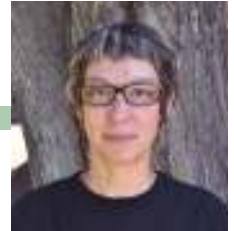


# Medical Sociology Newsletter

## NOTES FROM THE CHAIR

By Kristin K. Barker [kbarker@unm.edu](mailto:kbarker@unm.edu)



Now that it is January, please be sure to renew your membership to the ASA and the Medical Sociology Section. It is also time to submit your papers for consideration to the meetings. We have eight sessions planned for the Seattle meetings, including the annual address from our Leo G. Reeder Award recipient. Professor **Allan Horwitz** (Rutgers University) is the 2016 recipient of the Leo G. Reeder Award for distinguished contributions and service to field of medical sociology. **Bernice A. Pescosolido** and **Carol Boyer** have written a short article in this newsletter detailing some of Allan's many contributions.

Best wishes for the new year!

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### Special points of interest:

- Announcement of 2016 Reeder Award Winner!
- A focus on Sociology of Diagnosis—
  - ◊ Interview with Phil Brown
  - ◊ Guest Column by Anne-marie Goldstein Jutel



11th ASA Annual Meeting  
*Rethinking Social Movements: Can Changing the Conversation Change the World?*  
 August 20-23, 2016  
 Seattle, Washington  
 Washington State Convention Center and Sheraton Seattle Hotel

Post Notices on the ASA Medical Sociology Section List  
 <[MEDSOC@LISTSERV.NEU.EDU](mailto:MEDSOC@LISTSERV.NEU.EDU)>

## 2016 Reeder Award Winner: Allan Horwitz

by: Bernice Pescosolido & Carol Boyer



Allan V. Horwitz, Board of Governors Professor of Sociology and Acting Director of the Institute for Health, Health Care Policy, and Aging Research at Rutgers University, will receive the 2016 Leo G. Reeder Award for a distinguished career in medical sociology. Allan received his doctoral degree in Sociology from Yale University where he was trained in psychiatric epidemiology and deviance and social control. Following the completion of his dissertation, "Social Networks and Pathways into Psychiatric Treatment," Allan joined the Department of Sociology at Rutgers University where he continues his academic career. From 1980 to 2015 he was co-director (with David Mechanic and more recently Deborah Carr) of the NIMH funded Post-doctoral Mental Health Services and Systems Training Program. He served as Chair of the Sociology Department for nine years (1985-1991; 1996-1999). From 2006 to 2011 Allan was Dean of Social and Behavioral Sciences in the School of Arts and Sciences. At Rutgers Allan has received awards acknowledging his important contributions to scholarship, teaching and service to the University including the Daniel Gorenstein Memorial Award given for outstanding scholarly achievement to a Rutgers faculty member who has also performed exceptional service to the University community (2013); University Scholar-Teacher Award (2010); and Board of Governors Award for Outstanding Research Accomplishments (2003). Allan was a Fellow in Residence at the Center for Advanced Study, Palo Alto (2012-2013) and Netherlands Institute for Advanced Study (2007-2008).

Allan has authored or co-authored eight books and more than a hundred articles and chapters. His books include Anxiety: A Short History, Johns Hopkins University Press (2013); All We Have to Fear: Psychiatry's Transformation of Natural Anxiety into Mental Disorder (with Jerome C. Wakefield), Oxford University Press (2012); Diagnosis, Therapy, and Evidence: Conundrums in Modern American Medicine (with Gerald N. Grob), Rutgers University Press (2010); The Loss of Sadness: How Psychiatry Transformed Normal Misery into Depressive Disorder (with Jerome C. Wakefield), Oxford University Press, (2007), winner of the Association of American Publishers Best Book Award in the Psychology Category; Creating Mental Illness, University of Chicago Press (2002); The Logic of Social Control, Plenum Press 1990; and The Social Control of Mental Illness, Academic Press (1982) with new edition, Percheron Press (2002). Allan was co-editor with Teresa Scheid of Handbook for the Study of Mental Health and Illness: Social Contexts, Theories, and Systems, Cambridge University Press (1999). He was a guest editor of "The Measurement of Mental Health Outcomes" for a Special Issue of the Journal of Health and Social Behavior, June 2002 and "Toward a New Science of Society: A Retrospective Examination of The Behavior of Law" for a Special Symposium in Contemporary Sociology, November 2002.

