

Medical Sociology Newsletter

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A Publication of the Medical Sociology Section of the ASA

NOTES FROM THE NEW CHAIR

By Janet Hankin

I am honored to serve as the Chair of the Medical Sociology Section as we prepare to celebrate the 50th anniversary of the founding of the section. Samuel W. Bloom recounts the establishment of the section in *The Word as Scalpel: A History of Medical Sociology*. The council of the American Sociological Society (now the American Sociological Association) approved the formation of the Section on Medical Sociology in September 1959. By January 1960, the section had 407 members. A.B. Hollingshead was Chair, Odin Anderson served as Chair-Elect, and Samuel Bloom was Secretary-Treasurer. Everett Hughes, George Reeder (a physician), and Benjamin Paul (an anthropologist) were council members.

From that auspicious beginning, our section has swelled to over 1,000 members, thanks to our outgoing and incoming membership chairs, Jennifer Foskett, Heather Turner, and other section members who helped with our last minute membership appeal. I have planned six sessions to celebrate our golden anniversary. The sessions, as described elsewhere in this newsletter (Editor's note: see page 2), highlight a common theme: Fifty Years of Medical Sociology: Contributions and New Directions. I encourage you to submit papers to the section organizers for the San Francisco meetings.

Mark your calendars for the 2009 meetings! Our section day will be the first day of the ASA meetings, Saturday, August 8th. Our business meeting, award ceremony, and reception are planned for Saturday. Special activities at the meetings will include roundtables for students organized by our student council representatives featuring famous medical sociologists who will share their expertise with the next generation of medical sociologists. We will recognize past chairs and Reeder Award winners at our reception. A special invited session will highlight fifty years of progress in our discipline. We are also seeking funds for an extra issue of the *Journal of Health and Social Behavior* entitled **What Do We Know? Key Findings from 50 Years of Medical Sociology**. The proposed issue will include invited papers describing significant conclusions, new directions for research, and policy implications.

I would like to take the opportunity to thank Chloe Bird for her excellent job as section chair during the past year. Thanks to the council members and session organizers who worked so hard during the past year on behalf of the section. I look forward to celebrating our golden anniversary with you in 2009.

Reminders:

- **MSN Winter Deadline:**
January 9, 2009
- **2009 ASA Annual Meeting:**
August 8-11, 2009
San Francisco, California
- **2010 ASA Annual Meeting:**
August 14-17, 2010
Atlanta, Georgia



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GOOD NEWS!! We have achieved our target membership of 1,000 members! Please keep signing up your students and colleagues! We have been hovering around 1,000 members for some time and need to keep up the momentum.

MEDICAL SOCIOLOGY SECTION 2009 PROGRAM

1. Session Title: A Celebration of 50 Years of Medical Sociology.

Invited session

Session Organizer: Janet Hankin, Wayne State University, janet.hankin@wayne.edu

2. Session Title: Patients Meet Providers: Fifty Years of Medical Sociology—Contributions and New Directions.

Open Submission

Session Organizer: Fred Hafferty, University of Minnesota-Duluth, phaffert@CHARTER.NET

3. Session Title: Health Policy and Reform: Fifty Years of Medical Sociology—Contributions and New Directions.

Open Submission

Session Organizer: Jennie Jacobs Kronenfeld, Arizona State University, Jennie.Kronenfeld@asu.edu

4. Session Title: Health and SES: Fifty Years of Medical Sociology—Contributions and New Directions.

Open Submission

Session Organizer: Mark Tausig, University of Akron, mtausig@uakron.edu

5. Session Title: Medical Sociology Refereed Roundtables.

Open Submission

Session Organizer: Monica Casper, Arizona State University, monica.casper@asu.edu

6. Session Title: Fifty Years of Methods in Medical Sociology—Contributions and New Directions.

Open Submission

Session Organizer: Karen Lutfey, New England Research Institutes, KLutfey@neriscience.com

MEDICAL SOCIOLOGY SECTION 2008 ELECTION RESULTS

Chair-Elect: Bill Avison, University of Western Ontario

Secretary-Treasurer: Carol Boyer, Rutgers University

Council Member at Large: Sarah Burgard, University of Michigan

Nominations Committee Chair: Jeremy Freese, Northwestern University

Nominations Committee Members: Jennie Kronenfeld, Arizona State University; Kristen Springer, Rutgers University

Chair, Health Policy and Research Committee: Verna Keith, Florida State University

Membership Committee Chair: Heather Turner, University of New Hampshire

Nominations Committee, Student Member: Matt Gayman, Florida State University

Student Representative: Dawne Mouzon, Rutgers University

Estes Receives 2007 Feminist Activist Award

Dr. Carroll Estes, University of California-San Francisco, was selected as 2007 Feminist Activist. She will participate in two Feminist Activist Campus Visits in Winter 2009. Stay tuned for information about the campuses that have been selected to host these visits. Estes' activism has focused primarily on older women's health care. For more information please visit her website: <http://nurseweb.ucsf.edu/www/ffestec.htm>.



