Dear Section Members,

Thanks are due to many. First, thanks to all of you for making the 2016 ASA meeting such a great success. We had stimulating sessions, a thoughtful Reeder Award address by Allan Horwitz, and a fabulous reception to see old friends and make new ones. Second, a huge thank you to outgoing chair Kristin Barker and past-chair Anne Figert for all their hard work (and their guidance). And, third, many thanks to outgoing Council members Bridget Gorman, Tania Jenkins, Rachel Best, Julia Szymczak, Rachael Lee, Ophra Leyser-Whalen, Laura Mamo, and Sigrun Olafsdottir for their service and to incoming Council members Jane McLeod, Richard Carpiano, Corinne Reczek, Andrew London, Danielle Bessett, Cirilla Estela Vangquez Buzman, Thomas Mackie, Elaine Hernandez, Emily Mann, and Catherine Tan for their commitment to our section.

Due to a long history of great leadership and active membership, we currently have over 1000 section members and that number entitles us to six sessions at next year’s meeting in Montreal. I greatly appreciate the many suggestions I’ve received from section members for next year’s session topics. The theme for next year’s ASA meeting is “Culture, Inequalities, and Social Inclusion Across the Globe,” and several of our sessions will address this theme. We will also continue our rich tradition of sharing the Medical Sociology reception with the Mental Health Section next August.

We have a new listserv manager—Lilla Pivnick from the University of Texas at Austin. Lilla and I will package section announcements to be distributed once each week. If you have an announcement you would like to share with section members, please direct it to lilla.pivnick@gmail.com or umberson@prc.utexas.edu. Of course, the Medical Sociology Newsletter will continue to make it your way, under the stewardship of Ann Bell and Barret Michalec, our fearless editors. Don’t forget to follow us on Twitter https://twitter.com/medicalsocasa and Facebook https://www.facebook.com/MedicalSociologyASA/

Finally, thank you for asking me to serve as Section Chair this year. I look forward to working with all of you throughout the year.

Deb Umberson
2016 ASA Award Winners!

Leo G. Reeder Award Winner: Allan V. Horwitz
From left: Allan Horwitz & Owen Whooley

Joanna Kempner Wins Freidson Award!
From among an exceptionally strong pool of books, the Publications Committee chose Joanna Kempner’s *Not Tonight: Migraine and the Politics of Gender and Health* (University of Chicago Press, 2014) as the winner of this year’s Eliot Freidson Award for Outstanding Publication.

Migraine is one of the most common, painful, and disabling disorders in the world, yet it is routinely considered, at best, unimportant or, at worst, a mere excuse for avoiding one’s expected duties in life. This remains true, even though researchers now believe that migraine is a neurobiological disease with potentially serious outcomes. In *Not Tonight*, Kempner grapples with this paradox, arguing that this “legitimacy deficit” can be traced back to migraine’s long-standing association with neurotic women. In other words, we often let who we assume experiences pain determine how we understand their symptoms and their suffering.

Kempner’s wide-ranging approach takes concepts from sociology, anthropology, literature, history, and science studies to explain how “old” ideas about effete men and hysterical, neurotic women with migraine have been replaced with “new” ideas about people who have a hypersensitive, neurotic migraine brain. She traces these highly feminized ideas about migraine to scientific journals, pharmaceutical advertisements, and even patient advocates’ arguments for why we should take migraine seriously. This analysis casts new light on how cultural beliefs about gender, pain, and the distinction between mind and body influence not only whose suffering we legitimate, but which remedies are marketed, how medicine is practiced, how knowledge about headache is and is not produced, and how we make policies about people in pain.

