

Medical Sociology Newsletter

NOTES FROM THE NEW CHAIR

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Inside this issue:

Notes from the New Chair	1
2017 Section Awards	2-3
Teaching	4
Health Policy	4
Career & Employment	5
Student News & Views	5
Guest Column: Bie Nio Ong	6
Scholar Interview: Reeder Winner	7
2017 Book Raffle	8
Get Connected	9

Special points of interest:

- Interview with Reeder Award winner!
- Guest column—Chronic Illness, Multiple Morbidity & Social Connectedness
- Check out the new officers' columns

Dear Section Members,

Many thanks to everyone who contributed to making the 2017 meeting in Montréal such a success. Deb Umberson assembled an outstanding set of sessions with the able assistance of organizers Deborah Carr, Tod Hamilton, Hui Liu, Leticia Marteleteo, and Patti Thomas. Special thanks to Corinne Reczek and Zhe Zhang for taking on the time-consuming task of organizing the roundtable session. Kathy Charmaz offered a stimulating, warm-spirited, and inspiring Reeder Award address. The reception was buzzing with conversation and energy (a challenge to Danielle Bessett who somehow made the book raffle work under acoustically-challenging circumstances!). As always, the Medical Sociology community is a great place to spend one's time amidst the hustle and bustle of ASA.



My personal thanks to the Council members who completed their terms in 2017: Kristin Barker (past chair), Janet Shim (secretary-treasurer), Tony Brown (council member-at-large), Taylor Hargrove (student council member-at-large), Jason Schnittker (nominations committee chair), Rene Almeling (publications committee chair), Laura Senior (teaching committee chair), and Miranda Waggoner (career and employment committee chair). Deb Umberson (the 2017 chair) and Kristin Barker (the 2017 past-chair) have been especially patient and generous with their time as I learn the position of chair. This year, we welcome new Council members: Brea Perry (chair-elect), Hui Liu (council member-at-large), Julia Bandini (student council member-at large), Claire Decoteau (publications committee chair), Ophra Leyser-Whalen (teaching committee chair), Katrina Kimport (career and employment committee chair), and Jen'nan Read (nominations committee chair-elect). Sara Rubin has agreed to take over as Book Raffle Chair. The section could not function without the contributions of all of these people.

As of the time of this writing, we have not yet reached the 1000-member milestone required to have six sessions at the 2018 meetings and we likely will not by the September 30th deadline. Corinne Reczek's herculean efforts yielded significant increases in membership through the year (thank you, Corinne!), but last-minute challenges to our membership drive will keep us just below 1,000. This means that we will likely have five, rather than six, paper sessions at the 2018 meeting. I received many excellent suggestions for session topics—so many, that I could not accommodate them all this year even if we had 15 sessions! In keeping with the theme for the 2018 ASA meeting (Feeling Race: An Invitation to Explore Racialized Emotions), one of our sessions will focus on "Race, Racism, and Health: Patterns and Processes." I have also committed to our traditional roundtable sessions and to sessions on "Medical Education" and "The Politics of Health and Health Care." The final session topic will be announced soon!

To my delight, our listserv manager, Lilla Pivnick from the University of Texas at Austin, has agreed to stay on for another year. Lilla 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 jmcleod@indiana.edu. As you can see, the Medical Sociology Newsletter will continue to make it your way, under the stewardship of Ann Bell and Barret Michalec, our dedicated and talented editors. You can also follow us on Twitter <https://twitter.com/medicalsocasa> and Facebook <https://www.facebook.com/MedicalSociologyASA/>.

Please do not hesitate to share your thoughts about the section throughout the year. At this challenging time in our nation's history, the insights medical sociology provides into power, privilege, and politics have heightened relevance. I look forward to working with all of you as we develop our plans for the 2018 meeting.



2017 ASA Award Winners!



Leo G. Reeder Award Winner: Kathy Charmaz!

Left: Kathy Charmaz and Deb Umberson

Below: Brea Perry and Deb Umberson

Brea L. Perry wins Freidson Award!

The 2017 Eliot Freidson Outstanding Publication Award was for a journal article published in the preceding two years. We received 33 excellent nominations, and it was exciting to see all of the cutting-edge work being done in this field.

But we had a clear winner: Brea L. Perry for her article, "Gendering genetics: Biological contingencies in the protective effects of social integration for men and women" which appeared in the *American Journal of Sociology* in 2016. The committee described the article "intellectually creative," "ground-breaking," and "a truly exciting piece of sociology." Congratulations to Brea!

