

Medical Sociology Newsletter



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NOTES FROM THE CHAIR

By Anne E. Figert afigert@luc.edu

Happy New Year! It is January in Chicago and my thoughts naturally turn to warmer weather and to this year's Annual Meetings. As we submit our papers for consideration to the meetings and renew our membership to ASA and the Med Soc section, I guarantee that by August, the weather will be above freezing.

We have some great sessions planned for the Chicago meetings including the annual address from our Leo G. Reeder Award recipient. As chair, it is my great honor to announce that **Adele Clarke**, emeritus professor at the University of California, San Francisco, is the 2015 recipient of the Leo G. Reeder Award for distinguished contributions and service to field of medical sociology. Adele has been an influential scholar and mentor in my own professional career. I first met Adele many years ago when I was a graduate student interested in women's health and its intersection with science and technology studies. Like many of the previous Reeder recipients, Adele has actively mentored both students and scholars at her home institution and across the globe, and her scholarly work has made a major impact on medical sociology. I am very pleased to announce her selection for this great honor.

Kristin Barker (Chair-Elect) has written the formal announcement that follows this column highlighting just some of Professor Clarke's body of scholarly work and accomplishments.

Special points of interest:

- Announcement of 2015 Reeder Award Winner!
- A focus on qualitative health research—
 - ◊ Interview with Stefan Timmermans
 - ◊ Guest Column by Editors of *ASR*

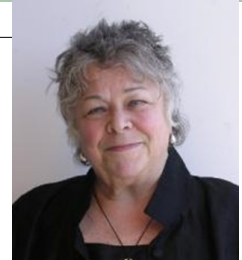


Post Notices on the ASA Medical Sociology Section List

<MEDSOC@LISTSERV.NEU.EDU>

Visit our website at <http://www2.asanet.org/medicalsociology/>

2015 Reeder Award Winner: ADELE E. CLARKE



Adele E. Clarke will receive the 2015 Leo G. Reeder Award in Chicago for her distinguished contributions to medical sociology. Although her contributions to our sub-field are myriad, they can all be aptly summarized under the heading of expanding the scope of medical sociology. Over the last several decades, and to good effect, Adele has worked to integrate Science and Technology Studies (STS), gender and feminist studies, and medical sociology. She has also put forward significant methodological advances that are now foundational for qualitative research into matters of health, illness, and medicine. We are all the beneficiaries of a broader vision of medical sociology that Professor Adele E. Clarke has worked tirelessly to create.

Adele's career path as a sociologist began when she graduated with an A.B. in Sociology from Barnard College in 1966. She received her M.A. in Sociology from NYU in 1970 under Eliot Freidson, and was an Adjunct Assistant Professor and Coordinator of Women's Studies Program at Sonoma State University in the late seventies and early eighties. While at Sonoma State, Adele decided to return to graduate school and pursue a Ph.D. in sociology. She enrolled at University of California San Francisco (UCSF) where she was able to study with Anselm Strauss and Virginia Olesen. At UCSF, Adele cultivated her interests in qualitative research, medical sociology, historical approaches, and women's health. Shortly after completing her Ph.D. she was hired into the faculty position vacated by Anselm Strauss, who was required to retire at age 70. From that point forward, UCSF has been Adele's primary academic home. Now retired, she is currently Professor Emerita of Sociology and Adjunct Professor Emerita of History of Health Sciences in the Department of Social and Behavioral Sciences.

Her recognized distinction as a medical sociologist was evident in her dissertation. She was the 1986 recipient of the Medical Sociology Section's Dissertation of the Year Award. Since then, she has received numerous teaching, research, and career awards from U.S. and international scholarly associations, including the Society for the Study of Symbolic Interaction, the American Anthropological Association, and the Society for the Social Studies of Science. She has also held research fellowships and visiting professorships around the world as befits a scholar of her international reputation.

Professor Clarke's award-winning 1998 book, *Disciplining Reproduction: Modernity, American Life Sciences and the Problems of Sex* (University of California Press), provided the first sociological and historical account of the emergence and rise of reproductive sciences in the United States. Clarke traces how an unlikely assortment of individuals, foundations, donors, scientific disciplines, laboratory practices, technologies and devices, and larger cultural discourses around population control and biology, all played a part in the historical coalescing of the reproductive sciences, creating a scientific, institutional, and organizational pathway for such now taken-for-granted fields as fertility medicine, contraception, and reproductive endocrinology. Underscoring the socially contingent nature of this field of knowledge and practices that would ultimately come to control women's reproductive bodies, Clarke emphasizes the consequences of silencing women's active participation as scientists and consumers. For this work, Clarke was awarded the Eileen Basker Distinguished Book Award from the Society for Medical Anthropology of the American Anthropological Association, as well as the Ludwik Fleck Award for Outstanding Book by the Society for Social Studies of Science.

