Greetings from Syracuse, where Spring has been teasing us with unseasonable early warmth, gorgeous budding trees and blooming flowers, and snow. A metaphor for many things these days; whiplashing ups and downs from one day to the next.

I sincerely hope you and your families are well, and that you are managing to access vaccine. As a really challenging academic year winds down, I also hope that you are able to plan some time this summer to rest, recharge, re-center, and reconnect.

That said, I want to invite your active participation in the Virtual Annual Meeting (VAM) that the ASA will host from August 6 to August 10, 2021. Programming hours will run 8:00 a.m. - 4:30 p.m. Pacific Daylight Time (PDT) / 11:00 a.m. - 7:30 p.m. Eastern Daylight Time (EDT). As I will describe in detail below, the Medical Sociology Section has an exciting set of sessions on the program. Additionally, there are many other full sessions, not to mention individual papers embedded in other sessions, that will be of interest to our members. It is heartening to see the breadth and diversity of work on health and health care being done across the organization.
Before turning to an overview of the program offerings, I want to remind all presenters, attendees, and other participants that you must register for the VAM to join a session/meeting and view recordings. Unregistered individuals will be able to browse the program, but they will not be able to launch or join a session/meeting or view recordings. Individuals listed on the program must register by May 7.

Also, please remember to vote on the great slate of candidates that our Nominations Committee put together. **The ASA election is now open through 5 p.m. EDT on Friday, May 28, 2021.**

Finally, I want to mention one item of Section business. Our section bylaws require us to identify a newsletter editor designate a year before the current Editor—in this case, the fantastic Evan Roberts—steps down. Thus, the Medical Sociology Section is looking for a person to serve as Editor-Designate and take over as Editor beginning in Fall 2022. Please see further details in Evan’s column on p.12.

The remainder of my column is devoted to providing an overview of the program for the VAM so that you can give some thought to how you will engage with the panels and sessions that will be available. For members of Council, the Section on Medical Sociology Council Meeting will take place on Saturday, August 7 from 10:00 to 10:45am EDT in VAM Room 13. The Section on Medical Sociology Business Meeting will take place on Saturday, August 7 from 2:30 to 3:00pm EDT in VAM Room 67. The Section on Medical Sociology Award Ceremony and Reeder Address will take place on Sunday, August 8 from 11:00am to 12:25pm EDT in VAM Room 12. I am pleased that Debra Umberson, the 2020 Award Winner, had agreed to give the address virtually. I hope we will have a large turnout to honor the award winners!

Medical Sociology has four panels planned, and a robust session of roundtables. Some sessions are on Saturday and some are on Sunday. It is a great line-up!

**Black Health Matters: Racism, Health, and Health Care**
Saturday, August 7 from 11:00am to 12:25pm EDT in VAM Room 13
Organizer: Tyson Brown (Duke University)
Presider: Bridget Goosby (University of Texas-Austin)
“Medical Schools as Racialized Organizations,” Max Jordan Nguemeni Tiako (Yale School of Medicine)
“Sociological Contributions to Race and Health: Diversifying the Ontological and Methodological Agenda,” Hyeyoung Oh Nelson (University of Colorado-Denver)
“Superwoman Schema Endorsement, Social Role Engagement, and Black Women’s Mental Health,” Christy LaShaun Erving (Vanderbilt University), Izraelle McKinnon (Emory University), Miriam E. Van Dyke (Emory University), Raphiel Murden (Emory University), Renee Moore (Emory University), Bianca Booker (Emory University), and Tene T. Lewis (Rollins School of Public Health, Emory University)
“Vaccine Skepticism and the Accumulation of Distrust,” Claire Laurier Decoteau (University of Illinois-Chicago) and Paige L. Sweet (University of Michigan-Ann Arbor)
**Social Integration and Health**
Saturday, August 7 from 12:45 to 2:10pm EDT in VAM Room 13

Organizer: C. Andre Christie-Mizell (Vanderbilt University)

Presider: Brittany Nicole Hearne (University of Arkansas) and C. Andre Christie-Mizell, (Vanderbilt University)