The committee also decided to give an honorable mention to Corinne Reczek and colleagues for their article "Family Structure and Child Health: Does the Sex Composition of Parents Matter?" which appeared in *Demography* in 2016. This is an excellent analysis of an issue that continues to make headlines, and it is just the kind of top-notch social science that can directly contribute to public debates.

Finally, I would like to thank my fellow committee members - Renee Anspach, Jason Houle, and Joanna Kempner - for their service to the section by serving on this time-intensive committee. ~ Rene Almeling



Tiffany Joseph & Helen Marrow win the Donald W. Light Award!

The 2017 recipients of the Donald Light Award for the Applied or Public Practice of Medical Sociology are Helen Marrow (Tufts University) and Tiffany Joseph (SUNY-Stony Brook) for their paper, "Excluded and Frozen Out: Unauthorized Immigrants' (Non) Access to Care after Healthcare Reforms". This article was published in the *Journal of Ethnic and Migration Studies* (2015). Although there were excellent nominations to consider, the committee felt that this article best exemplified the spirit of the Light Award in its insightful use of concepts and methods of medical sociology to an applied issue or problem of significance.

The article pulls together two case studies the authors conducted independently: one in San Francisco and the other in Boston. In both locations, the researcher conducted interviews with safety-net health care providers and staff. Marrow and Joseph paint a regrettable paradox. On the one hand, however imperfect, the Affordable Care Act (ACA) has reduced barriers to care for some medically underserved groups. On the other hand, the coverage expansion under the ACA has left one group, unauthorized immigrants, more starkly abandoned than ever. Marrow and Joseph infuse this policy story with theoretical richness by bringing the sociological literature on symbolic and social boundaries to bear. They note, "[t]he ACA has generated an important *boundary* shift that produces and even stronger and clearer separation of unauthorized immigrants from the rest of the morally "deserving" US body politic in the health care domain (Marrow and Joseph 2015: 2). In other words, when policy boundaries shift and some outsiders become insiders, those still left out are even more socially and symbolically marginalized. Even as unauthorized immigrants have been left out of the U.S. health care system for a half century, Marrow and Joseph compellingly assert that the boundaries excluding them have become "brighter" with the implementation of the ACA. Both the San Francisco and Boston cases reveal the brightening of the real and symbolic boundaries that demarcate unauthorized immigrants in the wake of the ACA; but, the authors also harvest their case studies for policy insights that might soften or blur the boundaries and hence lessen some of their deleterious effects vis-à-vis health care access.

This article is a wonderful illustration not only of theoretical informed applied and public sociology, but also of the power of instrumental collaboration. Through this innovative collaborative research effort, Marrow and Joseph produced something that is more impactful than the sum of the parts! They are to be commended for their collaborative scholarly achievement. Thus, the Light Award committee, composed of Taylor Hargrove, Corinne Reczek, Gabriel Fosu, Georgiann Davis and Kristin Barker, awarded Marrow and Joseph the 2017 Light Award for the Applied or Public Practice of Medical Sociology.

~Kristin Barker



Above: Donald Light and Tiffany Joseph
(Helen Marrow, not pictured)



Left: Tania Jenkins and Richard Carpiano

Tania Jenkins Wins Simmons Award!

The 2017 Roberta Simmons Dissertation Award Committee was composed of four members: Richard Carpiano (Chair), Tony Brown (Rice University, 2016 Chair), Kelly Underman (University of Illinois-Chicago, 2016 Winner), and Dawne Mouzon (Rutgers University, who was invited by the committee to serve as the external fourth member). The committee selected Tania Jenkins as the 2017 recipient for her paper "Solitary versus Supported Autonomy: How Stratification in Medical Education Shapes Approaches to Patient Care."

Tania received her Ph.D. from Brown University and is about to begin her appointment as Assistant Professor of Sociology at Temple University. She is currently completing a postdoctoral fellowship at the University of Chicago.

Tania's dissertation paper investigates how residency programs stratify the training of American physicians. Specifically, she focuses on US medical graduates ("USMDs") versus osteopathic and international medical graduates ("non-USMDs"). Non-USMDs fill one-third of residency positions because of shortages of American graduates, but are often informally excluded from top residency positions predominantly filled by USMDs. Based on fieldwork and in-depth interviews at two highly segregated internal medicine programs, Tania's analyses reveal important differences in the supervisory structure and overall clinical training between US and non-US MDs as well as the potential, significant consequences of this stratification for inequalities in patient care.