Adele Clarke followed her groundbreaking work on the reproductive sciences with a series of many other publications on gender, race, and women's health. In all of these publications, she engages with the social construction of dominant medical and scientific knowledge systems, weaving the insights of medical sociology into those from women's studies, science and technology studies, history, and anthropology. Her co-edited books (with Virginia Olesen and Sheryl Ruzek) *Women's Health: Differences and Complexities* (1997, Ohio State University Press) and *Revising Women, Health and Healing: Feminist, Cultural and Technoscientific Perspectives* (1999, Routledge) were among the first sociological collections that focused specifically on issues of gender and health and have shaped generations of scholars in this area. Core to her scholarly project are empirical and theoretical approaches designed to reveal the privileged assumptions of biomedicine as they come to define and contain women's bodies. At the same time, her work gives voice to those who are routinely silenced by biomedical knowledge and practice.

Professor Clarke's development of the theories of biomedicalization, a true collaboration with several (then) graduate students, represents a major contribution to medical sociology and sociology more broadly. Key publications include a 2003 *American Sociological Review* article "Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine" and a 2010 edited book, *Biomedicalization: Technoscience and Transformations of Health and Illness in the United States* (Duke University Press). Clarke and her collaborators integrate the foundational theory of medicalization—the process by which aspects of life outside the jurisdiction of medicine are redefined as medical problems—in light of the vast transformations in health care, medical science, and social theory that had taken place over the last decades of the twentieth century. Biomedicalization captures the intensification and alteration of the processes by which technologies and science in medicine re-constructed phenomena as medical, shifting from efforts to control life to those aimed at transforming life itself. Biomedicalization is increasingly used by both scholars and activists to explain how the biomedical industrial complex works upon bodies, particularly those who are disempowered. Biomedicalization theory has stimulated a national and international dialogue about how contemporary phenomena in health, illness, and medicine can be characterized.

Con't on page 3

From page 2...No less significant than these important empirical and theoretical accomplishments, Professor Clarke has also been integral to shaping and sustaining a commitment to qualitative research methods. She has boldly challenged common paradigms in qualitative research methods and put forward substantial innovations. Notable here are Professor Clarke's books *Situational Analysis: Grounded Theory After the Postmodern Turn* (2005, Sage), *Developing Grounded Theory: The Second Generation* (2009, Left Coast Press), and *Grounded Theory and Situational Analysis* (forthcoming, Sage). Sociologists, historians, anthropologists, and feminist scholars alike rely on her methods books as essential teaching tools. These books move between pragmatic how-to guidelines for conducting research and theoretical arguments about the role of qualitative research in knowledge production. *Situational Analysis: Grounded Theory After the Postmodern Turn* won the Charles Horton Cooley Distinguished Book Award from the Society for the Study of Symbolic Interaction and has been translated into two languages (German and Simplified Chinese). Dr. Clarke has presented on situational analysis in at least eight international venues and multiple national conferences. Moreover, Dr. Clarke has been invited by Sage Publications, the major academic press publishing works on research methods, to co-edit a four-volume series on grounded theory and situational analysis. Dr. Clarke's immense contributions to research methodology in sociological science will continue to shape the future of qualitative research.

Adele Clarke is one of medical sociology's most gifted mentors. She has clearly exhibited dedication to educating, supporting, and mentoring the next generation of medical sociologists both at UCSF and elsewhere. Since she joined the SBS faculty at UCSF in 1989, she served as chair of the dissertation committees of 28 Ph.D. students, and as a member of the dissertation committees for an additional 52 Ph.D. students. She has chaired or served on qualifying examination committees for some 85 students both at UCSF and across the country, and indeed internationally. These numbers essentially mean that in the 22 years that Professor Clarke has been on faculty at UCSF, on average she mentored 3-4 doctoral candidates yearly to completing their dissertations, and 4 students to completing their qualifying examinations. But her mentoring acumen is not reducible to quantity. As evidenced by her numerous teaching and mentorship awards, she bestows extraordinary attention and commitment upon all her students. She has received five teaching and mentoring awards from UCSF and a sixth from the international organization, Society for the Study of Symbolic Interaction. As one objective measure of her commitment to graduate education in medical sociology, Clarke has been on the committees of three students, two of which she chaired, who won the Roberta G. Simmons Outstanding Dissertation in Medical Sociology. Her students struggle to convey how dedicated she is in terms of the amount of time, energy, insight, guidance, and care she bestows upon her students. Evidence of student adoration and gratitude can be found at the website former student Monica J. Casper set up in honor of her retirement (<http://www.honoringadeleclarke.com/>). This website contains tributes from friends and colleagues from all over the world; and new additions to the site are welcome. Many of her former students and those who have been affected by Professor Clarke's scholarship and mentorship are now among some of our most esteemed colleagues in medical sociology, STS, and/or women's and gender studies programs across the country.