Epstein Receives 2008 Freidson Award

The 2008 Elliot Freidson Award was awarded for the book published in the past two years that had a major impact on the field of medical sociology. This year's recipient was Steven Epstein (University of California, San Diego) for his book, *Inclusion: The Politics of Difference in Medical Research*. The book describes how, over the last two decades, advocates, experts, and policymakers have sought to reform medical research by including more women, racial and ethnic minorities, children, and the elderly as research subjects, and by testing for outcome differences across categories such as sex, gender, race, ethnicity, and age. Epstein shows how this distinctive way of thinking gained supporters, took institutional form as law and policy, and become converted into common sense. He also investigates the consequences of these forms of inclusion for biomedical and pharmaceutical research, drug development, "profiling" practices in health care, and cultural understandings of the meanings of sex and race. While

defending certain aspects of the inclusion-and-difference paradigm, he also explores its ironic consequences. In particular, he argues that its emphasis on understanding group differences in biological terms makes it a problematic tool for addressing health inequalities by sex or by race. The members of the committee were: Elizabeth Armstrong (Princeton University), Stefan Timmermans (UCLA), R. Jay Turner (Florida State University), Debra Umberson (University of Texas), and Michael Hughes, Chair (Virginia Tech).

~Michael Hughes



Almeling Receives 2008 Simmons Award

This year's winner of the Roberta G. Simmons Dissertation Award is Rene Almeling, for her article, "Selling Genes, Selling Gender: Egg Agencies, Sperm Banks, and the Medical Market in Genetic Material." Her article was published in the June 2007 issue of *American Sociological Review*. Almeling compares how eggs and sperm are differentially valued in the medical marketplace. Drawing primarily on interviews and observation, she finds that egg donors are both paid more and praised more than sperm donors, which she attributes less to biological supply and demand than to gendered norms of caring motherhood and distant fatherhood. Her research is exceptionally good medical sociology, but the findings have implications for fields well beyond our own, including the sociology of gender and economic sociology. Her research explores the interface of sex and gender, as well as the intersection of medical practice and the market. The committee—consisting of myself, Chloe Bird, Joanna

Kempner, Brian Goesling, and Kristen Springer—was uniformly impressed with Rene's work. We considered it a "terrific" topic, with a "good research design," and, in execution, a "model manuscript." Rene will be graduating from UCLA in June. In the Fall she will be a Robert Wood Johnson Scholar in Health Policy Research at the University of California, Berkeley, and in 2010, she will join the faculty at Yale University as an Assistant Professor of Sociology.

~Jason Schnittker



Walton 2008 Louise Johnson Scholar

This year, Emily Walton was named the Louise Johnson Scholar for her paper "Residential Segregation and Birth Outcomes among Asian and Latino Americans." Emily, a doctoral student at the University of Washington, used data from the National Center for Health Statistics Natality Files and the US Census, to understand the relationship between residential segregation and health outcomes among Asian and Latino Americans in racially isolated communities. She found that Asian Americans in highly segregated neighborhoods had better health outcomes on certain measures, suggesting that for some groups, residential segregation may serve to concentrate important resources. The committee, which included Joanna Kempner (Chair, Rutgers University), Jason Schnittker (University of Pennsylvania), and Margot Jackson (Brown University), congratulate Emily and her dissertation chair, David Takeuchi. ~Joanna Kempner

Report on the 3rd British and American Medical Sociology Conference: "Expanding Comparative Frames for Medical Sociology: Professionals, Patients and the Public" (Simmons College, Boston, MA, USA, July 29-31, 2008)

**By Karen Lutfey, New England Research Institutes
Jonathan Tritter, University of Warwick**

The third in a series of Anglo-American conferences originally inspired by Mike Bury and Peter Conrad, this small residential medical sociology conference convened at Simmons College in Boston, Massachusetts. The two previous meetings took place in the UK: the first at Royal Holloway College, London University in 1999, and the second at the University of Edinburgh in 2006. A number of key participants from the previous meetings were involved in the planning of the 2008 meeting, which was timed to immediately precede the American Sociological Association meetings, also in Boston.