Allan received three awards from the American Sociological Association: Best Publication Award from the Section on Evolution, Biology, and Society (2010) for his co-authored book, The Loss of Sadness: How Psychiatry Transformed Normal Misery into Depressive Disorder which was named one of the seven best books of the past decade in the sociology of mental health by Contemporary Sociology; Best Publication Award (2003) for Creating Mental Illness from the Mental Health Section; and Leonard R. Pearlman Award for Distinguished Lifetime Achievement (2006). Allan was Chair of the Mental Health Section of the American Sociological Association and of the Psychiatric Sociology Section of the Society for the Study of Social Problems.

From his earliest work Allan brought an important and unique view to the field of Medical Sociology. His dissertation and early publications focus on the common topic of how people respond to the onset of mental health problems. However, what is uncommon is his approach to understanding the interface between community and treatment systems for individuals experiencing these challenges. Allan was one of the first individuals to take seriously and explicitly the role of social networks as the underlying "engine of action" that gets individuals to the emergency room. Further, rather than focusing solely on the role of assistance or advice, Allan stood at the forefront of considering the role that social control plays in the individual and societal response to mental health problems. While his work helped to open up these areas, Allan's early contributions continue to be cited now as classics. In particular, the focus on the latter remains front and center. His 1982 book, The Social Control of Mental Illness, provides one of the few theoretically-based treatments of the role of pressure, regulation, and even legal means to respond to mental illness. The more general work, The Logic of Social Control, examines the social conditions under which different societal response styles (i.e., penal, compensatory, conciliatory, therapeutic) are mobilized to respond to social problems. This orientation to both the problems of specific subfields (i.e., mental illness) and the general concerns of the discipline of sociology are hallmarks of his work.

Not surprisingly, given Allan's early focus on the social networks surrounding persons with mental illness, he became one of the first to focus on the issue of caregiving. His conceptualization and contributions moved from initial notions of "family burden" to the later

*Con't on Pg. 3...*

## 2016 Reeder Award Winner Allan Horwitz (con't)

*From pg. 2....insights of "mutual exchange" between the individual with mental illness and those involved in offering support and resources. This approach which rethinks the dominant paradigm or issues in a substantive area is characteristic of his work. As an additional example, his thoughts about the nature of "outcomes" in mental health are important. Sociologists have long debated the issue of whether to use continuous measurement of mental health problems or employ standard algorithms that dichotomize individuals into those having problems and those who do not. Because Allan's interests and expertise bridge both groups of researchers who study serious mental illness and those who are interested in mental health, he has been able to clarify that each of these conceptualizations really target different social issues and processes. As David Mechanic has noted: "Allan brings to his scholarship theoretical and historical sophistication and ingenuity in designing tests to examine hypotheses. His methods range from historical investigation and qualitative interviewing and network analysis to large epidemiological investigations and twin studies".*

Perhaps Allan is best known among the current generation of medical sociologists for his work that integrates biological and sociological perspectives in distinguishing between normal and dysfunctional types of depression. In his book, *Creating Mental Illness*, Allan undertakes a critical and broad critique of dominant models of mental illness. He distinguishes between psychological distress (i.e., normal reactions to stressful conditions) and mental illness (i.e., symptoms which are not proportional to and which persist in the face of stressful conditions). This book presents a masterful historical and cross-cultural treatment of the rise of and importance of biomedical and social factors in understanding individual, professional and societal responses to emotional difficulties. Rather than take an easy and standard approach, Allan begins by stating that neither advances in knowledge nor the oppressive practice of mental health professionals are sufficient to understand the history of the social response to mental illness. As he goes on to note, as a result, the book is unlikely to "satisfy" those who take one side or another, that is, those who view all mental disorders as purely social constructions or those who believe that diagnostic psychiatry reflects pure disease conditions. This ability to take a pure analytic stance, without regard to ideological biases, allows Allan to examine all sides of the debates and offer a clear, insightful, and often controversial analysis of current practices (e.g., asking whether psychotherapy provides anything more effective than support from other cultural systems and informal social relationships).

