Notes from the Chair

Rin Reczek
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Greetings Medical Sociology Section Members!

In the life cycle of an ASA section chair, the dawn of a new year means finalizing preparations for ASA 2022. As of now, ASA tells me we are on for an in-person meeting, although we know this could change in a heartbeat given the continued pandemic. This section newsletter is packed with important information about ASA 2022, as well as features from our Council chairs, but first some important points of information from me.

With the start of a new year, we kickoff award season! Well, award nomination season. Please see the list of Medical Sociology’s call for award nominations on p. 4 of this newsletter. Want to make a colleague’s or student’s day by nominating them for an award? This is your chance to do it! Feeling that your work is awesome but nervous others won’t agree? Nominate yourself anyway! We especially encourage scholars from historically marginalized groups to nominate your work/ask your colleagues to nominate you for these awards. I do want to alert you to two changes to our awards protocol. First, the Donald W. Light Award for the Applied or Public Practice of Medical Sociology now allows for both a book and an article winner each year. Second, for Eliot Freidson Outstanding Publication Award alternates between a book and an article winner each year; this year the award will go to a book manuscript.
In addition to our work on the awards committees, our new Diversity, Equity, and Inclusion (DEI) ad hoc committee has been developing a fresh vision for meaningful and impactful DEI efforts in our section. This DEI ad hoc committee is made up of myself, the chair-elect Cindy Colen, the chair of the nominations committee Ann Bell, and two section members at large, Yan Long and Kate Tierney. I am excited by the committee’s multifaceted and impactful vision for DEI in Medical Sociology and am hopeful that this committee will truly be a transformative force in our section. For example, we are envisioning that the DEI committee has linkages to all standing committees on Council, ensuring that DEI goals are not siloed into a marginalized committee. We are also charging the Section Chair to serve as the Chair of the DEI committee, which will provide increased power and flexibility to the committee. I also want to note that in accordance with our commitment to underrepresented groups in Sociology, in 2021 the Council unanimously voted to donate the $2,500 that had been earmarked for the section’s 2021 annual meeting reception to ASA’s Minority Fellowship Program (this is the second year we have donated our reception funds to the program) We’ll be prepared to publicly discuss our DEI committee at ASA 2022, but keep in touch with any ideas and questions to strengthen this committee.

Speaking of ASA, we have an incredibly exciting ASA 2022 planned. Regardless of whether we’re together in person or on the virtual platform, the Med Soc section will have an amazing set of panels planned. Thank you to each of our panel organizers. You are all leaders in your respective fields and I am so grateful that you agreed to organize these sessions. **Get your papers or extended abstracts ready for submission by February 9, 2022 at 11:59 p.m. EST.**

1) LGBTQ+ Health & Medicine, organized by Dr. stef shuster

2) Intersectional Feminist Approaches to Health and Health Care, organized by Dr. Krystale Littlejohn and Wenyi Yang

3) Inequality in Social Isolation Over the Life Course: Predictors, Consequences, and Public Health Strategies, organized by Dr. Debra Umberson

4) Race, Racism, and Racial Justice in Health and Health Care, organized by Dr. Taylor Hargrove

(continued overleaf)
In addition to these sessions, will also host the Medical Sociology Roundtable Session, organized by Evangeline Warren and Wes Wislar; at the request of the Mental Health section, which did not allot a roundtable session, we have specifically designated a few tables for mental health research. We will also host our business meeting and the 2022 Reeder Award Address and Awards Ceremony.

Finally, I want to thank our new listserv manager, Jingqiu Ren. Jingqiu sends out announcements on the 1st and 15th of each month. Please email Jingqiu at jren@exchange.tamu.edu to post on the listserv. Be on the lookout for more information in the coming months by way of the listserv regarding our section elections, volunteer opportunities, jobs openings, and other important pieces of information.