A huge thanks to those who served on the Publications Committee this year, including Anna Mueller, Rachel Tolbert Kimbro, and Charles Bosk (who recused himself due to a conflict of interest with Kempner). Next year, the award will go to an article published in the previous two years, so begin working on those nominations!
~ Rene Almeling, Chair of the Publications Committee

Georgiann Davis wins the (Inaugural) Donald W. Light Award!
The inaugural 2016 recipient of the Donald Light Award for the Applied or Public Practice of Medical Sociology is Georgiann Davis, PhD, Assistant Professor of Sociology at UNLV for her 2015 book *Contesting Intersex: The Dubious Diagnosis* by New York University Press. At a very basic level this is a book in the author’s own words about how intersex is defined, experienced, and contested in contemporary U.S. society.” (p. 1) This book and the research is so much more than that. This work highlights the author’s personal journey with an intersex trait and her work with intersex organizations, public activism and an empirical study of individuals with intersex trait, parents of children with traits and the medical professionals involved in intersex treatments and research of a “Disorder of Sex Development.”

The committee found the work to be sociologically relevant, politically current and important for the field of medical sociology (especially in its discussion of diagnoses, medicalization and gender). One committee member wrote that she found the work to be “…really engaging - it sucked me right in. Her discussion was nuanced and had great theoretical grounding, and I learned a lot from reading it. In particular, her detail of the tension between the term ‘intersex’ vs. ‘DSD’, including her discussion of the circumstances surrounding the rise of the term DSD and the medicalization implications surrounding its use, tapped into broader sociological issues surrounding labeling, stigma, and identity.” Another committee member wrote that “…by explicitly prescribing practical avenues for social change in the conclusion, Davis’ book rises above the fold as an exemplary form of public sociology. Her writing is engaging, accessible and provocative, making it appealing to a wide audience beyond the academy.”

For these reasons, the Light Award committee (composed of Tania Jenkins, Bridget Gorman, Sigrun Olafsdottir and Anne Figert) has awarded Georgiann Davis the Light Award for the Applied or Public Practice of Medical Sociology.
~Anne Figert

Right: Anne Figert, with Light Award winner, Georgiann Davis, and Donald Light
Kelly Underman Wins Simmons Award!
The Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award is given each year by the Medical Sociology section. The awardee receives a $750 travel grant to attend the ASA meeting, and attends the Reeder dinner as a guest of the Medical Sociology section. Eligible candidates must have defended their doctoral dissertations within two academic years prior to the annual meeting. This year’s winner is Kelly Underman, currently a postdoctoral research associate in the department of medical education at the University of Illinois School of Medicine. She received her sociology PhD in 2015 from the University of Illinois at Chicago. Her dissertation, titled “A Feel for the Clinic: Affect, Embodiment, and Simulation in the Pelvic Exam”, is a fascinating examination of how simulated patient encounters (specifically with gynecological teaching associates, who teach medical students how to perform the pelvic exam using their own bodies) operate as an aspect of medical students’ professional socialization. Drawing on interview and archival data she collected from medical students, faculty, and gynecological teaching associates at three major medical schools, she examines how medical students learn to embody medical culture through simulation. Overall, the review committee found her work to be engaging and theoretically rich, and everyone felt that they learned something new by reading her work.

Lucie Kalousova is the 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 receives travel funds up to $350 to present at the annual ASA meeting and attend section events. Selection was based on academic merit and the quality of an accepted ASA paper related to medical sociology; papers with faculty co-authors are ineligible. This year’s winner is Lucie Kalousova, a graduate student at the University of Michigan. We found her paper, “Laboratories of Inequality: The Diffusion of Smokefree Regulations Throughout the United States”, to be very well done, with notable findings – especially as it relates to the potential for smoke-free laws to level SES disparities in smoking.

Bianca Manago wins the Howard B. Kaplan Memorial Award!
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. The award provides funds up to the amount of $500 to contribute to expenses associated with attending the annual ASA meeting. This year’s winner is Bianca Manago, a graduate student at the University of Indiana-Bloomington. Bianca is building a very fine record as a junior scholar in medical sociology, and the committee believed that her current work (on the impact of mental illness labels on perceptions of behavior) is very exciting, and it fit quite well within the criteria for this award.