His 2007 book with Jerome Wakefield, *The Loss of Sadness: How Psychiatry Transformed Normal Misery into Depressive Disorder* takes on the thorny issue of disciplines, diagnosis, and research in Chapter 10. Traditionally, many of the social sciences have looked at distress while the medical sciences often take similar data and dichotomize them into "mentally ill" or not. Despite continuing his emphasis on how social factors have been central in definitions of "normal" vs. "disordered," he and his colleague argue the merits and problems with each approach.

Allan's activities in the Medical Sociology community have helped shape the discourse and debates of scholarship in our subfield. Both are essential to maintaining a strong and critical sociological presence in the medical arena. Allan's reputation as a researcher has only been enhanced by his reputation as a leader in his chosen fields of inquiry. He has been a strong and continued presence in the Medical Sociology Section over the last three decades. This is critical not only for maintenance of the section, but for the socialization of the next generation of medical sociologists. He has always been a visible and available colleague and mentor. Given all of these research accomplishments, it should be no surprise that his 2012 book with Jerome Wakefield steps back and asks a critical, larger question about the characterization of historical periods and the factors that fundamentally shape our understanding of anxiety. The key conclusion, backed up by the detailed empirical analyses, is pointedly profound:

"Optimal scientific progress and proper informed consent when treating anxiety both depend on making ... basic conceptual and etiological distinctions. When a condition is considered to be a disorder – and thus there is presumed to be some defect in the individual – medical treatment is generally considered the appropriate response. Calling unreasonable but natural aspects of human nature 'disorders' can lead psychiatry to cross the boundary of medicine into the realm of enforcing adherence to social norms."

Allan continues the tradition of the Reeder Award -- his research is forward-thinking, important, engaging, and rigorous, spanning nearly four decades. His participation in ASA and the Medical Sociology Section is a constant. He is a generous mentor and colleague. In all, the Medical Sociology Section is honored to bestow this award to him.

## Call for ASA Award Nominations

### 2017 Reeder Award

The Medical Sociology Section invites nominations for the 2017 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 Debra Umberson ([umberson@prc.utexas.edu](mailto:umberson@prc.utexas.edu)) with the subject line: 2017 Reeder Award Nomination. Nominations are due by May 31, 2016. 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.

### 2016 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 2016 award will be given to a journal article published in either 2014 or 2015. 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: Rene Almeling ([rene.almeling@yale.edu](mailto:rene.almeling@yale.edu)) with the subject line: 2016 Freidson Award Nomination. Nominations are due by February 15, 2016.

### 2016 Simmons Award

Nominations are being accepted for the 2016 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 Tony Brown ([tony.n.brown@Vanderbilt.edu](mailto:tony.n.brown@Vanderbilt.edu)) with the subject line: 2016 Simmons Award Nomination. Deadline for receipt of all submission materials is March 1, 2016.

### 2016 Louise Johnson Scholar

The Medical Sociology Section will select a student member of the section to be the 2016 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 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 2016 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 Bridget Gorman ([bkgorman@rice.edu](mailto:bkgorman@rice.edu)) with the subject line: 2016 Louise Johnson Scholar Nomination. Applications are due by May 15, 2016.

### 2016 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 ASA meetings. 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 2016 award, the candidate should submit a CV and letter of nomination to Bridget Gorman ([bkgorman@rice.edu](mailto:bkgorman@rice.edu)) with the subject line: 2016 Kaplan Award Nomination. Deadline for receipt of all submission materials is March 29, 2016.