As Chair, I wish to acknowledge the time and careful attention that the committee members paid to reviewing this year's submissions.

~Richard Carpiano

Alex Bamard is the Louise Johnson Scholar!

Alex Bamard (University of California, Berkeley) won the 2017 Louise Johnson Scholar award for his ASA conference paper titled "The Bureaucratic (Non) Production of 'Human Kinds': Handicap Psychique and the Mentally Disordered in France." His paper tracks transformation of the mentally disordered in the post-asylum age through an analysis of the French government's largely unsuccessful attempt to re-classify the mentally ill as 'psychically handicapped' and to move the locus of their care from the health to the disability sector. Relying on fifteen months of observations across multiple bureaucratic decision-making contexts and 215 qualitative interviews, Alex's research continues important medical sociology work exposing the role of political stakeholders in drawing medical boundaries.

~Tony Brown

Don't forget to check us out on:

Facebook: *MedicalSociologyASA*

Twitter: *@MedicalSocASA*



Suzan Walters wins the Howard B. Kaplan Memorial Award!

Suzan Walters (State University of New York at Stony Brook) won the 2017 Howard B. Kaplan Memorial Award in Medical Sociology because her research examines self-concept and health, and how deviance and the morality of disease intersect. Her dissertation examines awareness of Pre-Exposure Prophylaxis (PrEP) used for the prevention of HIV in the United States. Although policy makers have emphasized the need to use PrEP to end the HIV epidemic, studies on awareness of PrEP are limited, especially among at-risk populations, other than men who have sex with men. Suzie's work fills this gap by using qualitative and quantitative methods to examine awareness of PrEP among high risk populations, with particular attention given to people who inject drugs.

~Tony Brown

Right: Suzan Walters and Tony Brown



Teaching Ophra Leyser-Whalen & Adelle Montebianco

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CUREs (not the medical kind)

We are excited to take on the challenge of writing the teaching columns! Many of our columns will focus on Course-based Undergraduate Research Experiences (CUREs); thus, we devote our first column to introducing this high-impact educational practice.

There are many benefits of undergraduate research (UR), particularly for students coming from backgrounds with fewer resources¹⁻⁶. CUREs are one avenue to increase UR knowledge, where a whole class engages in at least one aspect of research of interest to the science community.

Following the topic of this newsletter, *chronic illness*, we looked at medical sociology syllabi in TRAILS, where we discovered that several instructors integrate an interview with an individual living with a chronic illness into the coursework. This could be considered a CURE if it were developed into a mini-module on research that makes an original or creative contribution such as: developing a research question, conducting a literature review, writing interview questions, submitting an IRB proposal, transcribing interviews, coding data, writing up results, etc.

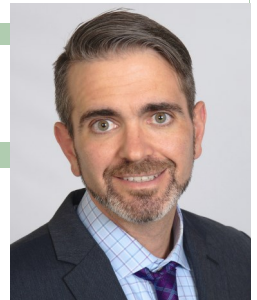
To learn more about UR and CUREs, please visit the Council on Undergraduate Research: <https://www.cur.org/>.

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Health Policy

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For medical sociologists who study chronic illness, the imperative to translate our sociological understandings into policy and practice-relevant messages has never been greater. Considerable gains in access to health care coverage for those with chronic illness (especially adults) stand to be lost if healthcare reform proposals, like the recently failed Graham-Cassidy Bill, should pass. Myriad sociological insights might inform relevant policy and practice proposals, whether providing empirical insights into areas such as inequities associated with chronic illness, social determinants of health, among others.

In this column, I outline resources to assist sociologists in messaging our findings for broader audiences, including policymakers and practitioners. While a number of barriers may prevent us from seeking to disseminate our research especially through social media (see article by David Grande and colleagues [here](#)), resources are available to assist in translation and dissemination of our work.

Academy Health (a professional organization for health services researchers) hosts a **Dissemination and Translation Institute** (available [here](#)) with a number of resources to facilitate translation of our work; for example, webinars are available on how to engage new audiences through "twitter" and disseminate findings through tweets (available [here](#) and [here](#), respectively). The **Research Information Network** (a policy unit in England) developed a website (available [here](#)) providing tools in how to use social media to disseminate research findings. This site provides both a list of available social media outlets and case examples of successful researcher-led dissemination efforts. The Canadian **National Collaborating Centres for Public Health** seek to incentivize use of the best available evidence among public health practitioners and policymakers (available [here](#)). Their website provides methods and tools for researchers to facilitate knowledge translation. Please send any additional resources you've found helpful and send to me at tmackie@ifh.rutgers.edu and I'll collate these for our membership.