Book Raffle at 2016 ASA Meeting
The Section book raffle raised $480 for the Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award this year. Seventeen individuals and publishers donated thirty books which were raffled off at the Medical Sociology Section Business Meeting, August 23, 2016 at the ASA meetings in Seattle, WA. The success of the raffle was made possible only through the generous donations of the following publishers and individuals: Springer, Emerald Group Publishing, University of Minnesota Press, University of Toronto Press, Harvard University Press, Sage Publishing, Temple University Press, Rutgers University Press, Oxford University Press, Kristin Barker, Deborah Carr, Georgiann Davis, Claire Decoteau, Anthony Ryan Hatch, Allan Horowitz, Joanna Kempner, Brea Perry, Abigail Saguay, Jennifer Singh, and Owen Whooley. We could not have done it without each of you, and we sincerely hope that you will contribute again next year. A special thank you to Mario Javier Chavez, Estela Vasquez-Guzman, Rachel Best, Jeremy Levoy, and Ron Lembo for their help with the raffle. As always, thank you to our donors and our raffle participants for making the fundraiser such a success!

~Danielle Bessett

Didn’t enter the raffle? See the books you missed on pg. 10
In keeping with the theme of this quarterly issue, I decided to use this as an opportunity to delve into TRAILS, the Teaching Resources and Innovations Library for Sociology, available via the ASA website. Mental health is a topic that’s outside my area of expertise, so I was grateful to find a wealth of resources there. There are about 16 syllabi archived there (about half a dozen of them from graduate level courses and the remainder from mid-level undergraduate courses). I was also pleased to find a mix of classes that would be appropriate in sociology departments and some that are geared toward practitioners, e.g., a 2004 course on case management and managed care in public health. When I searched for “assessments” and “assignments,” I noted that about a dozen of our colleagues have generously shared copies of quizzes or exams that they have created. This included some thought-provoking questions that you could either use as is, or adapt to open-ended essay assignments if you prefer papers or take-home exams.

I was also really excited to see some classroom activities, including a couple from John Myers. One group activity, for example, is a stakeholder analysis where students work in teams to explore how different stakeholders will respond to policy changes in mental health care delivery. For example, if they are considering a policy change that will limit mental health care to 8 outpatient visits or 15 inpatient days, they need to identify which stakeholders will be interested or affected, how those stakeholders will view the policy, and the relative strength or power of those stakeholders to sway decisions in their favor. This exercise also forces students to think through positive effects of the policies under consideration and unintended consequences.

Another exercise makes use of a Frontline documentary called “Medicating Children,” and requires students to analyze Attention Deficit Disorder from competing perspectives. In a think-pair-share format that fosters discussion, students compare psychological perspectives on mental health (e.g., the biological/medical model) with sociological perspectives (e.g., stress theory or labeling theory). This exercise comes with especially comprehensive instructions for structuring the pre-activity lecture and the in-class portion, which is based on a mix of independent work and small group discussion.

TRAILS is free for ASA members (just log in with your login and password). And note that they are always looking for submissions of new material, and they are trying to recruit area editors to help curate and build the collection. For more information, visit: http://www.asanet.org/teaching-learning/trails.

Thanks to all of our colleagues who have contributed materials to TRAILS! These activities have given me some ideas about things I might try later this semester.

In U.S. mental health policy, the present moment is one of exceptional change and opportunity. The Patient Protection and Affordable Care Act of 2010, coupled with the Mental Health Parity and Addiction Equity Act of 2008, provide new protections and opportunity for equity in access to mental and behavioral health care, as well as substance abuse and addiction services. With Drs. David Mechanic and Allan Horwitz (1983 and 2016 Reeder Award winners, respectively) as colleagues here at Rutgers University, I couldn’t resist the opportunity to learn their insights into avenues for medical sociologists to stay informed of this changing landscape.

Dr. Mechanic pointed to the robust array of surveys, data reports and analyses available on policy issues through Kaiser Family Foundation (http://kff.org). While their policy briefs do not exclusively specialize in mental health, he notes “their excellent coverage of Medicaid has much of value relevant to behavioral health” (http://kff.org/medicaid/).