The meeting was highly successful with well over the projected 100 delegates, with nine countries represented from across Europe, North America, and Asia. Conference delegates worked in a wide range of academic and non-academic positions, representing not only sociology but also public health, communications, and policy fields. The conference was generously sponsored by the Sociology of Health and Illness Foundation, the American Sociological Association, Simmons College, the NHS Centre for Involvement, the Indiana Consortium for Mental Health Services Research, and several graduate programs that provided matching funds for graduate students attending the meeting. With this funding, we were able to provide extensive support for the 30 graduate students who attended the conference from the US and abroad. The organizing team was also an international collaboration, including Mike Calnan (University of Kent, UK), Peter Conrad (Brandeis University, US), Judith Green (London School of Hygiene and Tropical Medicine, UK), Valerie Leiter (Simmons College, US), Karen Lutfey (New England Research Institutes, US), Sigrun Olafsdottir (Boston University, US), Bernice Pescosolido (Indiana University, US), Patricia Rieker (Boston University, US), and Jonathan Tritter (University of Warwick, UK).

This series of meetings provides a unique opportunity for small group discussion and personal interaction that is not typically available in larger conference formats. To facilitate this sort of environment, the meeting was organized around plenary sessions and small working group sessions rather than panels of paper presentations. Ms. Helen Drinan, President of Simmons College, opened

the meeting with welcoming comments and a presentation about healthcare challenges in Massachusetts. Additional plenary sessions over the next two days included Professor Clive Seale from Brunel University speaking on "Mapping the Field of Medical Sociology: Is There a US/UK Divide?"; Professor Ichiro Kawachi from Harvard University speaking on "Income Inequality, Relative Deprivation and Health: What Have We Learned?"; and Professor Adele Clarke from the University of California, San Francisco speaking on "From the Rise of Medicine to Biomedicalization: U.S. Healthscapes and Iconography c1890-Present."

Alternating with these full-group plenary presentations, conference participants attended one of nine concurrent working group streams of 8-15 people each. Each group focused on one substantive topic across each of its 3 meetings, and these included chronic illness/disability; gender and health; health disparities; health policy; healthcare team-patient interaction; mental illness; patient and public involvement; and the changing structure of healthcare. Each group was led by a team of two facilitators recruited from conference participants (one each from the US and UK), who took responsibility for providing group members with advance readings and leading discussion.

As part of a closing plenary session, each working group shared three summary points from their meetings. In addition, substantive observations and ideas for dissemination routes were discussed as part of the final plenary session, focusing on potential collaborations among the participants and encouraging cross-national networking, researching, and writing. In this spirit, we continue to identify opportunities for collaboration and concrete outlets for conference-related work. As one example, planning for a special section of *Health Expectations* is underway to showcase papers from conference participants (for publication in spring 2009). Tentative planning is underway for the next conference (to be held in the UK, possibly Ireland, in three years time), and conference attendees as well as other members of the US, UK, and international medical sociology communities are invited to participate.

Health Policy

by Verna M. Keith

Assessing Sociologists' Views on Health Policy

In January, the United States will have a new president and a new administration. Each presidential candidate has articulated a plan for reforming the health care system, and we can be hopeful that a serious debate will follow and that positive change will be implemented. Sociologists have made outstanding contributions to issues related to health care financing, organization, and utilization, and will no doubt participate in the ensuing debate. As such, it seems timely to evaluate where we as a discipline stand on health care policy. To that end, Jennie Kronenfeld at Arizona State University and I are planning a survey of the ASA medical and mental health section members. This idea stems from a recent publication by Michael Morrissey and John Cawley (2008) in which they reported health economists' views on health policy. Morrissey and Cawley evaluated the level of consensus on what they called issues of "cause and effect" that additional research is likely to clarify and "value-policy" issues (Fuchs 1996) that are unlikely to be resolved by research because these issues represent deeply held values or personal preferences regarding tradeoffs between efficiency and equity. The

questionnaire included items related to insurance financing, employer mandated insurance, Medicare Part D, hospital cost shifting, and the desirability of a Canadian style health care system. At the end of the article, Morrissey and Cawley suggested that it would be useful to survey researchers in other health-related disciplines to learn the extent to which they agree or disagree with economists. Jennie and I concur, so we are asking for your assistance with this endeavor by participating in a web-based survey. As good sociologists, we will also be asking questions about your employment sector, training, and demographic characteristics in order to determine if these factors bear upon the responses. We are currently seeking IRB approval from our respective universities and, with your assistance, expect to complete the survey by early December. Results will appear in future issues of the newsletter.

