are the author of the graphic novel *The Bad Doctor* and the founder of the website [graphicmedicine.org](https://www.graphicmedicine.org/). Could you tell us what makes comics a particularly powerful resource for health professionals?

My main interest is in illness narratives within comics, primarily autobiography. I think that comics work as a shortcut into the mind and life of the author, allowing the reader to experience and feel what the author has been through. Comics are also very appealing, and more approachable, for some, than plain text. Irony is traditional in autobiographical comics and this, too, can make the read more enjoyable. I would be much more likely to read a work like 'Cancer Made Me A Shallower Person' by Miriam Engelberg than a prose work about having a terminal cancer. As society becomes more visually orientated and moves away from text, comics fits with the redefinition of literacy.

How can art be used as a tool for health activism? More specifically, do you see any role it can play in the struggle for more equitable healthcare systems, including the demands for universal healthcare in the U.S.?

Art has been used in activism for a long time. Classical paintings had a political and moral dimension, and the Dadaists and Surrealists harness the power of art to provoke and question the social norms of their time. Political cartooning has a long history and comics are an excellent way of getting over powerful narratives and arguments. I have to say that I feel that personal stories in graphic form are, for me, more powerful than polemic graphic essays or monologues. I live in the UK where we have the NHS which, for all its faults, is like a national religion. The principles are highly prized. When I read graphic novels about healthcare that are set in the US, one of the big points for me is how difficult it must be to navigate the insurance system (if you have it) at a time when you are ill. And what if you don't have it? It's crazy. I want to show these stories to politicians in the UK (privileged politicians, from wealthy backgrounds) who favor dismantling the NHS in favor of a US market-based system.

One of the most exciting areas of activism, to my mind, is disability studies. When I first read about the principles of this field, it blew my mind. The social model of disability – that problems arise not because someone has an impairment that needs a cure but because society hasn't created the conditions that mean that impairment does not cause disability – turned medical thinking on its head. There is a growing number of people with disabilities amongst the graphic medicine community and I would like to see more disability activism comics. Made, of course, by people with disabilities.

Medical schools are increasingly adding arts and humanities to their curricula. Could you give us one specific example that you find particularly exciting? Do you have any potential (but no yet actualized) way art can be used in medical education in your mind?

I think that making art, particularly if it has a narrative dimension, like comics does, is an excellent way of working out what one thinks about something, of reflecting on one's practice, training, etc. A liberal arts education rounds off a person, allowing them to think in ways that might escape the medical discourse with which healthcare workers are indoctrinated during their training.

I think the value is mostly in the making of the art, and of the self-expression it brings. Viewing exhibitions of art by healthcare students or workers is rarely a gratifying experience because any art does demand a degree of skill and dedication and an understanding of context, but the fact that they are making the art and understand the value of art, is encouraging in itself. Comics is a good way to involve healthcare workers in making art because the work can be good even when the drawing is bad. As Art Spiegelman says: 'in comics, good art is a bonus'. It is the story that is important.

I did an MA in Medical Humanities and it changed my life. That was when I started writing about comics and set up the website. The course opened my eyes to the many discourses that flow in academia, and the many ways that people of different backgrounds see the world. The problem with medical education and medical culture is that it is so sure of itself in its technical, scientific, progress-orientated language, that if one is embedded within that community, one tends to forget that other viewpoints exist.

I run comic workshops for medical students and doctors, and most attendees seem to enjoy them. Doctors don't like to be bad at anything, so they tend to worry that they can't draw, but once they get into the swing, they love it.

As also being a practicing GP, do you agree with the view that medicine is a form of art? Do you see an inherent tension between, on the one hand, the 'art of medicine' and, on the other, evidence-based medicine and standardization of healthcare?

Definitely. That is what is so frustrating sometimes. Medicine becomes increasingly technical and relies on the strict application of protocols, and the lack of time and the increasingly high expectations from both above and below mean the shamanic side of the craft is squeezed out. Doctors have to defend it, insist on being cunning men and wise women and not allow scientism to take over. Evidence is only ever provisional and today's best practice is tomorrow's flagrant negligence, but young doctors are not taught this. I favor a healthy skepticism. I try to believe as little as possible about anything.

The shamanic side of practice comes with age and experience, and suffering of one's own. Older doctors are better at it, but unfortunately older doctors tend to burn out because of the insane workload.

There are growing calls and attempts worldwide to re-humanize medicine and establish more holistic models of healthcare delivery. What roles does art currently play in this endeavor and may play in the future?