Career & Employment

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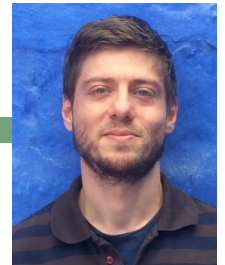
I'm delighted to contribute my first column as the career and employment chair. For many readers, fall is the peak of the academic job market season. I am sure many of you are revising research and teaching statements and tailoring your cover letters as I write this. In the past, this column has included many excellent web resources for job postings and I encourage readers to review past newsletters for suggestions.

In this column, though, I want to highlight a resource that isn't a website or a job listings platform: weak ties. As Mark Granovetter argued in his classic 1973 AJS article, there is strength in weak ties. Weak ties are connections between people whose social networks do not have a high degree of overlap. Whereas when we have strong ties to someone (that is, our networks overlap a great deal), we tend to already be familiar with the same opportunities, weak ties can mean exposure to new opportunities. Leveraging your weak ties can increase your pool of opportunities—for jobs, for mentoring, for new research collaborations.

There are technologically-enabled tools like LinkedIn that can help you connect to those weak ties, showing you the extended networks of people in your network. It's important to not lose sight of direct personal connections as well. If you're on the job market, talk to people in your professional *and* personal networks about what kind of position you're seeking. Ask them about their job hunting experiences and for suggestions of other people they know who might be able to offer insight into finding the right fit for you. Think of it as snowball sampling for professional development. You may be surprised at the strength of your own weak ties.

Student News & Views

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Hello! Since this is my first column, I would like to start by introducing myself. I am Alaz Kilicaslan, a graduate student in Sociology at Boston University. I have the pleasure of being the student editor of the newsletter this academic year. My research merges sociology of healthcare, organizational studies, and economic sociology to understand how healthcare is delivered, and who has access to it, in a global context. My dissertation looks at the moral economy of healthcare reform in Turkey by examining how government agencies, medical professionals and clients negotiate and ultimately shape the healthcare delivery through interactions in organizational settings.

As the student editor, I will interview a scholar for each issue and coordinate the Student News and Views section of the newsletter. I aim to utilize this column and interviews with two goals in mind. First, I would like to start an ongoing dialogue among graduate students about how we can translate our research into policy and make our teaching better and more relevant for changing times. We live in exciting times regarding the state of the U.S. healthcare system in the midst of the debates around several GOP healthcare bills and Senator Sanders' recent "Medicare-for-all" bill. I think we have the potential to turn this into an opportunity by showing that medical sociology research and teaching have a lot to contribute to these debates. For example, Professor Emeritus Kathy Charmaz, whom I interviewed for this issue, suggests that medical sociology, despite substantially contributing to understanding chronic illness, had much less influence in affecting social policies. As nearly one in two Americans suffer from at least one chronic condition- most qualifying as 'pre-existing conditions' in the vocabulary of the insurance industry- shedding light on these people's daily experiences can play a role in policy decisions to come.

Second, I want to focus on how we can strengthen the links between medical sociology and other subfields of the discipline and foster further collaboration across the globe among medical sociologists. With that goal, I intend to conduct interviews with scholars doing innovative research with implications across subfields, and with those having a global or comparative focus. I would also like to hear from you about your experiences conducting research that bridges subfields or disciplines as well as research on contexts outside the U.S.

For the next issues, keeping in line with what past editors have done, I plan to investigate useful online sources for medical sociologists. To share your ideas and experiences with me through the Student News and Views column, or if you have suggestions about interviewees or online sources please contact me at alazk@bu.edu

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

Guest Column: Chronic illness, multiple morbidity and social connectedness

By Bie Nio Ong, Emerita Professor, Keele University, UK

People living with chronic illness have been given a voice through pioneering researchers such as Kathy Charmaz, Catherine Kohler Riessman and Arthur Frank in the USA, and Mike Bury, Gareth Williams and Anne Rogers in the UK. Following on from them the complexity of the chronic illness experience has been studied by many researchers, and it is increasingly apparent that multiple morbidity has become the norm rather than contending with a single chronic illness. This has refocused research on how people experience the fluctuations within and between their conditions. Our team at Keele university has built upon previous research, and we have concentrated our attention on a number of themes that have been less well documented. First, shifting the theoretical approach from a deficit model that emphasises disease to an asset model that highlights people's ability to maintain a sense of identity and self over time in the face of adversity (Gattuso's notion of resilience). Second, we are interested in the resources available to people at an individual level – such as resilience – and at the interpersonal level – such as social connectedness and social support.