Here’s to a new year,

Rin Reczek
Professor, Department of Sociology
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Call for Award Nominations

2023 Leo G. Reeder Award

The Medical Sociology Section invites nominations for the 2023 Leo G. Reeder Award to be awarded at the annual meeting of the Medical Sociology Section in Los Angeles. This award is given annually for Distinguished Contribution to Medical Sociology. This award recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity that has contributed to theory and research in medical sociology. The Reeder Award also acknowledges teaching, mentoring, and training as well as service to the medical sociology community broadly defined. Please submit a letter of nomination and the nominee's curriculum vitae to Rin Reczek (Reczek.2@osu.edu) with the subject line: 2023 Reeder Award Nomination. Nominations are due by April 1, 2022. The nominee and at least one nominator must be current section members. Nominations will be retained for 2 years; after 2 years of consideration nominators will be notified that they can either withdraw or update their nomination. Note: If a person nominated for the Reeder Award is currently a member of the Medical Sociology Section Council, the nomination will be deferred until the person is no longer on the Council.

2022 Eliot Freidson Outstanding Publication Award

The Freidson Award is given in alternate years to a book or journal article published in the preceding two years that has had a major impact on the field of medical sociology. The 2022 award will be given to a book published in either 2020 or 2021 (according to copyright). The book may deal with any topic in medical sociology, broadly defined. Self-nominations are encouraged. The nominator and at least one author must be current section members. Textbooks and edited volumes are not eligible. When making your nomination, please indicate briefly (i.e., no more than 2-3 paragraphs) the reason for the nomination. Send your nomination letter by email to Danielle Bessett (Danielle.bessett@uc.edu) with the subject line: 2022 Freidson Award Nomination and request committee members physical mailing addresses by March 1, 2022. Arrange for the publisher to send copies of the books directly to the committee chair and all members (4 copies total) by April 1, 2022.

2022 Simmons Award

Nominations are being accepted for the 2022 Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. The award is given each year by the Medical Sociology section. The awardee will receive a $750 travel grant to attend the ASA meetings. Self-nominations are encouraged. Eligible candidates must have defended their doctoral dissertations within two academic years prior to the annual meeting at which the award is made. To be considered for the 2022 award, the candidate should submit an article-length paper (sole-authored), not to exceed 35 double-spaced pages (11- or 12-point font), inclusive of references. This paper may have been previously published, or may be in press or under review. A letter of recommendation from a faculty mentor familiar with the candidate's work is also required. Electronic submission of the paper and recommendation letter is required. Please send all materials to Staci A. Young (syoung@mcw.edu) with the subject line: 2022 Simmons Award Nomination. Deadline for receipt of all submission materials is April 1, 2022. The nominator and nominee must be current section members.
Call for Award Nominations

2022 Louise Johnson Scholar
The Medical Sociology Section will select a student member of the section to be the 2022 Louise Johnson Scholar. The Louise Johnson Scholar fund was established in memory of Louise Johnson, a pioneering medical sociologist whose mentorship and scholarship we are pleased to honor. The fund was made possible by Sam Bloom of Mount Sinai School of Medicine, a former colleague of Louise Johnson. The Scholar will receive travel funds up to $500 to the annual ASA meetings. Selection will be based on academic merit and the quality of an accepted ASA paper related to medical sociology; papers with faculty co-authors are ineligible. To apply, please send: 1) a copy of your acceptance notification to present at the 2022 ASA meetings, 2) a copy of your paper, 3) your CV, and 4) a brief (i.e., no more than 2 page) letter of recommendation from a professor who can write about your academic merit. Submissions should be sent via email to Hui Zheng (zheng.64@osu.edu) with the subject line: 2022 Louise Johnson Scholar Nomination. Applications are due by April 1, 2022. The nominator and nominee must be current section members.

2022 Howard B. Kaplan Memorial Award in Medical Sociology
This award is established to support graduate students doing research in one of the substantive areas that defined the distinguished academic career of Dr. Howard B. Kaplan, namely mental health, self-concept and health, or deviance, by providing funds up to the amount of $500 to contribute to expenses associated with attending the annual meeting of the American Sociological Association (ASA). Self-nominations are encouraged. To be considered for the 2022 award, the candidate should submit a CV and faculty letter of nomination to Hui Zheng (zheng.64@osu.edu) with the subject line: 2022 Kaplan Award Nomination. Deadline for receipt of all submission materials is April 1, 2022. The nominee and nominator must be current section members.