References:

- Morrissey, Michael A., and John Cawley. 2008. "Health Economists' Views of Health Policy." *Journal of Health Politics, Policy, and Law* 33(4):707-24.
- Fuchs, Victor. 1996. "Economics, Values, and Health Care Reform." *American Economic Review* 86:1-24.

Graduate Programs with Medical Sociology and/or Population Health Concentrations, Specialties, or Degrees

Note: Information here was submitted by departments and thus the format and information may vary. To add your department to this list, or to update the information, please email Rachel Tolbert Kimbro, Chair of the Teaching Committee, at rtkimbro@rice.edu.

Arizona State University, Department of Sociology (<http://www.asu.edu/clas/ssfd/grad/phd.html#soc>)

Brandeis University, Department of Sociology (<http://www.brandeis.edu/departments/sociology/aboutgrad.html>; <http://www.brandeis.edu/departments/sociology/medical.html>); joint PhD in Sociology and Social Policy (specialization in Health Policy) (<http://heller.brandeis.edu/index.html>)

Brown University, Department of Sociology (<http://www.brown.edu/Departments/Sociology/>)

Case Western Reserve University, Department of Sociology (<http://www.case.edu/artsci/soci/>)

Chapman University, MS in Health Communication (www.chapman.edu/cs/HealthComm)

Columbia University, Department of Sociomedical Sciences (<http://www.mailman.hs.columbia.edu/sms/>)

Duke University, Department of Sociology (<http://www.soc.duke.edu/graduate/specialization.html>)

Florida State University, Department of Sociology (<http://www.sociology.fsu.edu/recruitment/index.html>); Concentration in Health and Aging (<http://www.sociology.fsu.edu/grad/index.html>)

Goldsmiths-University of London (<http://www.goldsmiths.ac.uk/sociology/research/>)

Howard University, Department of Sociology (<http://www.coas.howard.edu/sociology/>)

Indiana University, Department of Sociology (<http://www.indiana.edu/~soc/>; http://www.indiana.edu/~soc/gr_areas.shtml)

Indiana University-Purdue University, Department of Sociology, MA, Medical Sociology Concentration (<http://www.iupui.edu/~slasoc/gradprogram.html>; <http://www.iupui.edu/~slasoc/gradprogram.html#Master>)

Kent State University, Ph.D. Program in Sociology of Health and Healthcare (<http://www.kent.edu/sociology/>)

McGill University, Department of Sociology (<http://www.mcgill.ca/sociology/grad/>)

Northern Illinois University, Department of Sociology, MA, Health & Aging Concentration (<http://www.sociology.niu.edu/>)

Ohio State University, Department of Sociology (<http://www.sociology.osu.edu/grad/>)

Penn State University, Department of Sociology (<http://www.sociology.psu.edu/>)

Population Research Institute (<http://www.pop.psu.edu/>); Center on Population Health and Aging (<http://www.pop.psu.edu/cpha/>)

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Visit the ASA Medical Sociology Website at <http://dept.kent.edu/sociology/asamedsoc/>

Career & Employment

by Sara Shostak

At ASA 2008, the Medical Sociology Section sponsored the career workshop “Careers in Medical Sociology,” organized by Carol Caronna and Deborah Glik (Co-Chairs of the Career and Employment Committee, 2005-2007) and led by Carol. The panelists were Augusto Diana of NIDA/NIH, Allen Fremont of RAND, Beth Kosiak of the American Urological Association (comments read by Carol), Karen Lutfey of the New England Research Institutes, and Yonette Thomas of NIDA/NIH. The focus of the discussion was information about careers outside of universities and career advice for sociologists seeking these types of jobs. Thanks to Carol, here is a summary of the key points that emerged during the discussion.

What are these jobs like and how does sociology fit in? The panelists’ careers represented a range of experiences, including evaluation and contract research, program and grant management, directing NIDA’s epidemiology department, political lobbying and advocacy on behalf of a physician association, creating national standards for patient care, and many other areas. The panelists all stressed that they worked in multidisciplinary environments, including with other social scientists, medical researchers, physicians, etc. They said that sociologists bring important skills to these settings, including their research backgrounds and their ability to write and communicate clearly with a variety of audiences. The panelists felt a background in both quantitative and qualitative methods was the best training for these types of jobs, in order to have the broadest base of knowledge and the most sophisticated ability to evaluate research. Augie mentioned that in his area at NIDA, quantitative methods are more highly valued than qualitative; he said, “You have to be strategic—find mechanisms open to your methods.” Karen, who works at NERI, said, “Grad school was like learning how to drive a compact car in the country by yourself but NERI is like driving an 18-wheeler on the pike.” She emphasized how, in her position, success as a principal investigator on a grant means she has been able to mobilize a team of researchers. Allen from RAND reinforced this point. In applied research settings, you don’t have to know how to do everything yourself, because you can hire contractors to do parts of a project. In their positions, part of their jobs entails mobilizing current resources to get more resources. In her position at NIDA, Yonette said she “uses sociology to convince NIDA that social epidemiology exists – that sociocultural factors are important and impact people, in terms of who uses drugs – there is an interplay between genes and environment...Our colleagues don’t know what we know – we have to tell them. We are basic scientists and we have a right to be there.” To