“Childhood Stressors, Cumulative Disadvantage, and Women’s Relationships in Adulthood,” Amy Irby-Shasanmi (Indiana University Purdue University-Indianapolis), Kenzie Latham-Mintus (Indiana University-Purdue University Indianapolis), and Tess Weathers (Indiana University-Purdue University Indianapolis)

“Entourage of Well-Being? Patterns of Social Accompaniment, Social Inequality, and Momentary Health Among Older Adults,” Alyssa W. Goldman (Boston College) and Erin York Cornwell (Cornell University)

“Race and Gender Disparities in Adolescent Social Cohesion and Adult Depressive Trajectories,” Molly Copeland (Michigan State University) and Christina Kamis (Duke University)
“Sources of Support and Their Interaction with Mental Health for People with Same-Sex Experiences,” R. Kyle Saunders (Florida State University) and Dawn Celeste Carr (Florida State University)


Medical Sociology Section Refereed Roundtables
Saturday, August 7 from 3:00 to 3:55pm EDT. Note: Each table has its own VAM room. Please see the full program for the list of papers at each table.
Organizer: Krystale Littlejohn (University of Oregon)
Table 1: “Reproductive Health and Decision-Making,” VAM Room 46
Table 2: “Health Experiences During COVID-10,” VAM Room 47
Table 3: “Medical Education,” VAM Room 48
Table 4: “Race, Racism, and Health,” VAM Room 49
Table 5: “Provider Experiences,” VAM Room 50
Table 6: “Political Economy of Health,” VAM Room 51
Table 7: “Exploring Stigma in Health,” VAM Room 52
Table 8: “Social Support and Kinship Ties,” VAM Room 53
Table 9: “Mental Health in Social Context,” VAM Room 54
Table 10: “Social Construction of Bodies and Health,” VAM Room 55
Table 11: “Sexual Health,” VAM Room 56
Table 12: “Intersectionality & Inequity,” VAM Room 57
Table 13: “Social Determinants of Health,” VAM Room 58
**Qualitative and Ethnographic Studies of Health and Health Care**
Saturday August 7 from 4:15 to 5:40pm EDT in VAM, Room 14

Organizer and Presider: Danielle Raudenbush (University of California-San Diego)

“Capturing Patients, Missing Inequities: Data Reporting on Sexual Orientation and Gender Identity across Unequal Clinical Contexts,” Taylor M. Cruz (California State University-Fullerton) and Emily Allen Paine (Columbia University)

“‘His Voice Carries Further Than Mine’: Healthcare Providers Mobilizing Their Cultural and Social Health Capital,” Dani Carrillo (University of California, San Francisco), Jeff Nicklas (University of California, San Francisco), Tessa M Nápoles (University of California, San Francisco), Emily Ekl (Indiana University-Bloomington), Brea Louise Perry (Indiana University-Bloomington), and Janet K. Shim (University of California, San Francisco)

“Making Death Acceptable: Personalized Care and the Authoritativeness of Hospice Professionals,” Megan Russ (Michigan State University) and Daniel A. Menchik (University of Arizona)

“Minimizing Race Through Colorblind Healthcare: Examining Black Women’s Experiences of Medical Racism During Prenatal Care,” Kayonne Christy (The University of British Columbia)

**Health and Health Care Policy Across the Life Course**
Sunday, August 8 from 12:45 to 2:10pm EDT in VAM Room 12

Organizer and Presider: Deborah Carr (Boston University)

Discussant: Elizabeth Lawrence (University of Nevada, Las Vegas)

“Parental Health and Children’s Adult Status Attainments,” Xing Zhang (Arizona State University-Downtown Phoenix)

“The Long Arm of Childhood: Does It Vary According to Healthcare System Quality?,” Matthew Andersson (Baylor University), Lindsay R. Wilkinson (University of Nebraska-Omaha), and Markus H. Schafer (University of Toronto)

The ‘Long Arm’ of Youth: Adolescent Health Behaviors, Puberty, and Networks Linked to Adult Cardiometabolic Risk, Mark C. Pachucki (University of Massachusetts-Amherst), Youngjoon Bae (University of Massachusetts-Amherst), Lindsay Till Hoyt (Fordham University), John R. Sirard (University of Massachusetts-Amherst), and Genevieve Chandler (University of Massachusetts-Amherst)

“Understanding the Unimmunized ‘Wakefield Generation’: Decisions of Young Adults who Grew Up Without Vaccines,” Jennifer A. Reich (University of Colorado Denver)
In addition to the sessions organized under the auspices of the Section on Medical Sociology, there are many sessions that might of interest to our members. Here is a selection; note the substantial pile-up on Monday, August 9 from 12:45-2:10pm EDT.