2022 Donald W. Light Award for Applied Medical Sociology
The Donald W. Light Award for the Applied or Public Practice of Medical Sociology will give one award to a book and one award to a journal article published in the preceding two years that employs the concepts and methods of medical sociology to an applied issue or problem of significance. The 2022 Light Award will be given to one article and one book published in either 2020 or 2021. The Light Award recognizes sociologists whose professional work or advocacy contributes to politically or ethically important challenges in health, health care, or health care policy at the national or international level. Self-nominations are acceptable. To be considered for the 2022 award, the candidate should submit a letter of nomination to Andrew London (anlondon@maxwell.syr.edu) with the subject line: 2022 Donald W. Light Award. Deadline for receipt of all submission materials is April 1, 2022. The nominator and at least one author must be current section members.
2023 Reeder Award Winner: Susan E. Bell

Andrew S. London

On behalf of the Medical Sociology section, it is my sincere pleasure to announce that Susan E. Bell, Professor of Sociology, Faculty Affiliate in the Center for Science, Technology & Society, and Faculty Affiliate of the Urban Health Collaborative at Drexel University, is the recipient of the 2022 Leo G. Reeder Award. The highest honor awarded by the ASA Medical Sociology section, the Reeder Award recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity that has contributed to theory and research in medical sociology, along with teaching, mentoring, and service to the medical sociology community, broadly defined. In the words of her primary nominators – Kelly Joyce, Anne Figert, and Laura Mamo – Susan’s research “has created new connections between the social movements, narrative analysis, and medical sociology literatures, generated methodological strategies for analyzing the visual in illness experiences, and identified a major trend in medicine, pharmaceuticalization and genetics, showing how this trend interacted in complex ways with (bio)medicalization. More recently, she has developed a sophisticated approach to studying global flows in medicine. Instead of locating the global outside of the United States (US), she examines flows of people, knowledge, and practices into the US, and how these transform (or do not transform) clinical care.” As one of her other nominators succinctly concluded: “I cannot think of anyone I would recommend more highly than Susan Bell for the Leo G. Reeder Award.”

As detailed by the many colleagues, collaborators, and former students who leant their voices to her nomination – Phil Brown, Adele Clarke, Alissa Cordner, Catherine Kohler Riessman, Sonia Rab Alam, Megan Reynolds, Sara Shostak, Lillian Walkover, Lauren Wise – since the 1970s, Susan has: made numerous foundational contributions to the field; connected her scholarship to advocacy and practice; provided extensive service to the profession; and been an abundantly supportive colleague, teacher, and mentor to many. In their letters, nominators pointed to her early work on women’s health, which focused upon menstruation, menopause, birth control, and medicalization, including a chapter in the canonical text Our Bodies, Ourselves. They also recognized the contributions she made in her widely read and well-known book DES Daughters: Embodied Knowledge and the Transformation of Women’s Health Politics (2009) and related articles and talks. Nominators also focused considerable attention on the collaborative work Susan did with Anne Figert, which resulted in a number of important journal articles, as well as the publication of their co-edited volume Reimagining (Bio)Medicalization, Pharmaceuticals and Genetics: Old Critiques and New Engagements (2015).
2023 Reeder Award Winner: Susan E. Bell

With support from the National Science Foundation and an Ethel-Jane Westfeldt Bunting Fellowship at the School of Advanced Research at the University of New Mexico, Susan is working on a new project that focuses on global flows of medical knowledge, healthcare workers, and patients, which has led to recent peer-reviewed journal articles on interpreter assemblages and how the built environment influences care. This project will culminate in a book entitled *Permeable Hospitals, Transnational Communities: A Global Hospital*

The body of Susan’s work is full of evidence of her theoretical and methodological contributions to the field. To take one example, across various letters, nominators reflected on the impact of her early work on the illness experience, her mid-career work on art and visual images in the context of illness, and her current work on interpreters in health care settings. Some nominators focused attention on how Susan’s work on the narrative nature of patients’ understandings of their illnesses and how “patients construct stories of their illnesses that include interpretations about genesis, course over time, and possibilities for the future.”