contrast applied positions with faculty positions, Beth said, “What is different is that [in applied jobs] the requests for research are generated by others, not solely by you; the deadlines are such that you cannot conduct the ideal research study but instead have to figure out how to do the best you can in the time allotted and with the resources allocated.” Karen said, “Things move faster because you are not teaching and doing service, and also because you are working with others. It is high pressure.”

How can sociologists find these types of jobs? The panelists had lots of advice about how to find applied jobs. Augie said that the best lesson he’s had in 30 years is to find someone you can talk to in an area that interests you and learn more about their job. People are eager to help, because sociologists are needed. Yonette recommended circulating at ASA and other conferences, going to roundtables and meeting people, talking to people from federal agencies and foundations and asking them for information. Many of these organizations will help you find the right person to talk to. Yonette reiterated Augie’s points and said that you should call people in jobs you are interested in and ask them what they do, and then call people who are hiring and ask them what they are looking for; do fact finding. Karen recommended reaching beyond the ASA job bank and looking at listings from other professional associations such as Academy Health, American Hospital Association, physician associations, etc. Allen said, “Look for work that interests you – sociology or not – and talk to the people who do it. Get mentors beyond sociology faculty – mentors in industry, policy – ask where are good places – use the web to surf sites – see what people and organizations are doing – look for sociologists who have hidden their identities.” He also recommended using social networking websites (like LinkedIn) to find people with similar interests, and doing a postdoc, fellowship, or internship in an area you want to move into. Karen cautioned that finding these types of jobs can take a lot of time. She said, “There is no ‘applied’ equivalent of academic job postings. You have to take time to search for positions and uncover information. You need to have faith in the process and accumulate information over time.” If you interview for an applied position, Augie recommends “emphasizing the rigor of your training; that sociology is more varied and flexible than other fields – that we know more than basic experimental research – talk through the projects you have worked on – show your depth of knowledge on an issue, that you know the complexity of the issue.”

General advice: Yonette recommends having a 5-year plan and

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a 10-year plan. She said, "You have to be strategic, e.g. in terms of publications, having kids, you have to have a plan – in 10 years where do you want to be?" Beth said, "I strongly urge you to find sociologists and other social scientists in the government, contractor world and association arena and talk to them about what they do. You may be pleasantly surprised." Allen mentioned that you should not apply for large grants until you have built a track record in a particular area. Karen mentioned that applied research settings are not looking for tailored, specific positions the way academic departments are. She also said that each type of institution

is different, so you can't lump all applied jobs together. Yonette added that different jobs have different requirements, so you need to be aware of what the job entails. In their final words of advice, Allen said, "Pursue your passion – decisions you make now do not determine your whole future – plan; put structure in your life – mentors, internships – to move you on the path you want." Augie said, "The world needs competent sociologists – applied settings need sociology." And Karen said, "Be optimistic, strategic, and brave!"

Thanks so much to Allen, Augie, Beth, Karen, and Yonette for sharing their experiences and insights and to Carol and Deborah for organizing the panel!

Student News & Views

by Kelly Rhea MacArthur, M.A.

The "Golden Rule" for Researchers

I began research in a teaching hospital this summer. As I walked around the halls and passed physicians, medical students, nurses, and patients, I observed and thought about such sociological concepts as 'the hidden curriculum,' 'the routinization of work,' 'affect neutrality,' and 'uncertainty in medicine.' My past two years of graduate training in medical sociology, which included extensive reading and a Master's thesis on doctor-patient communication and gender, led me to automatically place each person I saw within categories of various sociological constructs. "I wonder how much that female physician interrupts her male patients?" "Hmm," I asked myself, "I wonder if that medical student has internalized affect neutrality yet?" As medical sociologists, we become experts in particular aspects of human behavior and learn to recognize those aspects in our daily lives, but there is a line between applying one's knowledge in different settings and seeing people only as objects of research, in a sense dehumanizing them for the sake of our study. I will describe where this happened to me in the hope that it might help other students to recognize this behavior in themselves. We, as researchers, should apply the "Golden Rule" – if we want physicians to see the whole patient, then we should be especially careful to do this with the individuals we observe.