### 2016 Donald W. Light Award

The Donald W. Light Award for the Applied or Public Practice of Medical Sociology is given in alternate years to a book or journal article published in the preceding two years that employs the concepts and methods of medical sociology to an applied issue or problem of significance. The 2016 Light Award will be given to a book published in either 2014 or 2015. Nominated books will be eligible for three years. The Light Award recognizes sociologists whose professional work or advocacy contributes to politically or ethically important challenges in health, health care, or health care policy at the national or international level. 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 2016 award, the candidate should submit a letter of nomination to Anne Figert at [afigert@luc.edu](mailto:afigert@luc.edu) with the subject line: 2016 Donald W. Light Award. Deadline for receipt of all submission materials is February 15, 2016.

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



## Teaching

Laura Senier [l.senier@neu.edu](mailto:l.senier@neu.edu)

This month I'm highlighting resources to illustrate controversies in the emergence of contested illnesses and the construction of diagnostic categories, especially what happens when medical experts dismiss symptoms as psychosomatic and patient advocacy organizations or the media work to challenge that. I had a great conversation about this with Tania Jenkins (who teaches an entire course on the sociology of diagnosis, so if you would like even more ideas, check in with her). Although there are many historical examples you could use to illustrate this, students may be excited by learning about a contemporary example, namely, Morgellons disease.

This article on the Guardian gives a basic description of the symptoms and will give students a leg up on how different stakeholders have defined (or dismissed) the illness: <http://guardianlv.com/2014/04/14-thousand-people-have-morgellons-disease-but-cdc-says-it-doesnt-exist/>. Briefly, it was first identified about a decade ago, and sufferers report fatigue, pain, and a tingling sensation—an intense feeling that their skin is crawling. Most alarmingly, many patients report seeing fibers, specks, or crystals emerging from their skin. The Morgellons Research Foundation (<http://www.morgellons-research.com>) was established in 2004 and quickly registered more than 14,000 people who claim to have this disorder. Many experts in the medical community (including the CDC) dismiss these claims and instead say that the patients have Delusional

Parasitosis.

If you're looking for general resources for students, there was an article in Harper's in 2013 by Leslie Jamison (available here: <http://harpers.org/archive/2013/09/the-devils-bait/>). Nightline did a segment about it in 2011 (about 12 minutes: <https://www.youtube.com/watch?v=xsiJpuARHcE>). It was also featured in an episode of Criminal Minds ("The Itch," Season 10, Episode 4).

You could very easily get students talking about the role of patient advocacy organizations in raising awareness and lobbying for research and treatment. Although the Morgellons Research Foundation (ceased operations in 2012, the Charles E. Holman Morgellons Disease Foundation picked up the banner (<http://www.thechef.org/index.php>).

You could also ask students to explore patient cases and come to class prepared to talk about the ways patients describe their illness in hopes of demonstrating an organic cause of disease. The Holman and MRF foundation websites have some patient case studies. The Guardian article (link above) has links to just a few of the many patient testimonials on YouTube.

This topic is also really ripe for unpacking the different ways that experts and patients understand and classify symptoms and signs, though. Tania said that one of the things she does is facilitate a discussion of the patient experience,

and then distributes the CDC's 2012 report for students to read in class (<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0029908>). She says students are often disappointed—after focusing so intently with the patient experience, they are dismayed to find that the CDC rejects the claim that there is a distinct biological cause. But rather than letting them slide too easily back into accepting that the CDC's pronouncement must mean that the disease "is not real," you could use it to open up a conversation about how different audiences find different types of signs and symptoms most persuasive. And of course patient advocacy groups (and a minority of experts) have critiqued the CDC's conclusions, so you could segue from there into a critique of the science and whether or not students believe the CDC was justified in their conclusion.

I'm just wrapping up a semester teaching an undergrad sociology of health and illness class, and upon reflection, I don't think I gave my students as much exposure to the literature on the illness experience as I should have (we concentrated more on health inequalities and the healthcare system). But I'm on deck to teach that course again in the fall, and I think I will play with some of these resources on Morgellons myself. Meanwhile, if any of you experiment with these ideas and want to send me your feedback, I'd love to hear from you. And above all, many thanks to Tania for her input and expertise in this area!