Catherine Kohler Reissman noted: “Susan recast a field of study in a fundamental way: data that had previously been conceptualized in largely static thematic terms could be examined for its narrative properties.” She went on to note that Susan’s work to link visual images with narrative has “breathed new life into studies of the illness experience.” This thread of her work on visual images and the experience of illness was encapsulated in the special issue of Health that she co-edited with Alan Radley in 2011: “Another Way of Knowing: Art, Disease, and Illness Experience.” Most recently, Susan has focused attention on the development of the theoretical concept and empirical explication of “interpreter assemblages,” which shapes non-native persons’ experiences of illness within institutions and “decenters individuals, showing how they are always embedded in networks of people and things, and embedded in cultural, economic, and political contexts.”

In addition to her scholarly contributions to the sociology of health and illness, Susan has provided extensive service to the institutions at which she has worked, including helping to build the Department of Sociology at Drexel University. She has also made substantial contributions to social movements, the discipline, and the Medical Sociology section. Here, I focus on her contributions to the Medical Sociology section, which are extensive.
Susan has served multiple terms on Council in a variety of roles. She served: two terms as the Chair of the Teaching Committee (1993-95; 1997-1999); one term as a member of Eliot Freidson Outstanding Publication Award Committee (1995); one terms as Chair of the Leo G. Reeder Award Committee (2014); two terms as a Member (2000-2001, 2005-7) of the Nominations Committee; and one term as Chair of the Nominations Committee (2001-2002). In recognition of her contributions to the field and the section, Susan was elected Chair of the Medical Sociology section, serving as Chair-elect (2012-2013), Chair (2013-2014), and Past-chair (2014-2015).

One of the things I found most delightful in reading the letters nominators submitted was the ways they talked about their personal connections to Susan and how much she has influenced them. Nominators spoke of career- and decades-long friendships involving collaboration on research projects, committees, and in the profession more generally. Colleagues and students talked about her mentorship. Sara Shostak wrote: “She is not only incredibly smart and insightful, she is remarkably intellectually generous. Over the past nearly two decades, I repeatedly have been a grateful recipient of Susan’s intellectual generosity and mentorship. She has always made time for me, whether over tea at the ASA, walks at the U.S.-U.K. medical sociology conferences, or via phone. In the first years of our conversations, Susan helped me think through many of the challenges that face young scholars. More recently, she has helped me recognize and celebrate important career milestones. Throughout, Susan has been a consistent source of advice and seemingly endless resources for teaching and research.” Alissa Cordner wrote: “In the more than three decades of her career, she has trained and influenced the careers of innumerable sociologists. I myself would not be a sociologist were it not for her mentorship.” Lauren Wise wrote: “I believe a good mentor is one who remains in touch with one’s mentees over the longer term. That is exactly what Professor Bell has done for me. She has continued to reach out to me, asking for updates about my life and making herself available to give advice when needed. Professor Bell is not only an outstanding teacher and scholar in the field of medical sociology, but an exceptional mentor. Over the past 28 years, I have felt so fortunate to receive her unwavering support in my career, without which, I can honestly say that I would not be where I am today.”

Susan Bell has had an exceptional career as a scholar, teacher, mentor, and activist. Please join me in congratulating Susan Bell, the 2022 recipient of the Leo G. Reeder Award from the ASA Medical Sociology section.
Marginalization in Sociology: Perspectives from Scholars in the Field

Bee and Christina interviewed two sociologists to discuss marginalization within sociology. Below is a summary of the discussion—questions and responses have been paraphrased to accommodate space limitations.

Dr. Lijun Song is a medical sociologist whose work focuses on social networks, social stratification, social psychology, and comparative historical sociology. With her work, Song aims to “understand the causes and the consequences of social networks across cultures and societies.” Although interest in social networks and the emerging field of “computational social science” has increased recently, Song notes that there are still no sections on social networks at ASA.