In sum, Professor Adele E. Clarke's life and scholarship have dramatically expanded the scope of medical sociology. By weaving together medical sociology, feminist and gender studies, science and technology studies, and qualitative methodology, she has inspired generations of graduate students and a community of international and interdisciplinary scholars. Dr. Clarke has had a positive, lasting impact on types of topics we study as medical sociologists, how we go about studying those topics, and the formation of those people who are now among our ranks as medical sociologists. She has advanced the academic rigor of our subfield, its moral authority, and, ultimately, its lasting value. Accordingly, Adele E. Clarke is thus a truly worthy recipient of the Leo G. Reeder Award.

By Kristin Barker (with input from Anne Figert, Monica Casper, Laura Mamo, Lisa Jean Moore, Janet Shim, and Sara Shostak)

ADELE E. CLARKE BOOK AWARD

ReproNetwork, an interdisciplinary group of researchers who study reproduction, invites submissions for the 2015 Adele E. Clarke Book Award. This award is for an outstanding socio-cultural study of reproductive processes, experiences, technologies, politics, and/or practices published in 2014. Consistent with the composition of the ReproNetwork community, the prize committee welcomes submissions by historians, sociologists, anthropologists, public intellectuals, activists, and others.

CRITERIA

- Book must make a contribution to understanding of reproduction
- Book must be sole-authored or co-authored; edited collections and anthologies will not be considered
- Book must have a copyright date of 2014

Please send questions to the chair of the committee, Monica J. Casper, at mjcasper@email.arizona.edu.

NOMINATION PROCEDURE

The deadline for receipt of all materials is May 1, 2015.

Authors, publishers, or other scholars and advocates may nominate a book. Please send a signed letter of nomination specifying how the book meets the criteria to the chair of the prize committee. The nomination letter may be sent by E-mail (mjcasper@email.arizona.edu) or postal service (see below). Books submitted without an accompanying letter of nomination cannot be considered. In addition to the letter, please arrange to have the publisher send a copy of the book directly to each member of the Selection Committee at the following addresses:

Monica J. Casper, GWS, 925 N. Tyndall Avenue, PO Box 210438, Tucson, AZ 85721-0438

Rene Almeling, Sociology Department, Yale University, PO Box 208265, New Haven, CT 06520

Lara Freidenfelds, 118 Hillside Ave, Chatham, NJ 07928

Vanessa M. Hildebrand, Dept of Anthropology, Mather Memorial Hall, Rm 207, Case Western Reserve University, 11220 Bellflower, Cleveland, OH 44106

Jennifer Lahl, Center for Bioethics & Culture Network, 3380 Vincent Rd. Suite HUB, Pleasant Hill, CA 94582

Books and nomination letters must be received by the deadline of May 1, 2015 to be considered.

Call for ASA Award Nominations

2016 Reeder Award

The Medical Sociology Section invites nominations for the 2016 Leo G. Reeder Award to be awarded at the annual meeting of the Medical Sociology Section in Seattle. 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 Kristin Barker (k.barker@unm.edu) with the subject line: 2016 Reeder Award Nomination. Nominations are due by May 31, 2015. 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.

2015 Eliot Freidson Outstanding Publication Award: Seeking *Journal/Article* Nominations

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 2015 award will be given to a journal article published in either 2013 or 2014. The article may deal with any topic in medical sociology, broadly defined. Co-authored articles are appropriate to nominate. Self-nominations are permissible and encouraged. When making your nomination, please indicate (however briefly) the reason for the nomination. Send your nomination letter by email to: Kathy Charmaz at charmaz@sonoma.edu with the subject line: 2015 Freidson Award Nomination. Please attach a copy of the article. Also send a back-up hardcopy of your nomination letter and the attached article to her at the Department of Sociology, Sonoma State University, 1801 E. Cotati Avenue, Rohnert Park, CA 94928. Nominations are due by February 15, 2015.

2015 Simmons Award

Nominations are being accepted for the 2015 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: Bridget Gorman (bkorman@rice.edu) with the subject line: 2015 Simmons Award Nomination. Deadline for receipt of all submission materials is March 1, 2015.