## Health Policy

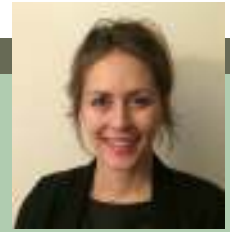
Sigrun Olafsdottir [sigrun@bu.edu](mailto:sigrun@bu.edu)



The Directorate for Employment, Labour and Social Affairs at the OECD offers various data and information on both specific health policies in a cross-national perspective, as well as more general policies that are likely to impact health. Specifically, the focus is on policies related to employment, families and children, pension systems, international migration as well as social policies in general. Perhaps most importantly, the OECD just released their *2015 OECD Health Statistics* (found under health policies and data) that offer the most comprehensive source of comparable statistics on health and health systems across OECD countries. This database is important source for comparisons across health care systems, but also allows researchers to evaluate the impact of different health policies and health resources on various health outcomes and health related behaviors. For those who are interested in a quick look of health indicators, the new edition of *Health at a Glance* (found under health policies and data) present the most recent comparable data on the performance of health systems in the OECD countries and offers selected comparisons, for example with Brazil, Colombia, India, the Russian Federation and South Africa. In the area of more general social policies, the OECD offers *Society at a Glance 2014* (found under social policies and data) that focuses on the social challenges that have followed the economic crisis and the policy responses that various countries have undertaken since then. The report shows that reduced public spending in various domains makes it difficult to cope with various social challenges that have emerged, and it seems clear that the economic crisis is likely to have both physical and mental health consequences for individuals across countries. Consequently, the OECD offers a wide array of data and information that can be used by medical sociologists who are interested in cross-national comparisons in their research and/or teaching. <http://www.oecd.org/els/>

## Career & Employment

Miranda Waggoner [mwaggoner@fsu.edu](mailto:mwaggoner@fsu.edu)



With the theme of this issue, “sociology of diagnosis,” in mind, I focus this column on the wide variety of employment opportunities that may interest scholars with training or interest in diagnosis. While not an exhaustive list, included in this range of career options are positions in medical education, health and education policy, public health, nursing, pharmacy, dentistry, clinical psychology, environmental health sciences, epidemiology, and medical humanities.

A good source for such jobs that I recently discovered is Medicinoxy (<http://www.medicinoxy.com/>). Medicinoxy functions as an academic career network that promotes and posts advertisements for academic vacancies – including faculty positions and postdocs – in schools of medicine, pharmacy, public health, biomedical sciences, and nursing, to name a few. The site is a recruiting tool for higher education institutions and lists employment openings from at least 800 participating schools around the world, including ones from the United States. A visitor to the site may view all vacancies currently listed and may also narrow a search to include more specific listings, like ones that are located in a particular state/country or ones that mention a research area like “health policy”. While many of the postings may not be of interest to medical sociologists, some definitely are – and some seem relevant to scholars pursuing research in the social dimensions of medical problems and practices, such as diagnosis. Interested candidates may also sign up, without charge, for job vacancy notifications that are distributed twice a month. For medical sociologists interested in international employment listings and/or career opportunities outside of sociology departments, this new site seems to be a useful resource.

Many thanks to Annemarie Jutel for helpful correspondence about this column. And Happy Holidays to all section members!

## Student News & Views

Rachel Cusatis [rcusatis@uwm.edu](mailto:rcusatis@uwm.edu)



There are enough memes out there to know I'm not alone when I admit the end-of-semester ‘crunch-time’ can often bring on exponential bursts of stress, anxiety, and doubts about the academic path we've laid out for ourselves. Amidst what seems like endless to-do lists, deadlines, and stacks of essays that need grading, it can be difficult to remember why we got into this mess in the first place, much less how to recognize our strengths and utilize those to best prepare ourselves for post-grad-school-life. Finding the best cat video Youtube has to offer for five glorious minutes of distraction seems much more manageable.