- “Intersectionality and Population Health Disparities,” Saturday, August 7 from 2:30 to 3:55pm EDT in VAM Room 15
- “Table 5: Mental and Physical Health in Later Life,” Sunday, August 8 from 4:15 to 5:40pm EDT in VAM Room 50
- “Social Context of Health Disparities,” Monday, August 9 from 11:00am to 12:25pm EDT in VAM Room 28
- “Medio-Legal Violence and the Structural Determinants of Healthcare,” Monday, August 9 from 11:00am to 12:25pm EDT in VAM Room 12
- “Race, Racism, and COVID-19,” Monday, August 9 from 12:45 to 2:10pm EDT in VAM Room 17
- “Free to Be Me: Defining Mental Illness and Assessing Risks,” Monday, August 9 from 12:45 to 2:10pm EDT in VAM Room 20
- “Temporal Effects on Health and Medical Processes,” Monday, August 9 from 12:45 to 2:10pm EDT in VAM Room 28
- “Mental Health Across Genders and Sexualities,” Monday, August 9 from 12:45 to 2:10pm EDT in VAM Room 51
- “Racism: A Pre-existing Health Condition,” Monday, August 9 from 4:15 to 5:40pm EDT in VAM Room 6
- “Power and Uncertainty of Medicalization,” Monday, August 9 from 4:15 to 5:40pm EDT in VAM Room 27
- “Reproductive Decisions and Embodied Outcomes,” Tuesday, August 10 from 11:00am to 12:25pm EDT in VAM Room 26
- “Pandemics and Sexualities,” Tuesday, August 10 from 12:45 to 2:10pm EDT in VAM Room 22
- “Sharing and Visualizing Sociological Results,”* Tuesday, August 10 from 2:30 to 3:55pm EDT in VAM Room 14. *Examples mostly focus on health topics.
Health Policy

Proposed Regulations Place Undue Burden on Women’s Health Care

In its landmark decision in 1973, Roe vs. Wade established woman’s right to abortion before fetus viability. In doing so:

“the Court divided the pregnancy period into three trimesters. During the first trimester, the decision to terminate the pregnancy was solely at the discretion of the woman. After the first trimester, the state could ‘regulate procedure.’ During the second trimester, the state could regulate (but not outlaw) abortions in the interests of the mother’s health. After the second trimester, the fetus became viable, and the state could regulate or outlaw abortions in the interest of the potential life except when necessary to preserve the life or health of the mother.” (Cornell 2021).

Although Roe vs. Wade allowed a state to regulate but not outlaw abortions, Whole Women’s Health vs. Hellerstedt found two provisions of Texas’s laws to be unconstitutional because they placed undue burden on abortion access. These unconstitutional provisions included requiring physicians to have admitting privileges at local hospitals and requiring abortion clinics to have facilities comparable to ambulatory surgical centers (Cornell 2021).

In an NPR, PBS Newshour, and Marist (2019) poll, seventy-seven percent of sampled U.S. adults wanted to keep some or all of Roe vs. Wade. Specifically, 17 percent wanted to keep Roe vs. Wade the way it is. Thirty-five percent wanted to either expand or reduce restrictions on Roe vs. Wade. Twenty-six percent wanted to keep Roe vs. Wade but add some restrictions. These results are somewhat more conservative than results of the 2018 General Social Survey, which found that 46 percent of sampled U.S. adults reported that they thought laws relating to abortion should stay the same, 18 percent wanted to make it easier to get an abortion, and 27 percent wanted to make it harder to get an abortion. In 2018, for the first time since the General Social Survey was administered, the number of U.S. adults who think it should be possible for a pregnant woman to obtain a legal abortion if the woman wants it for any reason was greater than those who think it should not be possible. Support for abortion is even greater when considering specific reasons for abortion. Most U.S. adults support abortion in at least some circumstances. Eighty-eight percent of U.S. adults support a woman’s right to choose a legal abortion if the woman’s own health is seriously endangered by the pregnancy, 77 percent if a woman became pregnant because of rape, and 75 percent if there is a “strong change of serious defect in the baby” (General Social Survey 2018).
Proposed Regulations Place Undue Burden on Women's Health Care Access