We have adopted Fortin and colleagues' definition of multiple morbidity: the coexistence of two or more conditions in a single individual. However, our study participants often do not identify themselves with this 'clinical' label for a number of reasons: a condition may be well controlled through medication, concurrent conditions interact and the impact on daily life is a 'total' experience, older people do not necessarily make the distinction between decline as part of normal ageing or loss of function through disease. Furthermore, the way multiple morbidity is experienced varies considerably between individuals. The resulting complexity demands a more nuanced theoretical approach if we are to make sense of how multiple morbidity is experienced within a social context.

Two of the overriding concerns of our study participants are their sense of identity and continuing valued activities. The key elements of identity that people talk about are independence, making adjustments and reciprocity. One woman explains that looking after her grandchildren provides her

with an important role within the family and through 'pacing herself' this can be continued despite ill-health. Helping with childcare makes her feel needed, and the loving relationship with her grandson got her through a difficult time after her divorce. Another woman talks about her close relationship with her sister where mutual exchange of both physical and psychological support means that 'they keep each other going'. Thus, coping with adversity is fundamentally connected with individuals' desire to maintain a social role.

Chronic conditions are not static and require constant evaluation and adaptation. Equally, changes happen in individuals' personal life, and consequently we have taken a life course approach in our studies. The experience of multiple morbidity is shaped by social relations, the structure of people's networks and the degree to which they are socially connected. Changes in health status and changes in social context interact. For example, one woman's deteriorating health means she has to let her husband do heavy household duties, and accept that the changing division of labour is necessary and something to be negotiated. For another man making decisions about re-arranging his home care package is an important symbol of independence, and shows that he is concerned with the lightening the load on his children.

Our studies highlight that shifting the focus to an asset-based approach and looking at multiple morbidity within a life course perspective allows for a better understanding of the interplay between health and social aspects. Enhancing general well-being and maintaining a meaningful life are prioritised by many individuals. Social connectedness plays a crucial role in their ability to respond to multiple morbidity and creatively draw on their resilience and other resources. To end, 89-year old Audrey vividly illustrates this argument.

The background to Audrey's example is the Cheshire-based Brightlife programme (www.brightlifecheshire.org.uk). Brightlife is a partnership of voluntary, public and private sector organisations focused on reducing loneliness and social isolation amongst people aged 50 years and over. The programme establishes innovative and engaging projects, activities and networks

that bring people together, and participants are involved in the design, delivery and evaluation of the programme.

Audrey has always led a busy life. Married for 40 years, she raised five children, worked in a Volunteer Centre, was actively involved in the Women's Institute and travelled the globe ...enjoying a clean bill of health for 84 years. However, in 2011 that all changed. Audrey contracted two bouts of sepsis in four months and then needed a hip replacement. Whilst this was healing she was diagnosed with breast cancer and required another operation. Spinal stenosis left her house-bound then her other hip needed replacing. The final straw was when she began to suffer from double-vision and at 88 had to stop driving. Feeling like she'd lost her independence, Audrey was at an all-time low:

"I spent five years never really recovering from one thing before the next thing happened. It felt relentless and I couldn't see a way out. So I went to see my local GP and that's when I heard about Brightlife."

Brightlife's social prescribing coordinator helped Audrey to find local activities that she might enjoy and that would help her to meet new people including an art club and a creative writing class run by the Brightlife-funded social enterprise, Community Compass. With the encouragement of the group leaders and her new friends, she rekindled her love of poetry, discovered she could draw and started up a scrabble group:

"I realised I'd been bored stiff and was going down without having other people around me. All I really needed was something fun to do and someone to do it with!"

Since her first introduction to Brightlife, Audrey has not looked back; she had her poems published in the local newspaper and now helps to run an over 50s social group in her local village supporting other people find their way out of social isolation.

With thanks to Audrey Thomas and Cath Logan.