To help in the chaos and confusion of semester end, the Student News and Views Column is here to provide online resources to remind you of practical, useful tips for your journey through graduate school, whether that lands you in an R1 tenure track position or as an applied researcher at a local consulting firm.

Rather than hear me blab about it, check out the advice straight from the source:

Concrete advice from two sociologists Richard Appelbaum (UCSB) and Deborah Carr (Rutgers). (note: this is a great, insightful blog in general): <http://www.everydaysociologyblog.com/2012/09/everyday-sociology-talk-advice-for-sociology-graduate-students.html>

An excellent view into how we can bring our sociological tools and expertise into any industry or career: <https://www.youtube.com/watch?v=aab3nESD4dM>

How starting a blog is good for your sociological sanity: <http://thesocietypages.org/sociologylens/2015/04/23/graduate-advice-month-five-reasons-why-you-should-start-blogging/>

Dr. Zuleyka Zevallos puts it quite well when she acknowledges, “the sociological imagination has no boundaries,” which is a quality and skill all of us trained in sociology can leverage in any professional setting. So while you're worried about making all those deadlines before grades officially close, take some time to reflect and remind yourself of the proficiencies you already possess and how best you are preparing yourself for whatever long-term career matches you.

Oh...and just in case you just need a good ol' fashioned distracting cat video: <https://www.youtube.com/watch?v=LI7-Cu-9wWM> . Happy and Healthy Holidays Everyone!

As always, I'd love to hear from you! To share your experiences with me and the Medical Sociology Community through the Student News and Views column, or if you have ideas about interviewees for this column, please contact me at: [rcusatis@uwm.edu](mailto:rcusatis@uwm.edu)

## Guest Column: Musings on the Sociology of Diagnosis

By Annemarie Goldstein Jutel, Victoria University of Wellington

Diagnoses have long been of interest to the medical sociologist. They have studied how particular diagnoses are constructed and how they are variably understood by lay and professional; the unequal contexts which result in particular diagnoses, or in their under-recognition or prevention. Sociologists have considered how diagnosis constructs a profession, structures the lay encounter with medicine, and explains deviance. However, the sociology of diagnosis has only rather recently garnered a following. While Mildred Blaxter extolled sociologists to pay attention to diagnosis as a process and as a category, as much as discrete objects (Blaxter 1978); and Phil Brown echoed her call in the early 1990s (Brown 1995), the sociology of diagnosis really only caught the attention of medical sociologists in a more sustained way in recent years.

A number of factors may have made the call to study diagnosis more propitious in this specific decade. These include the ever-expanding number of diagnoses in disease classification systems, the increase in direct-to-consumer and direct-to-prescriber marketing activities by the pharmaceutical industry, the American insurance sector's code-for-reimbursement practices, the neo-liberal responsabilisation of the individual for health outcomes, and much, much more. What does the sociology of diagnosis have to offer members of the medical sociology section? I would like to start by considering, as I have in a recently published paper (Jutel 2015), what it means to be a sociology of something. We use the term frequently, most commonly as a means for bringing a previously concealed (or at least previously unnoticed) topic to the attention of sociologists; usually imploring them to focus on that topic as a matter of pressing concern. To do a sociology of something is often a kind of subject-advocacy: bringing an interesting subject forward, and keeping it in the spot-light.

I think that being a sociology of something should be much more. I like to think of "a sociology" as being the spot-light for illuminating a broader scene. "It shines light on concepts, processes and practices which are otherwise either not seen or not recognised for the impact they have on more general issues such as, in this case, health, illness and disease. I add here that in a sociology of a thing, we study the thing not for its own sake, rather for the sake of the other

things it clarifies" I wrote in *Sociology Compass*. I follow Bourdieu in thinking about sociologies in terms of the space they occupy and how one sociology sits in relation to another (1988). When Bourdieu gave this description of sociology, he was talking about the sociology of sport, but the sociology of diagnosis is similarly positioned in relation to a wide array of other spaces—the spaces of medicine, of health and of illness—with their own social characteristics, relations to the body, distribution of assets, and social relations.