2015 Louise Johnson Scholar

The Medical Sociology Section will select a student member of the section to be the 2015 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 Chicago 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 2015 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 Brea Perry, (bperry@indiana.edu) with the subject line 2015 Louise Johnson Scholar Nomination. Applications are due by May 15, 2015.

2015 Howard B. Kaplan Memorial Award in Medical Sociology

This award is established to support graduate students doing research in one of the substantive areas that defined the distinguished academic career of Dr. Howard B. Kaplan, namely mental health, self concept and health, or deviance, by providing funds up to the amount of \$500 to contribute to expenses associated with attending the annual meeting of the American Sociological Association (ASA). The award recipient will be invited to attend the Reeder dinner as a guest of the Medical Sociology section. Self-nominations are acceptable. To be considered for the 2015 award, the candidate should submit a CV and letter of nomination to Brea Perry, (bperry@indiana.edu) with the subject line: 2015 Kaplan Award Nomination. Deadline for receipt of all submission materials is March 29, 2015.

PLEASE NOTE THAT ALL NOMINEES MUST BE REGISTERED MEMBERS OF THE ASA TO BE CONSIDERED FOR SECTION AWARDS



Teaching

Jennifer Reich jennifer.reich@ucdenver.edu

Teaching About Healthcare Inequality through Ebola

As we think of ways to integrate current events and health inequalities into our courses, it may be useful to use different kinds of resources to teach about the Ebola outbreak and politics of disease. Ebola, according to the CDC, is a rare and deadly disease caused by infection with a virus spread through direct contact with blood or bodily fluids or someone already showing symptoms. The 2014 Ebola epidemic in West Africa is the largest in history, affecting multiple countries in West Africa. Students can link seemingly divergent concepts—including public health, risk, globalization, race, gender, civil liberties, family, or healthcare access --- as they converge around this particular disease.

Below are some resources that might be useful as you consider ways to teach about the social meanings of Ebola. This is by no means an exhaustive list—far from it on a topic that is constantly shifting. I have grouped them into general categories to begin thinking about how to pull apart different topics, but it is clear that all these resources could fit equally well in other sections too, as these issues are complex and intersectional. Yet, hopefully these resources will help you think about ways this disease provides an opportunity to teach many concepts central to medical sociology.

Overview

U.S. Centers for Disease Control and Prevention on Ebola

<http://www.cdc.gov/vhf/ebola/>

World Health Organization

<http://www.who.int/csr/disease/ebola/en/>

WHO Fact Sheet

<http://www.who.int/mediacentre/factsheets/fs103/en/>

Timeline of Events

<http://www.medscape.com/viewarticle/836512>

Compilation of news coverage of infection globally

<http://healthmap.org/ebola/>

Family

Disease risk, care, and burial practices have been implicated in this disease. Here is one article that looks at a family's experience of burying their son who was a well-known athlete.

"For a Liberian Family, Ebola Turns Loving Care Into Deadly Risk," *New York Times*

[http://www.nytimes.com/2014/11/14/world/africa/in-ebola-outbreak-in-liberia-a-family-](http://www.nytimes.com/2014/11/14/world/africa/in-ebola-outbreak-in-liberia-a-family-strength-can-be-its-fatal-flaw.html?module=Search&mabReward=relbias%3Aw%2C%7B%221%22%3A%22RI%3A7%22%7D&r=0)

[strength-can-be-its-fatal-flaw.html?module=Search&mabReward=relbias%3Aw%2C%7B%221%22%3A%22RI%3A7%22%7D&r=0](http://www.nytimes.com/2014/11/14/world/africa/in-ebola-outbreak-in-liberia-a-family-strength-can-be-its-fatal-flaw.html?module=Search&mabReward=relbias%3Aw%2C%7B%221%22%3A%22RI%3A7%22%7D&r=0)

Gender

Since 75 percent of those affected are women, relationships and carework have made women disproportionately vulnerable to infection.

"Ebola Preys on Compassion"

http://www.slate.com/articles/health_and_science/medical_examiner/2014/09/why_ebola_is_terrifying_and_dangerous_it_preys_on_family_caregiving_and.html

Journalist Jina Moore has been writing on Ebola and how it is killing more women than men. Here is one of her essays:

<http://www.buzzfeed.com/jinamoore/ebola-is-killing-women-in-far-greater-numbers-than-men>

Race

This disease and its social implications are inextricably linked to race and racism. Here is one essay discussing the historical underpinnings of race and moral panics in disease

<http://jezebel.com/from-miasma-to-ebola-the-history-of-racist-moral-panic-1645711030>

This is a news article on Texas universities' decision to reject Nigerian applicants

<http://www.nbcnews.com/storyline/ebola-virus-outbreak/texas-college-rejects-nigerian-applicants-cites-ebola-cases-n226291>

Murdocca, Carmela. "When Ebola came to Canada: Race and the making of the respectable body." *Atlantis: Critical Studies in Gender, Culture & Social Justice* 27, no. 2 (2003): 24-31.