Interview with a Scholar: Kathy Charmaz, 2017 Reeder Award Winner

By Alaz Kilicaslan

For this issue of the newsletter, I was fortunate enough to interview Professor Emerita Kathy Charmaz, the recipient of Leo G. Reeder Award for 2017. Kathy Charmaz recently retired as Professor of Sociology and Director of the Faculty Writing Program at Sonoma State University where she was affiliated for forty-three years.

How has medical sociology evolved since you've entered the field? What recent medical sociology research do you find particularly exciting?

Like the larger discipline, medical sociology has expanded its remit. Medical sociologists study a wide range of areas, and work in diverse settings that call for disparate types of studies. Roger Strauss's distinction between a sociology of medicine and a sociology in medicine still resonates with many of our colleagues, although the boundaries can be hazy. In my view, the intensity of qualitative-quantitative divides has lessened over the years and mutual appreciation has grown. The interpretive turn throughout the social sciences has deepened and enriched medical sociology. Current interest in mixed methods also affects our field. Medical sociology is exceptionally well-suited to mixed methods studies in which qualitative and quantitative elements complement each other. As for exciting research, recent studies of the effects of biomedicine on ordinary people's lives intrigue me, such as Janet Shim's book, *Heart-Sick: The Politics of Risk, Inequality, and Heart Disease*.

One stream of your research focuses on chronic illness. How has medical sociology contributed to understanding and acting upon chronic illness? What are the potential avenues for future research?

Not surprisingly, I think medical sociology has made substantial contributions to understanding chronic illness! We have increased awareness of the difference between acute and chronic illness, losses that people incur, stigma, and the spiraling effects of debilitating illness on individuals, families, and society, to name a few areas of study. Now our participants *in* research become evaluators *of* our research. The internet has made our research public for those who care to pursue it. Our studies become sources of comparison—and often affirmation—for people with chronic illnesses and their families. They may choose to act on what they learn from our writings.

In my view, medical sociology has had less influence in altering societal policies and practices concerning chronic illness. More needs to be done to connect individual experience with policies to serve people with chronic illnesses. Making these connections is one area for more research. Others include studies that further document how health disparities not only impose suffering on individuals but also diminish the quality of collective life. I have long argued that the situations of chronically ill people allow us to see fundamental dilemmas in adult life with uncommon clarity. Tensions between individual and social responsibility, choice and coercion, acceptance and rejection, isolation and inclusion all become evident and all merit future study.

You're also known for your contribution on qualitative methodology and theory building. What do you think about the criticism coming from fellow sociologists outside the subfield and some journal editors that the medical sociology research is often 'thin' on theory?

We can look at your question from several different angles. First, what sociologists mean by the term "theory" differs although some colleagues may take for granted that their definition of theory is shared and singular. I advise subjecting our assumptions about theory to rigorous self-scrutiny. From a practical standpoint, subject the journal editors' assumptions about theory to rigorous scrutiny, too. How do they use the term? Look at the articles published during their editorial term. What place does theory hold in these articles? How does your work compare? I'm all for pushing boundaries and expanding borders but I like authors to be aware when their work lies outside the usual boundaries.

Second, in line with my response to your first question, medical sociology includes many projects for purposes other than theory. Theoretical exploration, explication, application, or construction may not be an author's main objective. Medical sociologists interested in public sociology, for example, aim to reach audiences beyond our field and discipline. In her book, *Waiting for Cancer to Come: Women's Experiences with Genetic Testing and Medical Decision Making for Breast and Ovarian Cancer*, Sharlene Hesse-Biber aims to provide a critical analysis of the implications of genetic testing and treatment and bring women's stories to life. The book speaks to women at risk of developing cancer, their families, and healthcare providers as well as to sociologists.

Third, the editors of our general journals have a point. A number of medical sociology papers offer a limited—and light—application of earlier theory without offering original insights about it. If you wish to submit a manuscript to such a journal, I advise going beyond application. Theoretically-informed studies that generate both new empirical findings and fresh theoretical implications would better fit these journals. William Cockerham's edited volume, *Medical Sociology on the Move: New Directions in Theory*, charts diverse ways theory currently intersects with medical sociology and may help new scholars to position their work. Although I'm a grounded theorist, I never accepted the notion that "discovering" theory required theoretical ignorance.

Last, we can transcend the criticisms by showing how our work advances theory even though it may represent a novel form of theory and a new way of theorizing.