Dr. Earl Wright II is a historical sociologist whose work highlights the contributions of Black scholars to the discipline focusing on the origin and development of the discipline in the United States at Historically Black Colleges and Universities (HBCUs). He aims to “put the pieces of the sociological puzzle together that are missing.” While race-related research has recently increased in popularity, Wright II mentions that his work has often been dismissed as “not real science and not real scholarship.”

What do the terms marginalized scholars and marginalized scholarship bring to mind?

According to Song, the idea of marginalized scholars has diverse dimensions. Not only are scholars marginalized based on gender, sexuality, race/ethnicity, nativity, citizenship, and nationality; marginalization also extends to “developed societies” versus “developing societies,” as well as research areas, including theories, concepts, and methods.
When Wright II hears these terms, he thinks about what sociology has missed out on for the last 100 years—people like Augustus Granville Dill, a co-director of the Atlanta Sociological Laboratory (ASL) who is the first recorded black queer sociologist and arguably the first public sociologist. He adds that having “a narrow understanding of who and what sociology is would render those people that are marginalized invisible forever… I think about the hundreds possibly thousands of seemingly nameless and faceless men, women, LGBTQ people, non-American scholars who made great and significant and seminal contributions but whose names we’ll never know.”

What barriers have you faced while trying to get your research out to a broader audience?

Song’s most difficult barriers as an emerging scholar were language and culture. As a Chinese American immigrant, Song faced injurious and unconstructive comments from reviewers related to the language in some of her early manuscripts. She faced additional barriers as she moved towards research on social capital and began to compare various approaches to examining social capital. While this has been challenging, she encourages scholars facing similar barriers to be persistent and pave the way for others. Wright II’s largest barrier has been the overall dismissal of his research by fellow colleagues. Several of his articles which argue that the ASL was the first school of Sociology were desk rejected and considered “not sociology.” Although these setbacks have been hard, Wright II notes that “it may be your turn, but it may not be your time,” and urges scholars to push forward with persistence in the face of rejection. He also emphasizes the need for sociologists to work towards removing the barriers that prevent different perspectives from reaching broader audiences.

What do you see as the biggest challenges facing sociology vis-a-vis marginalized scholarship?

Song argues that sociologists need more resources to train the next generation of scholars from underrepresented backgrounds. She worries that as resources are cut due to the pandemic, diversity will be impacted. She emphasizes that recruitment and retention of underrepresented scholars cannot be an afterthought and should be a prominent concern for every sociology department. From Wright II’s perspective, the biggest challenge facing medical sociology and sociology broadly is remaining relevant. He argues that sociologists should play a more active role in societal change through applied research. Wright II argues that the recent embrace of applied sociology, community based participatory research and the like is a product of Black sociology and he would like this perspective to be accepted more broadly. Wright II urges scholars to consider the social policy implications of sociological research beyond the ivory tower.

How have you advocated for others that have been historically marginalized?

Song has focused on advocacy through her teaching, mentoring, research, and service. Most of her mentees come from underrepresented backgrounds and Song actively engages them in research collaboration. She also advocates for the importance of diversity in her various departmental roles, “I never hesitate to give my voice to make sure we can talk about all the issues that can help people from marginalized backgrounds.” Recognizing her privilege as tenured faculty, Song notes she is “able to do something and to advocate for the people who are invisible or marginalized.” Wright II states that most of his advocacy has been done in his position as the co-editor of Social Problems. He advocates for scholars whose scholarship is not considered mainstream, particularly those who engage in so-called “mesearch” which Wright II notes is “an epithet that carries no weight” because of the term’s racist origins in the “Sociology of the South,” whereby White sociologists sought to provide evidence that Blacks were inferior.
How do you envision the future of sociology as a discipline?