Dr. Mechanic also identified websites from two advocacy organizations’ that cover contemporary U.S. mental health policy issues. First, he highlighted the Judge David L. Bazelon Center for Mental Health Law (http://www.bazelon.org/), which promotes a progressive agenda to protect the civil rights of children and adults with mental health conditions. The Bazelon Center offers technical reports, policy analyses, and congressional activity alerts. For a different perspective, Dr. Mechanic recommended the National Alliance on Mental Illness (http://www.nami.org/Learn-More/Public-Policy), an advocacy organization on behalf of families of persons with mental health conditions; they provide a number of policy briefs and position statements.

Dr. Horwitz also pointed to Dr. Jim Coyne’s blog (http://www.coyneoftherealm.com/); Dr. Coyne reviews research studies—largely pertaining to mental health—and reflects on published statements not adequately supported by the data presented. Dr. Horwitz notes the opportunity for sociologists to learn the value of carefully interpreting our own data by reading the blog.
As the job market season powers up again this year, and given the theme of this newsletter issue, “mental health,” I would like to draw attention to specific outlets in the U.S. that may be of interest to scholars whose work is at the intersection of the sociology of mental health and applied practice, especially professional societies and job banks related to social work and public health.

First, the Society for Social Work and Research (SSWR) is an organization that aims to advance and support social work research. The site has a “Job Postings” area that is freely available: see <http://secure.sswr.org>. Many of these postings seek out scholars with an interdisciplinary research agenda as well as those who are interested in pursuing applied research and/or teaching and training future practitioners or policymakers. Second, the Public Health CareerMart, via the American Public Health Association (APHA), publicly lists job postings as well (i.e., no log-in required): see <http://careers.apha.org/jobs>. If desired, one may set up a profile on these sites and sign up to receive job alerts for postings that match specific criteria.

I also want to take a few lines to highlight a general academic and university job search tool found on the Times Higher Education website: <https://www.timeshighereducation.com/unijobs>. While not nearly as comprehensive in sociology-specific listings as some other outlets (e.g., the ASA Job Bank), the site does list research, instructor, and academic positions in many related areas, is searchable by keywords, and no sign-up is necessary. Furthermore, listings are worldwide, which may be especially helpful to those open to international positions.

Many thanks to Tom Mackie for helpful correspondence about this column.

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Student News & Views

Kellie Owens kowens@u.northwestern.edu

Welcome! My name is Kellie Owens – I’m a doctoral candidate at Northwestern University and a Visiting Research Fellow with the Program on Science, Technology, and Society at Harvard University. My research spans medical sociology, science and technology studies, and gender studies, with a focus on risk management in American childbirth.

I am excited to begin my time coordinating the Student News and Views section of the Medical Sociology Newsletter! The newsletter has been a great source for me to discover what medical sociologists are working on, and where the field might be going next. My goal for the column this year, following in the footsteps of our thoughtful previous editors, is to incorporate the voices of as many early-career scholars as possible. I will be interviewing early-career medical sociologists with a variety of institutional affiliations both inside and outside academia. We will cover topics such as designing a research project, navigating the job market, and engaging the public in our research and outreach.

I want to focus on public sociology and engagement with communities outside of sociology because this work has been one of the most rewarding pieces of my graduate school experience thus far. In an isolating world of “publish or perish,” I take heart in the moments where I can bring my research to non-academic audiences that could be directly impacted by policy and practice changes. In this column, I’ll be exploring ways that we can engage with different audiences through public lecture, opinion pieces, blogging, and other forms of outreach. To begin, some models of public engagement that I have found particularly useful are The Society Pages, Contexts Magazine, and the Scholars Strategy Network.

If you have any suggestions for the student column, please contact me at kowens@u.northwestern.edu. I look forward to incorporating your thoughts and experiences throughout the year.

Visit our website at http://www2.asanet.org/medicalsociology/
Guest Column: The Complete State Paradigm in Mental Health Research

By Corey L. M. Keyes, Emory University

In 1948, the World Health Organization (WHO) defined health as not merely the absence of illness, but the presence of well-being. In doing so, the WHO declared a hypothesis that remained untested until very recently – that mental health is more than the absence of mental illness, it is the presence of two kinds of happiness, or well-being.