Access to Care

The disease toll has created new challenges for maternity care in affected areas.

"Ebola leaves moms and babies without care"

November 18, 2014 *NPR*
<http://www.npr.org/blogs/goatsandsoda/2014/11/18/364179795/dangerous-deliveries-ebola-devastates-womens-health-in-liberia>

This essay explores questions of the impact of Ebola on frontline Liberian doctors and foreign aid workers. "Race and the immuno-logics of Ebola response in West Africa"

http://somatosphere.net/2014/09/race-and-the-immuno-logics-of-ebola-response-in-west-africa.html?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+Somatosphere+%28Somatosphere%29

Public Health

This essay in the *New York Times* asks what we owe others if we could present risk of infection. "The Ethics of Infection"

<http://www.nytimes.com/2014/11/09/sunday-review/the-ethics-of-infection.html>

New England Journal of Medicine opinion on why the forced quarantine of returning healthcare workers is wrong.

<http://www.nejm.org/doi/full/10.1056/NEJMe1413139>

A discussion of why it is hard to count cases in Liberia

<http://www.buzzfeed.com/jinamoore/ebola-cases-in-liberia-are-dropping>

A four-minute video (from September 2014) forecasting impact of disease

http://www.bloomberg.com/video/ebola-tracker-laurie-garrett-we-ve-come-late-to-the-game-so_f6ildRea1rZjkOW6hPg.html

Globalization and Capitalism

Article in the *Journal of Environment and Planning* interrogating whether policy changes in Africa contribute to disease outbreak.

<http://www.envplan.com/openaccess/a4712com.pdf>

This related blogpost questions whether Ebola emerges from changes in agribusiness, including specifically connections to the palm oil industry
<http://farmingpathogens.wordpress.com/2014/10/20/the-palm-oil-sector>

Poverty and Inequality

An essay by Paul Farmer, physician and medical anthropologist, on how re-emergence of infectious disease manifest from structural violence.

<http://www.washingtonpost.com/blogs/achenblorg/wp/2014/10/06/paul-farmer-on-ebola-this-isnt-a-natural-disaster-this-is-the-terrorism-of-poverty/>

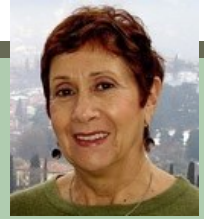
Paul Farmer's essay in the *London Review of Books* challenging cultural explanations for the disease outbreak and suggesting economic ones instead.

<http://www.lrb.co.uk/v36/n20/paul-farmer/diary>

These are simply a launching pad for your own conceptions of how to teach important concepts in your course. Yet given the unique nature of this disease and the public, legal, media, and international response to it, it contains myriad opportunities for exploration.

Career & Employment

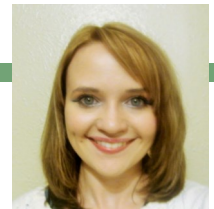
Patricia Rieker rieke@bu.edu



We all know that not all academic and medical sociology jobs are necessarily listed with the ASA. Locating the other sources takes some ingenuity and persistence. Alternatively such employers might contact you directly because they saw something you wrote, or they noted that your work was quoted on some media site. In this extensive electronic media climate **visibility** could be a very important **tool** that helps you compete successfully for jobs in both professorate and applied settings. Web pages, blogs and commentaries are one way to be creative and resourceful about communicating your scholarly work and research interests. There are options; you can develop your own blog, write to a current sociology blogger to discuss your work, or simply craft an informative, eye catching web page or bio. You could also write about your work in newspapers and magazines to increase your **visibility**. I can recommend two impressive examples: one blog and a personal web page that can give you some ideas about how you might create your own blog or bio page. The first one is: Adina Nack <nack@callutheran.edu> <http://www.callutheran.edu/faculty/profile.php?id=nack> Dr. Nack, a tenured Professor at California Lutheran University, is a medical sociologist whose research has focused on sexual health, social psychology, social inequality, gender, and sexuality. For instance when my book was published a few years back she featured a write-up about it in her blog. The second example is Scott Schieman's dynamic linked-web page: <scott.schieman@utoronto.ca> http://www.sociology.utoronto.ca/people/faculty_list_by_surname/scottschieman.htm. Dr. Schieman, a tenured Professor at the University of Toronto, is a medical sociologist with research interests in work, stratification and religion. He also is a regular contributing writer for the Globe and Mail Newspaper. In addition to individual benefits it is important to remember that the visibility of each colleague's scholarship will collectively increase the relevance of medical sociology.