I think that a liberal arts education and an ongoing interest in literature, philosophy, and the arts is important for healthcare practitioners, unless, I guess, they are going to be cocooned in a laboratory staring down a microscope. Those interest and that education does not, however, guarantee a humane individual – Adolf Hitler was a painter and the art world, like any community, has its fair share of douche bags – but it does encourage a balanced, rounded worldview. I don't see a great deal of evidence in the UK that art is playing any great role in making healthcare more holistic, unless you call hanging pictures of pastoral scenes on the walls of radiotherapy units 'holistic'. I think the attitude of most policy makers is that art is a bolt-on luxury, secondary to the business of technical care. But, there are examples, here and there, of visionaries managing to get the arts into mainstream care. One example in the UK would be the incorporation of medical humanities into the mainstream curriculum of new medical schools. This feat would be nigh-on impossible for traditional, established schools.

I think attitude is more important than education or interest and this is perhaps harder to foster, but pervasive attitudes within healthcare systems are very important because young doctors learn their moral codes from their elders. The House Of God demonstrated this admirably.

I believe that doctors should be wise, and humane, and kind.

As Kurt Vonnegut says:

for God's sake, you've got to be KIND.

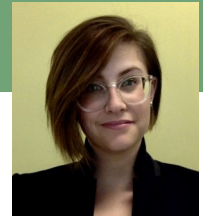
We're all just trying to help each other find our way through this thing called life.

And life is no way to treat an animal.

Get Connected

Simon Geletta & Mel Jeske

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Website Visits

Between January 1 and March 23, our website was visited 273 times by 192 visitors. While this is an improvement over the last quarter's report, it is still lower than what was reported for the same period last year. A look at the visit patterns (Figure 1) below shows that 92% of the site visitors are new visitors. As usual, our site keeps attracting younger and predominantly female audience (Figure 2). This quarter, we included affinity and interest categories of visitors. Interest categories were determined for 66% of the visitors and are reported on Figure 3.

Social Media Activities

Our [Facebook page](#) now has over 2,100 followers. Our "reach" on each post remains stable from the winter update, with job postings getting the most attention. Our [Twitter](#) and [LinkedIn](#) groups remain stable, hovering ~950 and ~450 members respectively. If you haven't connected with us on these platforms, please do! Please send us all opportunities related to medical sociology—we are happy to post faculty, post-doc, gov, etc. positions, and hope to extend our reach by advertising predoctoral fellowship and undergraduate opportunities

Please contact Mel (mel.jeske@ucsf.edu) or send us a message on Facebook if you have anything you'd like posted to our social media accounts!

Figure 1: Website visits by the type of visitor (n=192) between January 1 and March 23, 2018



Figure 2: Demographic characteristics of visitors

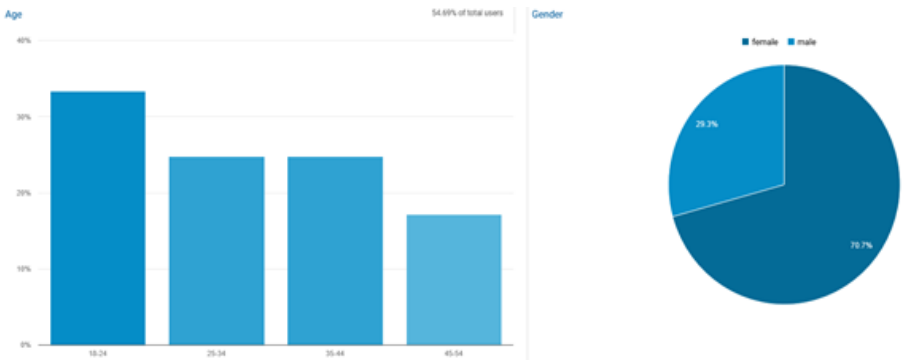
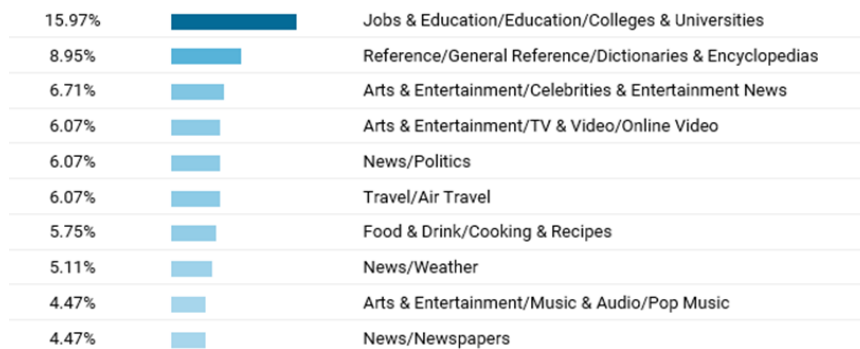


Figure 3: What is of interest to visitors?



Don't forget to check us out on:
 Facebook: **MedicalSociologyASA**
 Twitter: **@MedicalSocASA**