I have found strong evidence in support of the two continua model. We have also shown that positive mental health, as I measure it, is just as heritable as common mental illnesses (depression, panic attacks, and generalized anxiety). We then discovered that the two continua model is encoded in our DNA, because barely half of the genes for good mental health are shared with the genes for mental illness. This means we inherit a genetic level of risk for depression while we also inherit a genetic potential for flourishing. The absence of genetic (or very low risk) for depression does not mean a high genetic potential for flourishing. And, the presence of high genetic risk for depression does not mean a life doomed for depression, because one might plausibly inherit a high genetic potential for flourishing.

In 1995, we surveyed a nationally representative sample of U.S. adults, ages 25 to 75, and surveyed them again in 2005. Both times we measured good mental health as a described earlier along with three common mental disorders – whether people met the official psychiatric criteria for major depression episode, panic attacks, and generalized anxiety disorder. We found that 18.5 percent of adults had one of three mental disorders in 1995, and 17.5 percent had one of the three in 2005. Although the rate of mental illness appears stable over time, just over half of the cases of mental illness in 2005 were new ones (they did not have any of the three mental disorders in 1995 but had one of the three in 2005). So, between 1995 and 2005, the United States made no progress in reducing the cases of mental illness. While half of the 1995 cases resolved in one way or another, new cases emerged. My study suggests that those new cases emerge from the group of people who were free of mental illness but “lost” their good mental health that increased the risk of “falling off the cliff” and becoming mentally ill.

In short, almost six in ten adults (10.4 languishing + 48.1% moderate = 58.5%) in the study sample were not flourishing as of 2005. This large group of adults was free of mental illness in 1995. Yet, those languishing had a higher risk of developing mental illness because they are languishing rather than flourishing mental health.

Adults who declined from flourishing in 1995 to moderate mental health in 2005 were nearly four times more likely to be mentally ill in 2005. The first loss of good mental health – from flourishing to moderate mental health – results in a rise in the risk of future mental illness. Adults whose mental health stayed at moderate were four-and-a-half times as likely to have a mental illness in 2005. Those who declined to languishing – almost all of whom had moderate mental health in 1995 – were eight times as likely to have a mental illness in 2005. In other words, our nation must protect against the loss of good mental health if it wants to reduce mental illness.

In addition to protection against loss, promotion of positive mental health is important. Individuals who stayed languishing were over 6 times more likely to have mental illness in 2005, while those who improved to moderate mental health were about three-and-a-half times more likely. Compared to staying languishing, improving to moderate mental health cut the risk of future mental illness by nearly half. Individuals who improved to flourishing – most of whom had moderate mental health in 1995 – were no more likely than adults who stayed languishing to have a mental illness in 2005. Adults who improved to, or stayed, flourishing had the lowest risk of developing mental illness. We can prevent some mental illness if we help more people flourish.

From where do these new cases come? The most likely conclusion is that most of the new cases of mental illness come from the large segment of people that does not have any mental illness to start with but is not flourishing. Failure to focus on promoting and protecting positive mental health, while we also focus on treating current cases of mental illness, means we are unlikely to make any progress in reducing the amount of, and suffering from, mental illness.


Corey Keyes, Ph.D., is the Winship Distinguished Research Professor in the Sociology Department of Emory University. His research centers on illuminating the “two continua” model of health and illness, showing how the absence of mental illness does not translate into the presence of mental health, and revealing that the causes of true health are often distinct processes from those now understood as the risks for mental illness. He continues to work on healthcare transformation and public mental health with government agencies in Canada, Northern Ireland, Australia, and the U.S. Centers for Disease Control and Prevent, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the American Association of Colleges and Universities.
I had the pleasure of speaking with the 2016 Leo G. Reeder Award Winner, Professor Allan Horwitz. Below, Professor Horwitz shares his inspirations and thoughts on the future of medical sociology and studies of mental health:

You have training in many fields, including epidemiology. What inspired you to become a sociologist?

I’ve always been interested in a wide variety of historical, cultural, social, and philosophical issues. Sociology seemed to be the field in which I could pursue a broader array of topics than in any other discipline. I’ve been very happy with my choice.