### *What does the sociology of diagnosis enable us to see?*

If we think of a sociology of diagnosis as a position from which to view a topic—as opposed to the study of a particular topic in and of itself—a position which sheds a new light on the topic, creative and interesting ideas emerge.

As an example, I have been working on the problem of diagnostic disclosure: what happens as a result of naming a serious disease: to someone who has the disorder? to the person who names it? There is a lot going on here. There are issues of truth and its construction, moral authority, paternalism, biographical disruption, certainty and much more. Locating the approach to this particular subject in the sociology of diagnosis as opposed to say, the specific disease state (cancer or multiple sclerosis, for example) is a helpful way of understanding the intellectual problem, even as it relates to cancer or MS (no need to stop studying them!), because the power of the diagnosis—to frame, cleave, recontextualise, identify, traumatise, disrupt—is a commonality. Of course, there are differences too, and these stick out, vividly. Once the commonalities are understood; the differences become more poignant.

By studying diagnosis in this way, we're doing what Brekhuis (2000) might call "reverse marking." Rather than studying what we suspect is important (reaction to life-threatening disease) we explore what is normally taken for granted, the "not exceptional" (asking a doctor to label a dysfunction). Such an approach "allows the researcher to observe social and cognitive processes freed from the analytic distracters of the factually exotic and morally important" (Brekhuis, 2000, p. 97).

Starting from the vantage point of the sociology of diagnosis, we are no longer surprised about the fact that announcing the diagnosis cancer or MS should have transformative potential, rather we are more interested in how the transformation is differently experienced in the two diagnostic scenarios. What does this tell us about one diagnosis as opposed to the other?

We have long known that naming a condition is an important social moment. From Hippocrates who maintained that the naming of disease was what gave doctors their social status and authority to Balint (Balint 1964) who wrote that the most pressing problem for the patient was "*the request for a name for the illness, for a diagnosis* [italics in the original]. It is only in the second instance that the patient asks for therapy (p. 25), diagnosis—its construction, delivery and consequences—has much to tell us about what's happening in the medical encounter.

How about your subject? What conundrums does the sociology of diagnosis reveal in what's going on?

Balint, Michael. 1964. *The Doctor, his Patient and the Illness*. Kent, England: Pitman Medical.

Blaxter, M. 1978. "Diagnosis as category and process: The case of alcoholism." *Social Science and Medicine* 12:9-17.

Bourdieu, P. 1988. "Program for a Sociology of Sport." *Sociology of Sport Journal* 5 (2):153-61.

Brekhuis, Wayne. 2000. "A Mundane Manifesto." *Journal of Mundane Behavior* 1(1):89-106.

Brown, Phil. 1995. "Naming and framing: the social construction of diagnosis and illness." *Journal of Health and Social Behavior/Health Module*:34-52.

Jutel, Annemarie. 2015. "Beyond the Sociology of Diagnosis." *Sociology Compass* 9 (9):841-52.

## Interview with a Scholar: Phil Brown

By Rachel Cusatis

With the theme of this issue centering around the Sociology of Diagnosis, it is quite fitting to hear from the individual who originally 'called' for a sociology of diagnosis, Dr. Phil Brown. I had the honor of speaking with Dr. Brown who is the University Distinguished Professor of Sociology and Health Sciences, and Director of the Social Science Environmental Health Research Institute at Northeastern University. Below are highlights from our discussion. Want to listen to the full interview? Check out the podcast here: <http://tinyurl.com/medsocpcastwinter>

*What would you attribute most to your success and longevity in the field?*

A willingness to take risks and go off in new directions, but still keep publishing from the mental health work I had been doing up to that point.

Be synthetic. Being able to synthesize work from disparate areas and funnel ideas from very different channels together.

Work ethic. It's important to always have a lot of stuff in the pipeline at different stages of the research and publication process.

*How do you navigate interdisciplinary work and what would you say are the strengths of interdisciplinary research?*

Need to learn basic areas of new fields, looking to achieve fluency in the literature through your own research, attending conferences, and speaking with experts in the new fields.