Song and Wright II both state that sociology has come a long way in terms of diversity; however, our work is not yet done. In the future, Song envisions a sociology that is inclusive of the cross-society comparative perspective because many social issues are global nowadays—“we need to work together!” She adds that sociology should be more open minded about research that examines variations across societies and nations so we can produce better ideas and develop global policy implications that can benefit multiple societies and nations. Wright II envisions the future of the discipline being much better now because it’s finally catching up to what Black folks have been doing since 1895 with the ASL—i.e., applied and community-based research to develop real-world solutions and not theoretical solutions to the problems we are facing today.
No Surprises Act Rings in the New Year

For years, NPR has featured a “Bill of the Month” series in which journalists share stories from individuals in the United States about surprising medical bills. One recent story explained that Jason Dean of Dellrose, Tennessee received a $6,589.77 bill for an emergency room visit where he got six stitches after cutting himself at work on sheet metal. The hospital reassured him that his insurance would cover the costs, but Jason’s portion of the bill was $4,278.05 since he had a high deductible insurance plan. As a temporary contractor, worker’s compensation did not cover Jason’s injury (Farmer 2022).

Why was Jason’s medical bill so high in the first place? The hospital coded the services rendered at a Level 4, with high levels of coding signaling care that is more complex and has higher costs. Yet, stitches typically are not coded at Level 4, which is for moderately to highly complex clinical cases such as head injury with loss of conscience or intermediate trauma with diagnostic testing (Blue Cross Blue Shield 2022). The hospital was part of the LifePoint Health hospital chain that is notorious for high medical bills as a private for-profit equity owned company (Farmer 2022).

This upcoding and obscure billing made Jason and his partner, DeeAnn, increasingly weary of medical care. DeeAnn fell seriously ill, but didn’t want to go to the privately owned hospital Jason had gone.

With limited options in their rural area, DeeAnn initially delayed medical treatment but eventually traveled an hour away to a county-owned hospital. DeeAnn was diagnosed with Rocky Mountain spotted fever, a potentially deadly tickborne disease. The hospital charged DeeAnn for a Level 4 emergency visit and lab tests, which her insurance company negotiated a rate of $1,990.63. DeeAnn’s portion of the bill was $566.33. Compared to the costs Jason paid, DeeAnn achieved substantial savings by bypassing the privately owned hospital for the county-owned hospital twice the distance away (Farmer 2022).

This story illuminates numerous problems with the United States healthcare system including issues with: limited access to care in rural areas, limited benefits for temporary workers, the general premise of hospitals being owned by private equity firms where profits go to stakeholders, gaming opportunities in healthcare such as upcoding medical bills, and how obscure and high medical billing practices contribute to delays in seeking medical treatment. As part of the Consolidated Appropriations Act funding the government for 2021, legislators attempted to tackle some of these problems by establishing federal protections for surprise medical bills and modifying reporting and disclosure requirements related to health insurance (H.R.133).

The No Surprises Act went into effect on January 1, 2022, and will:

· “Ban surprise bills for most emergency services, even if you get them out-of-network and without approval beforehand (prior authorization).

· Ban out-of-network cost-sharing (like out-of-network coinsurance or copayments) for most emergency and some non-emergency services. You can’t be charged more than in-network cost-sharing for these services.
No Surprises Act Rings in the New Year

- Ban out-of-network charges and balance bills for certain additional services (like anesthesiology or radiology) furnished by out-of-network providers as part of a patient’s visit to an in-network facility.

- Require that health care providers and facilities give you an easy-to-understand notice explaining the applicable billing protections, who to contact if you have concerns that a provider or facility has violated the protections, and that patient consent is required to waive billing protections (i.e., you must receive notice of and consent to being balance billed by an out-of-network provider)” (CMS 2022, n.p.).

Under the No Surprises Act, regardless of insurance coverage, people can request a good faith estimate of costs of care before receiving care and may be able to dispute charges if final charges are $400 higher than the good faith estimate and the dispute is filed within 120 day of the billing date (CMS 2022).

This idea of providing good faith estimates before services are provided is not new in itself. For years, the federal government has pilot tested demonstrations in which providers were asked to provide good faith estimates to ensure patients could make informed decisions about medical care. One example is the Centers for Medicare and Medicaid Services (CMS) demonstration called the Oncology Care Model (OCM), an episode-based model for oncology for Medicare fee-for-service beneficiaries that aimed to improve the health and lower costs for beneficiaries by promoting practice transformation and appropriate clinical care. One of OCM’s practice redesign activities was to document a care plan for each cancer patient that contained the 13 components of the Institute of Medicine’s Care Management Plan (CMS 2021). One of the 13 components requires clinicians to provide patients with estimated total and out-of-pocket costs of cancer treatment.