What are some of the things that contribute to your success as a scholar?

I’ve done my best to choose topics that have general significance to the field of medical sociology and then explore them with different kinds of empirical data. To the extent possible, I also strive to bring in historical and comparative data rather than solely focus on contemporary US sources. I hope that the result has been to maximize the importance that my work has had.

What advice do you have for junior scholars interested in medical sociology?

I think it’s important, especially at the start of one’s career, to focus on either a single or a small number of topics instead of spreading one’s research too thin. But, it’s equally important that the focus of study is something that you’re passionate about and that can hold your interest. At least initially, a junior scholar should become known as an expert in a particular area. After that, it should become easier to pursue a wider range of topics that seem important to each person.

Where do you think mental health researchers should focus their attention next?

Outside of sociology, the field of mental health is becoming more and more biologically oriented. I think it’s important for sociologists of mental health to understand what’s going on in neuroscientific research and to show how such work is inherently incomplete without knowledge of cultural and contextual factors. Much work in the mental health has become interdisciplinary so that sociologists will need both to appreciate the contributions that other fields make to the area and to strongly assert the significance of social and cultural factors in contributing to mental health and illness.

What are your next projects?

I’ve recently begun a book on the history of PTSD. I’m especially interested in this topic for several reasons. One is that the condition was never socially recognized until the nineteenth century yet, if PTSD is partially based in the brain, it must have been present, if unrecognized, in prior eras. Exploring this question will allow me to look at more general issues about the timeless or culturally specific nature of mental illness. A second theme that PTSD raises is how to distinguish normal from dysfunctional responses to trauma. Are typical symptoms of PTSD such as intrusive, involuntary, and disturbing recollections of traumas naturally designed adaptations or signs of mental disorder? Finally, I will be looking at the question of whether our current response that urges trauma victims to seek therapy as early as possible is, on the one hand, an enlightened way to minimize the psychic consequences of the ordeal or, on the other hand, likely to stabilize and perpetuate symptoms that might otherwise gradually diminish on their own. After that project is done, I’m not sure what I’ll be pursuing next.
We are now into the third year of updating members on the status of our online (world wide web) and social media participation. Over these years we have noted that our website visits have been fluctuating, mainly due to changes to the server application (content management system), that happened a couple of times. Last spring for example, we saw a record low visitation count (395 visits over the entire season). During the current (summer) season, the number has somewhat improved to 529 visits. This is about half the number of visits that our website experienced when there was stability over a long time (i.e., the years before 2015). Obviously, change improves the image (and utility) of our site, but has an adverse effect on the number of visits. Hopefully next season’s report will show continued growth of the number of visitors.

Our social media participation remains steady, but can always use new and exciting content from members. Please send us interesting looks, promotion for new work in medical sociology or links to media articles featuring our members. Job postings remain our most popular type of post, unsurprisingly, on both Facebook and Twitter. We currently have 1,564 “Likes” or members following us on Facebook (https://www.facebook.com/MedicalSociologyASA/), 810 followers on Twitter (@MedicalSocASA) and 400 members of the LinkedIn Medical Sociology group (https://www.linkedin.com/groups/4679223). Please send any items for posting to natalie.ingraham@ucsf.edu.
Plans for 2017 ASA Meeting:

Medical Sociology Roundtables (open submission) - Corinne Reczek and Zhe Zhang, reczek.2@osu.edu; zhang.2040@buckeyemail.osu.edu

Awards Session and Reeder Award Address - Debra Umberson, umberson@prc.utexas.edu

Reproductive Health Inequalities: Local, National, & Global (open submission) - Leticia Marteleto, marteleto@prc.utexas.edu. Reproductive health inequalities have in many ways mirrored social and economic inequalities. Social and economic contexts, in addition to perceptions and beliefs, shape individuals’ reproductive intentions and behaviors. This session solicits papers that examine the multiple ways in which social contexts are associated with inequalities in reproductive behaviors globally. Topics include—but are not limited to—reproductive health disparities across race-ethnicity, socioeconomic status and development both in the U.S. and internationally.