Book Raffle at 2017 ASA Meeting

Overcoming customs and currency challenges, the Section book raffle raised a record \$500 for the Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award this year! Seventeen individuals and publishers donated thirty-two books, most of which were displayed and raffled off at the Medical Sociology Section Reception, August 12, 2016 at the ASA meetings in Montréal, Québec. A few books were not allowed into the country, and unfortunately those boxes are currently missing in the post. We hope to have them back to mail out to recipients in September. The success of the raffle was made possible only through the generous donations of the following publishers and individuals: University of Chicago Press, Duke University Press, Harvard University Press, University of Minnesota Press, National Academies Press, Sage Publishing, Springer, University of Toronto Press, Susan Bell, Deborah Carr, Allan Horowitz, Don Light, Laura Mauldin, Bill Murphy, Alondra Nelson, Brea Perry, Sherrill Sellers, and Janet Shim. 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 Erynn Casanova, Alexa Justice, Jeremy Levoy, Stef Murawsky, and Sara Rubin for their help with the raffle. As I transition to my new role as the section's Secretary-Treasurer, Sara will take over as the book raffle chair for 2018-2020. Many thanks to her for taking on this essential task, and as always, thank you to our donors and our raffle participants for making the fundraiser such a success!

~Danielle Bessett & Sara Rubin

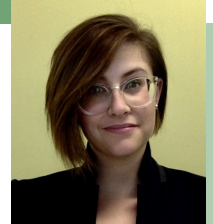
Didn't enter the raffle? Here are the books you missed!

- Metrics: What Counts in Global Health*, by Vincanne Adams
- Innovations in the Treatment of Substance Addiction*, edited by André Luiz Monezi Andrade and Denise De Micheli
- Risky Medicine: Our Quest to Cure Fear and Uncertainty*, by Robert Aronowitz
- Reimagining (Bio)Medicalization, Pharmaceuticals, and Genetics: Old Critiques and New Engagements*, edited by Susan E. Bell and Anne E. Figert
- Men and Their Dogs: A New Understanding of Man's Best Friend*, edited by Christopher Blazina and Lori R. Kogan
- Worried Sick: How Stress Hurts Us and How to Bounce Back*, by Deborah Carr
- Border Lives: Fronterizos, Transnational Migrants, and Commuters in Tijuana*, by Sergio Chavez
- Biomedicalization: Technoscience, Health, and Illness in the U.S.*, edited by Adele E. Clarke, Laura Mamo, Jennifer Ruth Fosket, Jennifer R. Fishman, and Janet K. Shim
- Compound Solutions: Pharmaceutical Alternatives for Global Health*, by Susan Craddock
- Crazy: A Father's Search Through America's Mental Health Madness*, by Pete Earley
- Precarious Prescriptions: Contested Histories of Race and Health in North America*, edited by Laurie B. Green, John Mckierman-González, and Martin Summers
- Stories from the Front of the Room: How Higher Education Faculty of Color Overcome Challenges and Thrive in the Academy*, edited by Michelle Harris, Sherrill L. Sellers, Orly Clerge, and Frederick W. Gooding, Jr.
- Blood Sugar: Racial Pharmacology and Food Justice in Black America*, by Anthony Ryan Hatch
- Creating Mental Illness*, by Allan V. Horowitz
- All We Have to Fear: Psychiatry's Transformation of Natural Anxieties into Mental Disorders*, by Allan V. Horowitz and Jerome C. Wakefield
- The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*, by Allan V. Horowitz and Jerome C. Wakefield
- Interpreter of Maladies*, by Jhumpa Lahiri
- Fixing Medical Prices: How Physicians Are Paid*, by Miriam J. Laugesen
- Good Pharma: The Public-Health Model of the Mario Negri Institute*, by Donald W. Light and Antonio F. Maturo
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- Resources for Teaching Mindfulness: An International Handbook*, by Donald McCown, Diane Reibel, and Marc S. Micozzi
- Communities in Action: Pathways to Health Equity*, by National Academies of Sciences, Engineering, and Medicine and Health and Medicine Division
- The Social Life of DNA: Race, Reparations, and Reconciliation after the Genome*, by Alondra Nelson
- Practical Strategies and Tools to Promote Treatment Engagement*, edited by William O'Donohue, Larry James, and Cassandra Snipes
- 50 Years after Deinstitutionalization: Mental Illness in Contemporary Communities*, by Brea L. Perry
- Genetics, Health and Society: Advanced in Medical Sociology*, edited by Brea L. Perry
- The Technoscientific Witness of Rape: Contentious Histories of Law, Feminism, and Forensic Science*, by Andrea Quinlan
- Body by Darwin: How Evolution Shapes Our Health and Transforms Medicine*, by Jeremy Taylor
- Saving Babies: The Consequences of Newborn Genetic Screening*, by Stefan Timmermans and Mara Buchbinder
- Narratives of Recovery from Serious Mental Illness*, by William Tucker
- Knowledge in the Time of Cholera: The Struggle over American Medicine in the Nineteenth Century*, by Owen Whooley