Student Views

Anna Neller anna.neller@rockets.utoledo.edu



The Sociological Life is a blog by digital sociologist Deborah Lupton, a well-known sociologist who is exploring many interesting developments in medical sociology and the body – in particular, critical digital health studies. For grad students researching areas of bioethics and embodiment and social relationships, Lupton's blog is very useful as a source of critical analysis of people's health experiences and their cultural dimensions.

Her most recent post, [Towards a sociology of 3D printing](#), discusses how 3D printing technologies are impacting society. When these technologies were initially introduced in commercialized production, few social effects were apparent. However, as the cost of 3D printers decreases and accessibility is more readily available, the social applications of these technological advancements have immensely broadened. Over recent years, an assortment of social entities such as schools, marketing firms, and public relation establishments, as well as private homes, are incorporating 3D technologies into their daily operations. Moreover, these technologies are now beginning to surface within the home.

3D printing is being increasingly integrated into the realm of medicine and health care, especially face transplantation and the creation of artificial limbs. Recently, a 7 year-old boy received a prosthetic hand with the use of a 3D printer for only twenty dollars. This use of 3D technology in the development of prosthetics was what first interested me in her blog.

With the continual development of 3D printing, there is an immense need for upcoming sociologists to analyze the effects of these technologies throughout society.

<http://simplysociology.wordpress.com/>

Health Policy

Sigrun Olafsdottir sigrun@bu.edu



The New England Journal of Medicine offers a section on their webpage that focuses on issues related to health care systems, health policies, and health care reform. The webpage currently has 1,672 articles that can be searched by topics. The topics include various issues of interest to medical sociologists, such as public health, health care delivery and cost of health care. What I find particularly interesting is the recently launched series highlighting the health care systems and health reforms in selected countries. Health care reform is both a crucial and a highly debated issue in the United States, making it important to understand how health care is organized and delivered in other countries. The series begins with an overview of the Swedish system, but the journal has already commissioned articles on health policies in place or under development on all continents. To facilitate cross-national comparisons, each entry provides two brief case studies that follow the experiences of "typical" patients through the system, as well as an interactive graph that compares countries across several key indicators related to spending, human resources, and outcomes. I could see this resource being of value to medical sociologists who are interested in a quick overview of various health care systems and policies, and would consider this particularly useful as a teaching material in undergraduate courses on health and health care systems.

<http://www.nejm.org/health-policy-and-reform>

Guest Column: How to Write Qualitative Research Articles

By The Editors at the *American Sociological Review*

Given that the *American Sociological Review* is a peer-review academic journal, the review process is at the heart of decisions made about papers submitted to the journal. Reviewer reactions to papers are, therefore, weighed heavily in editor decisions regarding manuscripts. For authors, then, anticipating likely reviewer (and editor) responses to the submitted scholarship can be quite useful, given author interest in a successful review process. Below we share insights about some common types of reviewer comments we've seen during our editorship, and given the request by your Newsletter's co-editors (Barret Michalec and Ann Bell) to concentrate particularly on qualitative scholarship, we take steps to help qualitative researchers think about how such comments may apply to their work.

In many respects, the elements that make for an excellent qualitative research article are similar to those that make for the best quantitative articles. During our editorship, we have seen that reviewers of both qualitative and quantitative research point to similar aspects of papers when those reviewers call for improvements in the work. In fact, we can identify a number of concerns that we see regularly in reviewer comments and that we identify in our own readings of manuscripts.

One issue, frequently voiced, is that a manuscript's *theoretical contribution* to existing sociological knowledge is not well articulated. *ASR* readers want a clear explanation of how the research contributes to our existing stock of knowledge. What is the paper's overall contribution? What is the value added in light of what we already know? In qualitative research, where the data are often quite rich, there can be a temptation for authors to become so enmeshed in their particular empirical case that they don't take explicit steps to explain how the theoretical ideas generated in their work are an innovation and can be applied in other empirical settings. We've noticed that reviewers will often comment that papers don't clarify how the work moves sociological thinking forward. So we encourage authors to clearly explain how the theoretical ideas stemming from their work can be applied in other empirical settings. It's useful to keep in mind that not all readers will be interested in the particular empirical case the author studies rather, some readers—in fact, many readers—will read the work for its general theoretical argument. Highlighting this, then, is quite important.