Despite a national trend of increasingly liberal attitudes towards abortion over time, some states seek to implement regulations limiting abortion access and methods. Examples include (Washington Post 2021; The Texas Tribune 2021; NBC News 2019):

- Alabama seeks to make performing abortions at any stage of pregnancy a felony offense punishable by up to 99 years in prison. The only exception is when the women’s own health is seriously endangered by the pregnancy (i.e., no exception for rape or incest).

- Several states (e.g., Mississippi, Louisiana, Georgia, Ohio, and Texas) seek to prohibit abortion when a fetal heartbeat is detected, which is around six weeks of pregnancy. Mississippi’s fetal heartbeat law was blocked by a federal judge, and it is uncertain whether the passage of similar laws in other states will be stalled.

- Missouri seeks to prohibit abortion at eight weeks of pregnancy and to make performing abortions after eight weeks of pregnancy a felony punishable by five to 15 years in prison.

- Utah seeks to prohibit most abortions at 18 weeks of pregnancy. This law was blocked by a federal judge.

- Kentucky seeks to substantially restrict the most common method of second-trimester abortion called dilation and evacuation.

Similar to the regulations found unconstitutional in Whole Women’s Health vs. Hellerstedt, critics argue that passage of these regulations would place undue burden on abortion access and that these regulations may be setting up Supreme Court challenges to overturn Roe vs. Wade. These proposed regulations have important implications for broader health care policy, women’s rights to health care access, and trauma-informed health care. Sociologists can play a pivotal role in centering women’s voices on abortion access, engaging in public sociology to share women’s voices with non-academic audiences such as policymakers, and documenting impacts of these potential regulations.

References


When I learned my university would be moving our classes to Zoom last Spring, I took inventory of my current and upcoming class assignments and divided them into three categories: easy to adapt, difficult to adapt, and bordering on impossible to adapt. Within the “bordering on impossible” category was a debate assignment that I had found very popular and successful in a 65-person course I teach every summer. In a typical year, for debate day, I would request extra classrooms and spread the class across multiple rooms. Each room would have its own debate, discussing the same topic but with their own moderator and assigned team. Because each debate had its own classroom, there was plenty of space for the teams to break off for private strategy sessions between rounds. During the 70-minute debate, I would rotate between classrooms to observe, and we would come back together at the end of the debate to discuss our major take-home points.

Although running between classrooms (often on different floors) was tiring, the idea of keeping track of five or more simultaneous debates over Zoom and moving dozens of students from their main debate rooms to their private strategizing rooms back to their main debate rooms (and repeating several times on a timetable that made sense for each debate room) seemed like it just would not work. But thankfully, the internet delivered, and I found a work-around in Zoom that allowed the debate to go on as normal (with much less stairclimbing for me than in a typical year).

First, a quick summary of the structure of the debate, described in more detail here: https://uab.app.box.com/s/a9feqv8gyg8mvecckvl7s62atykpvjoe (This structure is the same whether in person or online.) Before class, students are split into different debate groups, then split into teams within each group. Every debate group has a team in support of the position, a team in opposition, and a team proposing an alternative solution. In addition, each group has 2-3 students assigned to be judges, with one of those students also assigned as the moderator (in charge of timekeeping and getting me if any issues arise). Before class, students also receive a list of resources as a starting point for researching the issue, and they are given time in class to prepare arguments. The debate is then broken into four sections: position presentation (where the three teams team makes their case, without referencing points brought up by other teams), rebuttal (where respond to points from other teams), questions (with the judges having the main responsibility to ask questions), and position summary. In total the debate takes about 70 minutes, and, at the end of the debate, the judges determine which group made the strongest case.
How does this work online? First, I’ll discuss how to host a Zoom debate in a large online synchronous course, and then I’ll also discuss ideas for adapting for a large online asynchronous course. As described here (https://medium.com/swlh/how-to-run-a-zoom-cocktail-party-and-have-better-classes-conferences-and-meetings-too-dc2c5b58f8be), Zoom allows hosts to make anyone a cohost. Once students join the class Zoom call, I make every student in class a cohost. As cohost, students can move themselves from room-to-room without me doing anything. This takes about 3 minutes for me to assign, and when I finish, I open up the necessary number of breakout rooms (4 for each debate group—main room, supportive group, opposing group, alternative group), and students referred to the assignment sheet to see where they need to be. These assignment sheets also have the suggested times for each section of the debate, with the moderator instructed to adjust as needed. Students move themselves to their specific team room to strategize before the debate formally starts. Keeping track of the time, they then move themselves to their main debate room to debate, then back to team room to strategize more, continuing until the debate is complete. During the debate, including strategizing sessions, I switch between rooms and observe how everything is going. At the end of the 70 minutes, all breakout rooms close, students go to the main room, and we debrief. I use the poll function in Zoom to see how many people changed their position during the debate (either in class or while prepping) and how many students now support each position. Each groups’ judges report on who they feel had the strongest arguments within their group, and we discuss which specific points were the most convincing and what they think will happen in the future with this issue.