*If you were to provide advice to upcoming scholars within medical sociology, what would your advice be?*

As I mentioned earlier, take risks, be creative, synthesize different kinds of materials.

Graduating scholars should have a full suite of methods.

Be a part of the intersections of medical sociology and other fields. The ability to demonstrate how the tools and understandings of medical sociology can contribute to other fields has become increasingly important.

*In your opinion, has your 'call' for the sociology of diagnosis been answered?*

The 'call' came from "Naming and Framing" article in JHSB in 1995. Looking at all the citations, it's great to see what people are doing with it. When I see new work being done in the field, it is very exciting.

*Where do you hope to see Sociology of Diagnosis progressing in the next few years?*

there will be much more involvement with health professional training.

Soc of Diagnosis is almost inherently connected with medical humanities. That is, investigating how arts, literature, painting, and music reflect medical understandings and happenings. This is an important area for new research.

*Another research area of interest for you is health social movements. Do you have any predictions on the 'next big social health movement'?*

It's hard to say, but I believe we are at a point in history where movements that already exist will get a second boost of energy.

We see resurgence of the environmental health and justice movement as well as the reproductive justice movement.



# Get Connected

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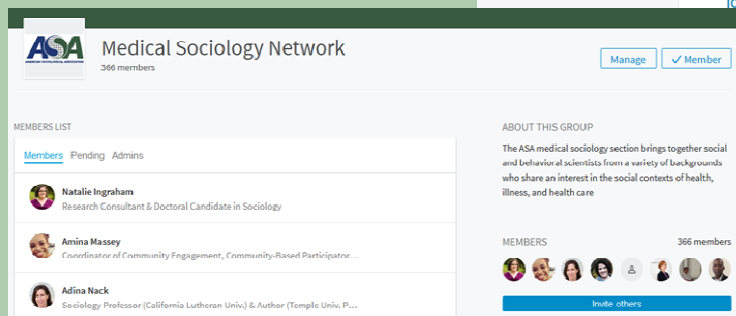
**Website News:** The most prominent development relating to our website during this quarter is the news that the entire ASA web site is undergoing a major change in the form of “redesign”. According to Mr. Redante Asuncion Reed – the ASA Webmaster – the upcoming changes include a “new graphic design that will give distinct look-and-feel to all ASA housed web pages, revamped information architecture... and a new content management system”. Considerations that are driving the change include the desire to make the sites “mobile responsive”, the required compliance with accessibility protocols (Section 508 and WCAG compliant), and improved search functionality. According to Mr. Asuncion-Reed, the project kicked off last July and is currently in good progress. The launch will take about nine months to a year – which means we should start seeing new look-and-feel for our site sometime during (or at the end of) the upcoming spring semester.

**Social Media News:** Our [Facebook page](#) continues to grow and we're currently at 1,263 “likes” or followers (an 8% jump from 1157 “likes” in the Fall). We also maintain consistent “reach” or the number of people seeing our page activity with a great boost during the ASA conference in August. Our average post “reach” is about 59 people, up from 37 in the fall, indicating that our followers are interacting more with our posts. The balance between the narrowed gender categories of Facebook insights indicate that our page fans are identified as women (51%), men (46%) and another gender (3%). Most followers continued to be between ages 25-34 (33%) and reside in the US (41%) followed by India, Pakistan and Egypt.

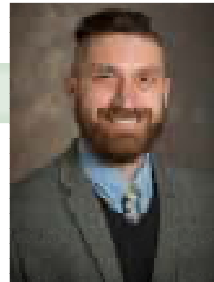
Our [Twitter](#) currently has 731 followers (a gain of 23 since September) and we average 5 tweets per week, with a bump this fall for all of the job postings from the ASA job bank.

Our [LinkedIn](#) group stayed steady in our membership since last quarter and currently at 366 members. This is a private group for Med Soc section members to network created in 2012.

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



NEWSLETTER EDITORS: Ann Bell & Barret Michalec



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