Qualitative research sometimes has an advantage over quantitative studies in that qualitative investigations can sometimes more fully *explore mech-*

anisms that link a cause with its effect. We often see reviewers commenting that a causal claim is made by the author but the linking mechanism is not well-enough developed in the paper. Again, rich qualitative data can help us understand causal processes in detail. Qualitative researchers might be encouraged to consider whether the novelty of their work lies in uncovering these connecting causal mechanisms.

We also observe reviewers frequently commenting that the front-end, theoretical portion of a paper doesn't mesh well with the subsequent empirical portion of the work. We recognize that not all papers have an empirical portion. But many papers do aim to theorize or conceptualize a sociological process or causal relationship, and then they examine empirical data to illustrate the process or causality in those data. With some regularity reviewers comment that papers possessing these two elements do not always succeed in fully connecting the two portions of the work. The paper's front end may set up a research question that differs in subtle or even obvious ways from what the analysis actually accomplishes. *Fully aligning the theoretical and empirical portions of the paper* is an important step in successful research.

We also notice that reviewers are sticklers for *clear and full discussions of the concepts, operationalizations, and measures* used in the research. This, again, applies to both qualitative and quantitative research. Reviewers like consistency in definitions throughout the manuscript, and they strongly desire clear discussions of how the researcher operationalizes the work's concepts.

We also observe that the strongest qualitative empirical papers offer *full and detailed descriptions of how the data were gathered and analyzed*—whether the author relies on interviews, participant observation, focus group data or some other form of data. For instance, we often see reviewers asking for more information about how the research site was selected or how interviewees were contacted.

Qualitative research that pursues study of a social phenomenon in depth will often find reviewers asking about possible *alternative explanations* of the phenomenon being studied. In our experience as editors, we see that reviewers will often in their comments query qualitative authors about whether key alternative explanations have been considered. To make a qualitative argument as compelling as possible, it can be useful for quali-

tative researchers to take steps in their work to weigh likely competing explanations or frameworks. Sometimes this can be done as part of the paper's core analysis; at other times it might work well to discuss in both the paper's introduction and conclusion such alternative approaches and provide a convincing logic as to why the current explanation is the most compelling explanation.

ASR, as is true for most print journals, has space constraints, and thus, as editors, we frequently ask authors to tighten their prose and streamline their arguments. But *ASR* is also able to offer authors more space than a number of other sociological publications. (Our guidelines ask authors to strive for an overall word count under 15,000.) *Qualitative research, however, often requires more space* than quantitative research, because researchers need to present, for example, quotations from in-depth interviews or excerpts from field notes. Reviewers will often communicate to authors that as readers they want to be "shown" not "told" that a particular social process or event is occurring, and doing this successfully requires room. *ASR's* space constraints, while quite real for the print portion of the journal, are more flexible when it comes to the journal's online supplements. *ASR* allows authors to publish supplementary online materials to accompany the published article. In order to navigate space constraints as well as reviewer requests for more detailed evidence, authors might consider the possibility of the journal's online space to provide accompanying results that augment those offered in the paper itself.

ASR, as the discipline's flagship journal, seeks to publish the best sociology, irrespective of subfield or methodology. We, as editors, are continually amazed at the high quality and rigor of the research submitted to the journal, including the qualitative, quantitative, and mixed-methods research papers we receive. We encourage authors to anticipate the kinds of reviewer and editor comments their work might receive and revise their work in advance of submission to address such concerns. Navigating the review process and responding to reviewer and editor comments can present its challenges, but we have seen clearly during our editorship that in our community of scholars as we work to produce a body of social scientific knowledge, the peer-review process greatly helps turn strong and innovative work into even stronger and more valuable statements of research.

Interview with a Scholar: Stefan Timmermans

By Anna Neller

Where is qualitative research in the field of medical sociology? How has it progressed or not progressed?

Qualitative research has earned its place as an established mode of studying health issues. Especially in countries such as the UK, qualitative research constitutes most of the sociological research done in the health field.

In comparison to quantitative methods, what research discoveries do qualitative methods emphasize in the realm of medical sociology?

I see qualitative and quantitative methods as complementary. Health problems often provoke deep existential questions about the finitude of life, vulnerability, and life priorities. Quantitative research is able to capture general patterns and suggest measurable causes but qualitative research humanizes these patterns. Research that brings out the complexity of health situated within the multiple worlds that caregivers and patients inhabit, the often contradictory incentives between making money and providing care, and the spillovers from health into other areas of life is profoundly compelling. It speaks to policy makers, our undergraduate students, and the broader public. With new technologies and health commodities affecting people globally, there is little risk of running on studying health experiences on the ground.