What about for an asynchronous class? A similar format is used, although stretched out over 1-2 weeks with students recording short 3-5 minute videos on their own schedule for other students to view. Students are assigned groups, same as discussed above, and each group is provided individual discussion boards—both for their main debate space and for private strategizing discussion. (Alternatively, the main debate could be done using Flipgrid.) Each team within each group is instructed to coordinate their arguments (either through finding a time for a group meeting or, more likely, asynchronously using their own discussion board or shared documents). Students are provided deadlines for each video to be posted to the main debate space. As an example timeline, students might be told to post initial position presentations by Wednesday at midnight and rebuttal by Saturday, to submit questions by Wednesday, and to respond to questions and submit position summary videos by Saturday. Timeline could be shortened, given the individual needs of the class. The debrief is then conducted on the main class discussion board, or wherever the instructor prefers. I recommend this article for more discussion about asynchronous debates and their benefits: Mitchell, E. T. (2019). Using Debate in an Online Asynchronous Social Policy Course. Online Learning, 23(3), 21-33.

I would love to hear about debate assignments you’ve used in Medical Sociology courses, both the topics and the format. Feel free to email me at mthomeer@uab.edu or find me on Twitter at @miekebeth so I can share. Additionally, feel free to contact me if you have an innovative medical sociology assignment you’d be interesting in sharing in this column.
The past year was certainly an unpredictable one. Now, with a hopeful future on the horizon, we want to begin to think about the future! Even if in 2020 you were unable to reach certain research, publishing, or networking goals, there is still plenty to be proud of for the past year. As we prepare for upcoming conferences and the 2021-2022 job market, we turn our attention in this newsletter to self-promotion.

1. Conferences

In 2021 we are seeing the return of conferences, although some are in a hybrid or completely virtual format. No matter the style of the conference, we all want to take advantage of the opportunity for self-promotion and networking at conferences. According to Dr. Karen Kelsky in an interview with The Chronicle of Higher Education, a top way to self-promote is at a conference. Dr. Kelsky suggests reaching out prior to the conference to individuals with whom you may want to meet and connect. Although they may be quite busy with conference activities and connecting with colleagues, if you plan early you may be able to make a worthwhile connection (Kelsky 2015).

When considering attendance at virtual conferences, Tobin (2020) suggests that you may want to choose conferences or conference events that are small. For these events, it is a great benefit to connect with people prior to the event via email or social media. This is one way to still have the opportunity to network and develop connections at virtual events. In addition, Tobin suggests 1) blocking out time in your day to commit to the conference, and 2) actively engaging with the conference. This means taking notes and speaking with conference presenters and participants before and after sessions. Often times this can be done by chatting in the live chat feature of the conference or tweeting and following others at the conference (Tobin 2020).