Working in a hospital, I was surrounded by those I had only read about heretofore (physicians, nurses, medical students, and patients). When I heard residents speaking about things like their partners and young children at home, and how hard it must be for their patients to be going through their particular situations, this sort of humanistic thought initially surprised me. Patients and their families talked about their ailments, their treatment options, and the fact that they had to get back to work. Why was I surprised by this too? What did I expect? That doctors were nothing like me? That their social and occupational status absolved them of their

humanity? That patients were mere indices of disease or mortality? My second realization came after interviewing a female physician. I turned off the tape recorder and, to satisfy my own curiosity, I asked her, "What does it feel like to be a woman physician?" She said that she had never really thought of herself as a "woman doctor." At first, I was surprised. With all the literature on gender differences and with medicine traditionally being male-dominated, I was taken aback that she did not appear to support my assumptions. Then I realized this is not how research works. Yes, she probably fits into many of the patterns found in the literature, but the relationship between the individual and society is complex and there are always individual variations. But it was not this relationship that I was forgetting – it was that she was trying to tell me about her life not only as a physician, but also as a person.

There have been several movements in medical sociology with relatively the same message. For example, Patient-Centered Care, Relationship-Centered Care, Narrative Medicine, Humanistic Care, and Holistic Care, all call for medicine, and specifically physicians, to consider patients' full-life circumstances in treating a given medical condition. Physicians have been accused of objectifying their patients as "cases" or, for example, "that pancreatitis in room four." While I support this trend to make medicine more humanistic, it was disconcerting to realize that I was doing the same thing. Like physicians who may 'miss something' if they focus solely on the biomedical perspective, I may miss something if I only focus on sociological constructs. I suspect that those of us who have spent years immersed in theory and statistics may be inclined to apply that knowledge in similar ways in our first encounters in a naturalistic setting. In listening to our subjects' narratives, we should remember they are humans first, and that sociological constructs help us to understand their behavior, but do not define them.

Teaching Tips

by Rachel Tolbert Kimbro

This edition of *Teaching Tips* features **Peter Conrad**, the Harry Coplans Professor of Social Sciences at Brandeis University, a past Chair of the ASA Medical Sociology Section, and the 2004 ASA Reeder Award winner. Professor Conrad has been teaching *Health, Community, and Society* at the undergraduate level for over 30 years, and our discussion focused on that course.

RTK: How is your course structured?

PC: This is a course on the sociology of health and disease (not the medical care system). I make a distinction in the course between the sociology of disease and the sociology of illness. The first half of the course focuses on disease – the sociology of the condition, such as heart disease and cancer. In this part of the course, we look at what produces these conditions. In the second half of the course, we focus on the social construction of illness; the meanings of illness. As one example, in the first part we might focus on which diseases are more common for women; in the second half, we would talk about not the production of those illnesses but the definitions, meanings and experiences of women's illnesses.

RTK: What books or readings work particularly well in your course?

PC: Every time I have taught this course, I start with Rene Dubos' *Mirage of Health: Utopias, Progress, and Biological Change* (1959). Although some of the specifics are dated, the perspective he brings about the impact of society on disease, prevention, and health are almost unsurpassed. It provides a great point of departure for the rest of the course. I also recommend Eric Klinenberg's *Heat Wave: A Social Autopsy of Disaster in Chicago* (2003). I have some differences with both his data collection and some of his interpretations, but overall the book serves as a really powerful tool to show the impact of social structure on health – and death. Students find it a provocative reading. I also recommend Anne Fadiman's *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and Collision of Two Cultures* (1997). It may be the students' most memorable of all the books, five years down the road. It really shows the issue of cultural conflict around how immigrants with a different culture and the medical community look at illness – and it is a tragedy with no bad guys. Everybody tries their best and it's still a tragedy. We talk about how it's not the people, it's the social organization around the illness of the child that produces the tragedy. And finally, I would recommend Sylvia Nolde Tesh's *Hidden Arguments: Political Ideology and Disease Prevention Policy* (1988). In the first three chapters, it really lays out different theories about health and disease and what their assumptions are – historically and contemporaneously. I pair this with my article "A Mirage of Genes," since the strong genetic perspective ascended after Tesh wrote her

book. These readings introduce the different paradigms that people have developed over the years for talking about illness and prevention.

RTK: And do you recommend any films for our readers?