Immigrant Status and Health Across the Globe (open submission) - Tod Hamilton, todh@Princeton.EDU. Immigrant status has been associated with health risks and with health protection in different cultural contexts, as well as barriers to health care. Moreover, increasing discrimination, strains, and controversies surrounding immigrant status may pose new health risks. This session solicits papers that address wide-ranging contemporary issues about immigrant status and health both in the U.S. and internationally.

Health Disparities over the Life Course (open submission) - Hui Liu, liu@msu.edu. Reducing health disparities is at the heart of the U.S. public health agenda. This session solicits submissions about a broad range of disparities in deaths, illness, use of health care and behavioral risk factors for disease with a focus on the ways in which such disparities are created, experienced, and/or addressed over the life course. We are looking for submissions that theoretically and empirically explore a number of topics including: but not limited to—health disparities across race-ethnicity, socioeconomic status, family structures, gender, early life environment, and sexual minority status.

Health Care through a Sociological Lens (open submission) – Deborah Carr, carrds@sociology.rutgers.edu. Access to and quality of health care is highly stratified along the lines of socioeconomic status, age, gender, race/ethnicity, geographic location, national political economy and other social factors. This session will address predictors and consequences of health care use and systems, with attention to processes including doctor-patient interaction, medicalization, medical education, industry, policy, and inequality. Submissions are invited with a focus on U.S., international, or comparative research.
Book Raffle at 2016 ASA Meeting (con’t from pg. 3)

Didn’t enter the raffle? Here are the books you missed!

Our 2016 Eliot Friedson Outstanding Publication award-winner, Not Tonight: Migraine and the Politics of Gender and Health, by Joanna Kempner

The Fibromyalgia Story: Medical Authority and Women’s Worlds of Pain, by Kristin K. Barker

Men and Their Dogs: A New Understanding of Man’s Best Friend, edited by Christopher Blazina and Lori R. Kogan

Big Pharma, Women and the Labour of Love, by Thea Cacchioni

Worried Sick: How Stress Hurts Us and How to Bounce Back, by Deborah Carr

Contesting Intersex: The Dubious Diagnosis, by Georgiann Davis

Ancestors and Antiretrovirals: The Biopolitics of HIV/AIDS in Post-Apartheid South Africa, by Claire Laurier Decoteau


Diagnosis, Therapy, and Evidence: Conundrums in Modern American Medicine, by Gerald n. Grob and Allan V. Horowitz

Blood Sugar: Racial Pharmacology and Food Justice in Black America, by Anthony Ryan Hatch

Empathy in Health Professions, Education, and Patient Care, by Mohammadreza Hojat

Made to Hear: Cochlear Implants and Raising Deaf Children, by Laura Mauldin


Illness or Deviance? Drug Courts, Drug Treatment, and the Ambiguity of Addiction, by Jennifer Murphy

Genetics, Health and Society: Advanced in Medical Sociology, edited by Brea L. Perry

Testing Fate: Tay-Sachs Disease and the Right to Be Responsible, by Shelley Z. Reuter

What’s Wrong with Fat? by Abigail C. Saguy

Handbook of Return to Work: From Research to Practice, edited by Izabela Schultz and Robert J. Gatchel

Notes from the Newsletter Editors

Welcome to the first issue of the 2016-2017 Medical Sociology Newsletter! We thoroughly enjoyed putting together Volume 52 last year. We hope to continue keeping the section informed and involved.

The newsletter relies on its contributors. In particular, we thank last year’s columnists, Sigrun Olafsdottir, Rachel Cusat is, and Kristin Barker. We are thrilled to have, Simon Geletta, Natalie Ingraham, Miranda Waggoner, and Laura Senier returning and look forward to the contributions of our new columnists, Deb Umberson, Thomas Mackie, and Kellie Owens. As always, we welcome your comments and feedback on the newsletter and look forward to the upcoming issues!

—Ann Bell (avbell@udel.edu) & Barret Michalec (bmichal@udel.edu)