2. Upcoming Job Market

Perhaps 2020 was not your most productive year in your academic career. But likely, that is the case for many scholars. If you are on the job market don’t let imposter syndrome or insecurities lead you not to highlight your accomplishments. Be very clear about your research findings. Explain how your work and findings matter. In a post on her website The Professor is In, Dr. Karen Kelsky discusses this point further. “The job search is not a striptease; you don’t get points for strategically withholding” (Kelsky 2017). Essentially, as Dr. Kelsky states, show the search committee what you’re made of!
Career and Employment

Perhaps you’re pursuing a career outside of academia. As a trained sociologist you have many skills that you should promote during the job market process. According to Dr. Karen Sternheimer, “Sociology majors can leverage their unique expertise to be successful in many different kinds of careers. As you look for a job, it’s important to remember that you are your best asset; your skill set is only as attractive as your ability to market yourself” (Sternheimer 2010). When on the job market, Dr. Sternheimer suggests emphasizing your 1) data collection and analysis skills, 2) familiarity with diversity issues, and 3) leadership skills. Therefore, even if you choose to pursue a career in medical sociology outside of academia, there is still much for you to promote from your education.

Create a Social Media Presence

In the world we live in today, social media is a great way for people to connect with one another. According to Jennifer van Alstyne, there are a few key points for using Social media:

1. Fill out profiles completely
2. Join LinkedIn
3. Connect and Have Conversations with Others
4. Post Original Writing and Content

In following this advice, you may be able to connect with new scholars and get your work out to the public. All can be incredibly beneficial to your career and good practice for self-promotion (Jennifer van Alstyne 2020).

In conclusion we suggest 1) preparing in advance for networking opportunities, 2) Being clear and confident about your contributions, and 3) take advantage of social media opportunities for self-promotion and networking.

Sources:


Spring is here (in North America), and I imagine that for many readers it brings the hope of the end of a teaching semester, and signs of encouraging progress in the pandemic.

Finding myself now three years into the term as editor, I can report that I have finally committed to muscle memory the useful shortcut keys in Apple Pages, which I use to layout the newsletter (Microsoft Word is not page layout software ...) Our section constitution requires that we now find an Editor designate who will be ready to assume their duties as Section newsletter Editor a year from now.

Please fill my inbox with inquiries! But the final decision lies with the Section Chair and Council.

So let me sell you all, or at least one of you, on the job! It’s unpaid, but truly full of significant rewards.

You get to serve on the Section Council for 4 years, and be in touch with the wonderful variety of activities happening in our section. Through editing the regular columns, and working with members to announce conferences and publications you learn a lot about what is going on in different parts of our field. For me, for example, as a medical sociologist with largely historical interests, keeping in touch with what’s happening here and now has, I think, helped me teach Sociology of Health and Illness better. Those articles we publicise. I read them, and have included some in my classes. And on a social level you get to be part of keeping Medical Sociology the ASA’s best section (not that it’s a competition 😁). Apply now. Start in 2022!
Illinois Wesleyan University invites applications for the position of Visiting Assistant Professor of Sociology, with expertise in Medical Sociology and Race/Racism. This one-year position will begin August 1, 2021. Salary and benefits are competitive.

Qualifications: Candidates must have earned a Ph.D. in sociology, or be nearing completion of the doctorate (ABD) by August 1, 2021, with expertise in both Medical Sociology and the Sociology of Race/Racism, and have a record of successful teaching.

Responsibilities: The primary responsibility will be to teach 6 undergraduate sociology courses: two sections of Medical Sociology (one per semester), two sections of Introductory Sociology (one per semester), one section of Race & Racism (fall), and one section of Social Problems (spring).

Illinois Wesleyan University is strongly committed to recruiting, supporting and fostering a diverse, inclusive and civil community of outstanding faculty, staff and students. We seek candidates who have a demonstrated commitment to supporting and further building our community in these dimensions. Illinois Wesleyan University is an EEO Employer.

Review of applications will begin on April 10, 2021; however, applications will be accepted until the position has been filled.

To Apply: Submit the following files to our Social Sciences Division administrative specialist, Tracy Tiritilli, by email attiritil@iwu.edu:
- a cover letter addressing qualifications
- a curriculum vitae
- a teaching statement, focusing on your scope and approach to teaching Race & Racism and/or Medical Sociology
- a statement making evident your commitment to antiracist and inclusive teaching and professional practices
- contact information for three professional references.

Questions may be directed to the Department Chair: Dr. Meghan Burke, Professor of Sociology at mburke@iwu.edu.

This posting can also be viewed here: https://www.iwu.edu/human-resources/job-openings/2021-22-vap-sociology.html.