As Senior Editor for Medical Sociology in Social Science and Medicine, you've provided advice for people who want to publish in the journal. But are there specific things that graduate students need to consider when they submit? How will a grad student know when their work is "ready" for journal publication? Is this just a matter of confidence, or is there more to it?

I wish I could tell you that we are a journal equipped to mentor young scholars but the reality is that the sheer volume of submissions to Social Science and Medicine makes detailed guidance through many rounds of revisions impossible. The journal receives more than 3000 submissions in seven editorial offices. The medical sociology editorial office processed more than 550 manuscripts last year, that's more than one a day, every day. My job is mostly to triage and decide what to send out for review. In fact, our journal has a 70-80 percent desk-rejection rate. A paper needs to be very close to publishable and withstand peer review to have a chance. Therefore, I recommend that graduate students circulate their paper among peers, mentors, and advisers prior to submission of work to our journal. Still, I think it is worth sending us your best work because we have the largest international and interdisciplinary audience and an impressive impact factor.

Don't forget to check us out on:

Facebook: **MedicalSociologyASA**

Twitter: **@MedicalSocASA**



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

Get Connected

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We have made a number of exciting changes to our [website](#) and social media accounts following the appointment of Natalie Ingraham and John Girdwood to the Med Soc webmaster team, with Simon Geletta leading the team. The Med Soc website has been updated to reflect current officers, awards and newsletters. We also re-vamped the main page to include a Facebook feed and Medical Sociologists “In the News”, mainly focused on member new book announcements.

Since we started monitoring the website visit patterns we’ve observed that the fall semester is when we see the highest traffic. It appears that this may still be the case this year. Between the middle of August and middle of December the site was visited by 1,152 unique visitors in 1,314 visitation sessions, and scored a total page-view of 2,170.

Figure 1 provides the breakdown of the sessions by type and geography.

Our [Facebook page](#) has grown substantially since September, adding over 70 new followers (for a current total of 415) and improving our “reach” or the number of people seeing our page activity by leaps and bounds. We average about one “like” and “share” per post with our most popular posts (generally job

announcements or new book announcements) reaching an average of over 100 people. Most of our followers identify as women (62%), are between ages 25-34 (27%) and reside in the US (56%) followed by Pakistan and India.

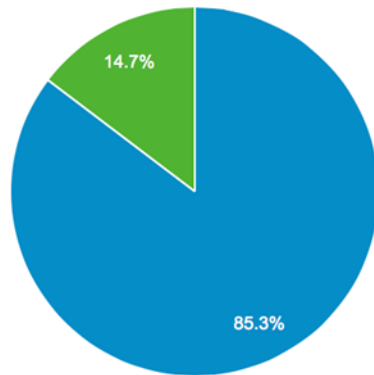
Our [Twitter](#) currently has 582 followers (a gain of 70 since August) and we average 5 tweets per week, generally focused on job announcements or retweets focused on topics or news relevant to Medical Sociology. We average around 159 impressions (times individuals saw the tweet) per day from September-December. Our most popular Tweets were a call for Ebola expertise, ASA award announcements, job postings and the launch of a new Global Health listserv. Half of our followers also follow other sociology writers, blogs and scholars on Twitter including

[@SocImages](#), [@SociologyLens](#) and [@Soc_Imagination](#).

Our LinkedIn group is slight less active, with 287 members. This is a private group for Med Soc section members to network created in 2012. Read more here: <https://www.linkedin.com/groups/Medical-Sociology-Network-4679223/about>.

Please contact Natalie (natalie.ingraham@ucsf.edu) if you have anything you’d like to post on our social media accounts!

■ New Visitor ■ Returning Visitor



Country	Sessions
	1,314 % of Total: 100.00% (1,314)
1. United States	926 (70.47%)
2. India	40 (3.04%)
3. United Kingdom	33 (2.51%)
4. (not set)	27 (2.05%)
5. Canada	25 (1.90%)
6. Spain	19 (1.45%)
7. Nigeria	18 (1.37%)
8. Netherlands	18 (1.37%)
9. Germany	15 (1.14%)
10. Japan	14 (1.07%)

Figure 1 The type (new/vs. returning) and the geographic locations of visitors



A PUBLICATION OF THE MEDICAL SOCIOLOGY SECTION OF THE ASA

NEWSLETTER EDITORS: Ann Bell & Barret Michalec