PC: I use *Song of the Canary* (1978), which is about occupation, health, and disease. It follows two storylines; one of male workers becoming sterile at a petroleum chemical company in California, and the other about the organization of cotton workers around brown lung disease in the Carolinas. Some parts are quite dated, and I apologize to the students for that – but the analysis of the impact of the social organization of workplaces, related to the production of disease, and the reaction to it, is unsurpassed. I have substituted more recent films, but I return to this one again and again.

RTK: What assignments do you use?

PC: About one-third of the way into the course, I assign students to interview a minimum of six people – with a maximum of three students – about 'what is health'. I give them orienting questions to guide their interviews, which they may use or not, and ask the students to analyze their data in a 4-6 page paper. They may make comparisons between their respondents, perhaps comparing men to women, or students to adults. The students also hand in their interview transcriptions or notes, which helps me assess how well they have interviewed their subjects and how well they have interpreted their results. Sometimes it is clear that students have asked superficial questions, or have not chosen good respondents, and sometimes they have good data but don't do a good analysis. About two-thirds of the way through the course, after we have done some readings on the experience of illness, sick roles, and the interactionist point of view, I have them find someone who's had a chronic illness or disability within the last five years, and interview them about the experience of illness. How did they find out something was wrong; what did they do; did they seek care; how does the illness affect work, family, and identities? I warn students that I am not just interested in how their respondents experience the medical system, but foremost in how they manage their lives with and in spite of illness. Students write a 6-8 page paper based on their interview. For this assignment, I also give them two alternatives. First, they can choose a book about the experience of illness, and write the paper based on the book – although I warn them that this is more difficult. And second, they can explore two different websites with forums about the same illness – e.g., one run by a national organization, perhaps, and one that's more independent.

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They can then write an analysis of what issues people are raising on the internet about their illness – and what they can learn about the experience of illness through these online communities.

RTK: And what do you love about teaching this course?

PC: Students tend to come with an interest but no knowledge of looking at illness this way. Looking sociologically at illness and disease really turns their heads around. This kind of thinking – looking at illness as a social phenomenon and not just a biological one, and exploring the

tensions between them – students find really eye-opening. I also enjoy how the projects connect their everyday lives to what we are trying to do in class. And finally, I enjoy the process of showing them how health and illness are related to social structure. We do a lot about social class, race, gender, occupations, and how those things are related to the production of health and disease. We get to connect broader sociological issues to illness and take into account life experiences.

RTK: Thank you very much! **Note:** If you have teaching tips to share for this column, please contact Rachel at rtkimbro@rice.edu.

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Graduate Programs (cont.)

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Purdue University, Department of Sociology (<http://www.cla.purdue.edu/sociology/programs/healthaging.html>)

Royal Holloway University of London (<http://www.rhul.ac.uk/Health-and-SocialCare/Medical-Sociology/index.html>)

Rutgers University, Department of Sociology (<http://sociology.rutgers.edu/graduate.html>)

Simon Fraser University, Department of Sociology (<http://www.sfu.ca/sociology>)

Syracuse University, Department of Sociology, Concentration in Medical Sociology (<http://www.maxwell.syr.edu/soc/>)

University of Akron, Department of Sociology, Graduate Program in Medical Sociology (<http://www3.uakron.edu/sociology/Graduate.html>)

University of Alabama-Birmingham, Department of Sociology, Ph.D. in Medical Sociology (<http://www.sbs.uab.edu/Depts/Soc/MedSocPhD.html>)

University of California-Davis, Department of Sociology (<http://sociology.ucdavis.edu/graduate-program>)

University of California-Los Angeles, Department of Sociology (<http://www.soc.ucla.edu/>)

University of California-San Diego, Department of Sociology (<http://sociology.ucsd.edu/>)

University of California-San Francisco, School of Nursing, Department of Social and Behavioral Sciences (<http://sbs.ucsf.edu/medsoc/>)

University of Central Florida, Department of Sociology (<http://www.sociology.ucf.edu/>)

University of Colorado-Boulder, Department of Sociology (<http://socsci.colorado.edu/SOC/>); Population Program (<http://www.colorado.edu/ibs/POP/>)

University of Colorado-Denver, Department of Health and Behavioral Sciences (<http://thunder1.cudenver.edu/clas/hbhc/>)

University of Kentucky, Department of Sociology (http://www.as.uky.edu/academics/departments_programs/Sociology/Sociology/graduate/Pages/default.aspx)

University of Miami, Department of Sociology (<http://www.as.miami.edu/sociology/graduate/>)

University of Michigan, Department of Sociology (<http://www.lsa.umich.edu/soc/>); Population Studies Center (<http://www.psc.isr.umich.edu/>)

University of Nottingham, Department of Sociology (http://www.nottingham.ac.uk/sociology/about/about_us.php)