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New books by section members!

The eleventh edition of Sociology of Mental Disorder presents the major issues and research findings on the influence of race, social class, gender, and age on the incidence and prevalence of mental disorder. The text also examines the institutions that help those with mental disorders, mental health law, and public policy.

Many important updates are new to this edition:

- DSM-5 is thoroughly covered along with the controversy surrounding it.
- Updated review of the relationship between mental health and gender.
- A revised and more in-depth discussion of mental health and race.
- Problems in public policy toward mental disorder are covered.
- International trends in community care are reviewed.

This reader offers some of the most important writing to date from the science of COVID-19 and what science says about its spread and social implications. The readings have been carefully selected, introduced, and interpreted for an introductory or graduate student readership by a distinguished medical sociology and political science team. While some of the early science was inaccurate, lacking sufficient data, or otherwise incomplete, the author team has selected the most important and reliable early work for teachers and students in courses on medical sociology, public health, nursing, infectious diseases, epidemiology, anthropology of medicine, sociology of health and illness, social aspects of medicine, comparative health systems, health policy and management, health behaviors, and community health. Global in scope, the book tells the story of what happened and how COVID-19 was dealt with. Much of this material is in clinical journals, normally not considered in the social sciences, which are nonetheless informative and authoritative for student and faculty readers. Their selection and interpretation for students makes this concise reader an essential teaching source about COVID-19. An accompanying online resource on the book’s Routledge web page will update and
New books by section members!

1. Medical Sociology
2. Social Epidemiology
3. COVID-19
4. The Social Demography of Health: Social Class
5. The Social Demography of Health: Gender
6. The Social Demography of Health: Age and Race
7. Social Stress and Health
8. Health Behavior and Lifestyles
9. Illness Behavior and the Sick Role
10. Doctor-Patient Interaction
11. Physicians
12. The Physician in a Changing Society
13. Nurses, Physician Assistants, Pharmacists, and Midwives
14. Complementary and Alternative Medicine (CAM)
15. Hospitals
16. Health Care Reform and Public Policy in the United States
17. Global Health Care
This stimulating book has become a go-to text for understanding the role that social factors play in the experience of health and many diseases. This extensively revised and updated third edition offers the most compelling case yet that stress, poverty, unhealthy lifestyles, and unpleasant living and working conditions can all be directly associated with illness. The book continues to build on the paradigm shift that has been emerging in twenty-first-century medical sociology, which looks beyond individual explanations for health and disease. As the field has headed toward a fundamentally different orientation, William Cockerham’s work has been at the forefront of these changes, and he here marshals evidence and theory to seek a clear and authoritative guide to the realities of the social determinants of health. Of particular note in the latest edition is new material on the relationship between gender and health, implications of the life course for health behavior, the health effects of social capital, and the emergence of COVID-19. This engaging introduction to social epidemiology will be indispensable reading for all students and scholars of medical sociology, especially those with the courage to confront the possibility that society really does make people sick.
New books by section members!


Here is a link to the open access e-book version: [https://kb.osu.edu/handle/1811/92307](https://kb.osu.edu/handle/1811/92307)

Diagnosing Desire takes a critical intersectional feminist approach to some of the most contemporary experimental sexology research, female-specific responsive sexual arousal models and the related DSM-5 diagnosis (Female Sexual Interest/Arousal Disorder or FSIAD), self-help sex therapy rooted in behaviorism, and other treatments in the world of “women’s low desire”—including mindfulness and other alternative modalities. The book is an important missing piece in the female sexual dysfunction debates of the last twenty years (for instance, Spurgas is more critical of mindfulness techniques than pharmacological treatments, whereas the drugs are almost always the focus of critique in other feminist anti-medicalization activism surrounding women’s sexuality). Her basic premise is that responsiveness and receptivity have been the guiding frameworks for understanding women’s sexuality for way too long, including by self-identified feminist psychologists, clinicians, and researchers today, and that this research industry and associated treatments have too often focused on white, cisgender, straight women (and thus they have produced “feminine desire” as white, cis, straight—and receptive). This biopolitical management has a negative impact on people’s autonomy and pleasure—particularly for those who fall outside of the normative categories associated with white cisheterosexuality.