Get Connected

Simon Geletta & Mel Jeske

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This summer Melanie (Mel) Jeske has joined the website and social media team as an associate webmaster for the section. Mel is a PhD candidate at the University of California, San Francisco. Her research spans medical sociology, science and technology studies, and history of science and medicine. Mel will be overseeing and reporting on the section members' social media activities. Please help me welcome Mel to her new role!

Website Visits

Over the last couple of years since our website was migrated to the ASA server we have observed a steady increase in the number of individuals that visit our section website every quarter. The site traffic during this last summer season (between June and September), has reached a new post-migration record – with 353 visitors and 514 page views. The graph below breaks down the individuals by whether they are returning visitors or new visitors.

The age distribution graph above shows that contrary to the traditional pattern of the dominance of young adults (presumably students) as the most frequent visitors, this last season individuals in the age 25-34 have become the most frequent visitors. Note that the graph is based on 243 visitors whose ages could be determined (i.e., about 69% of the visitors). Female visitors still dominate male visitors in frequency of visit, although the margin is somewhat narrowing.

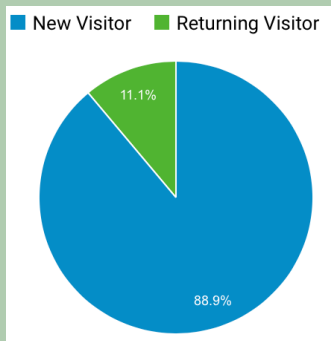
Social Media Activities

Our social media reach remains stable since our last update. Our Facebook page is currently at 1,8933 “likes” or followers with our “reach” on each post varying from 10 people to 500 people (generally for job ads).

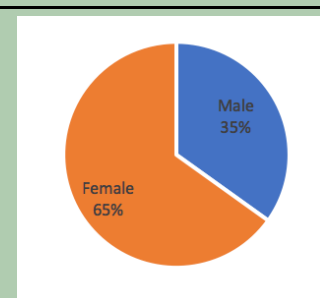
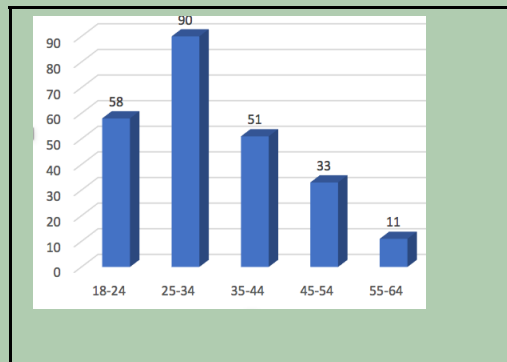
Our Twitter currently has 940 followers and we average 1-3 tweets per week, depending on the number of announcements and responses to other accounts tweeting us.

Please contact Mel (mel.jeske@ucsf.edu) if you have anything you'd like posted to our social media accounts!

Figure 1 Website Visit by the type of visitors (n = 353) between June 30 and August 31, 2017



Figures 2 & 3 Demographic Characteristics of Visitors



Notes from the Newsletter Editors

Welcome to the first issue of the 2017-2018 Medical Sociology Newsletter! We thoroughly enjoyed putting together Volume 53 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, Miranda Waggoner, Laura Senier, Kellie Owens, and Deb Umberson. We are thrilled to have Simon Geletta and Thomas Mackie returning and look forward to the contributions of our new columnists, Jane McLeod, Ophra Leyser-Whalen (along with Adelle Montebianco), Katrina Kimport, Mel Jeske, and Alaz Kilicaslan. As always, we welcome your comments and feedback on the newsletter and look forward to the upcoming issues!

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

Post Notices on the ASA Medical Sociology Section List

<MEDSOC@LISTSERV.NEU.EDU>