University of Texas-Austin, Department of Sociology (<http://www.utexas.edu/cola/depts/sociology/>); Population Research Center (<http://www.utexas.edu/cola/centers/prc/>)

University of Utah, Department of Sociology, Focus in Population and Health (<http://www.soc.utah.edu/graduate/description.html#SPH>)

University of Western Ontario, Department of Sociology, Graduate Program in Health, Medicine, and Aging (<http://sociology.uwo.ca/Grad/>)

Vanderbilt University, Department of Sociology (www.vanderbilt.edu/sociology); Graduate Certificate in Medicine, Health, & Society (<http://www.vanderbilt.edu/mhs/graduate>)

Wayne State University, Department of Sociology (<http://www.clas.wayne.edu/Sociology/>)

New Teaching Resource A revised version of *Teaching Medical Sociology*, edited by William P. Gronfein and Tiffany M. Smith, is now available at the ASA online bookstore: <https://www.e-noah.net/asa/asashoponlineservice/ProductDetails.aspx?productID=ASAOE332M08>. Note that an e-book version is also available. This great resource includes numerous syllabi, assignments, and teaching techniques.

A Publication of the Medical Sociology Section of the ASA

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Call for Papers

Papers are being sought for volume 27 of *Research in The Sociology of Health Care* published formerly by Elsevier Press and now by Emerald Press. The major theme for this volume is **SOCIAL SOURCES OF DISPARITIES IN HEALTH AND HEALTH CARE AND LINKAGES TO POLICY, POPULATION CONCERNS AND PROVIDERS OF CARE**

Papers dealing with macro-level system issues and micro-level issues involving social sources of disparities in health and health care are sought. This includes examination of social, demographic, and structural sources of disparities in health and health care. This also includes papers that try to link an understanding of the causal processes between disadvantage and health disparities. This includes a consideration of social sources of disparities across the life course. Papers that focus on linkages to policy, population concerns and providers of care as ways to meet health care needs of people both in the US and in other countries would be welcome. The focus can be from a consumer side or a provider or policy perspective. Papers that raise issues of the availability of services, access to those services, quality of services and the role of government in services provision would all be appropriate. For papers examining social sources of disparity in health and health care delivery systems in other countries, the focus could be on issues of delivery systems in those countries and ways in which revisions and changes impact population health, especially if those are then also related to broader concerns in health care in the US or other countries as well. The volume will contain 10 to 14 papers, generally between 20 and 40 pages in length. Send completed manuscripts or detailed outlines for review by **February 15, 2009**. For an initial indication of interest in outlines or abstracts, please contact the same address by **January 10, 2009**. Send to: Jennie Jacobs Kronenfeld, Sociology Program, School of Social and Family Dynamics, Box 873701, Arizona State University, Tempe, AZ 85287-4802 (phone 480 965-8053; E-mail: Jennie.Kronenfeld@asu.edu). Initial inquiries can be by email.

BOOK RAFFLE RAISES MONEY FOR REEDER AND SIMMONS AWARDS

The Section book raffle raised **\$485** for the Leo G. Reeder and Roberta G. Simmons Awards this year.

Twenty-one individuals and publishers donated thirty-nine books which were raffled off at the Business Meeting of the Section on August 4, 2008 at the ASA meetings in Boston. The success of the raffle was made possible only through the generous donations of the following publishers and individuals: Annual Reviews, Ashgate Publishing Limited, Beacon Press, Cambridge University Press, Cornell University Press, Indiana University Press, John Wiley and Sons, McGraw Hill Contemporary Learning Series, Oxford University Press, Rutgers University Press, University of Alberta Press, University of Iowa Press, University of Toronto Press, Waveland Press, Yale University Press, Chloe Bird, Sarah Burgard, Kathy Charmaz, Kelly Joyce, Theodore Litman, and Teresa Scheid. Thank you to everyone for making this year's raffle such a success. We could not have done it without you and we sincerely hope that you will contribute again next year. Best of luck to the new raffle director, Susan Stockdale, in the year ahead!
~Sarah Burgard

MacArthur New Student Editor

Kelly Rhea MacArthur is the new student editor of the Medical Sociology Newsletter. She received her Bachelor's degree in Sociology from Fairleigh Dickinson University and recently completed her Master's degree in Sociology from Kent State University. Her thesis was entitled, "Doing Gender in Doctor-Patient Interactions: Gender Composition of Doctor-Patient Dyads and Communication Patterns." Currently, she is a doctoral candidate at Kent State University specializing in Medical Sociology. We look forward to her contributions in the Student News & Views column (see page 7 in this issue). Congratulations Kelly!