When collecting interview data as part of the OCM demonstration, our team’s interviews found that clinicians routinely reported challenges estimating out-of-pocket costs for their patients. Challenges resulted from some clinicians’ lack of awareness of treatment costs, difficulty calculating out-of-pocket costs under different insurance scenarios, and newly evolving options for treatments. Thus, our team developed an out-of-pocket cost calculator for cancer care that CMS could share with clinicians. Understanding costs of care is foundational to patients making informed medical care decisions. Yet, the possibility of delaying or avoiding medical treatment because of cost of care spotlights a major pitfall of the current United States health care system in comparison to nations with universal health care.

References


Teaching

A Few Resources for Teaching Sociology and Neuroscience

Neuroscience is an increasingly influential branch of biomedicine, which has found its way to policy and professional and public cultures.1 Knowledge of the brain is often seen as essential to understanding the complex human nature. The media and other cultural discourse about the brain is pervasive, and public images of the brain and its function warrant a sociological analysis. Here are a few tips and resources to help with teaching about the brain and neuroscience from the sociological perspective.

Terminology. The connections between sociology and neurosciences are captured in the labels used for this emerging field: social neuroscience and neurosociology. Even though the terms have similar meaning, it is unclear if they can be used interchangeably. The core of the former appears to be neuroscience while of the latter, it’s sociology; but this observation is also debatable.

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Social neuroscience refers to a comprehensive framework for studying the brain, human development, and human behavior. The premise is that to understand the human brain, we must situate its biology in the wider social context, and to understand society, we must consider how the brains and minds of individuals shape interactions with other human beings.2

Neurosociology is defined as “the discipline that studies social interactions and socialization in relation to the structures and functions of the nervous system. It is a sociological perspective aimed at investigating how the human brain influences the complex set of forces that guide human interaction and social organization. Conversely, neurosociology also examines how social processes influence neural functions.”3

Others have argued that the study of cognition and culture has always occupied itself with the relationship between the brain and society, so the connection between sociology and neurosciences isn’t new, and that this area of inquiry still fits comfortably into the sociology of cognition, or cognitive sociology.4

Potential Teaching Objectives for Sociology and Neuroscience (select one or more based on course level and focus): 1) To understand the “social construction of the brain,” evolution of neuroscience, and its connections to social sciences; 2) To examine neuroscience as culture, or the ways in which neurologic technoscience is shaped by social interactions and cultural practices; 3) To explore how concepts of health,
Selected Books. Here are a few book suggestions for teaching sociology and neuroscience:


- This is a social psychological overview of current research on the brain and the social world, emphasizing the basic need of humans to connect with people. This “social wiring” is portrayed as the primary driver of human behavior.

- This edited volume is somewhat older but still one of a kind – entirely devoted to sociological research and theorizing about the brain and brain disorders. The focus is more on neurology than cognition or brain-biology connections to the social, but it presents another angle for sociology to contribute to the study of the brain.

- This book is written from the cognitive psychology perspective but overlaps with cognitive sociology. It is a primer on the complex methods and concepts (e.g., trust, love, empathy, prejudice, etc.) of social neuroscience, with examples of contemporary research in the field. Sociology-relevant topics include cultural neuroscience, power and status, and social categorization. The book is supported by a companion website, featuring lecture recordings, test questions, useful web links, and PowerPoint slides for lecturers.

Other Selected Resources/Literature (newer and older but still relevant)


Career and Employment

Non-academic jobs and the skills that medical sociologists can bring to the table

On December 20, 2021 when journalist Judy Woodruff asked departing director of the National Institutes of Health, Dr. Francis Collins, whether there was something more he wished the NIH could have done, he replied:

“You know, maybe we underinvested in research on human behavior. I never imagined a year ago, when those vaccines were just proving to be fantastically safe and effective, that we would still have 60 million people [in the United States] who had not taken advantage of them because of misinformation and disinformation that somehow dominated all of the ways in which people were getting their answers. And a lot of those answers were, in fact, false. And we have lost so much as a result of that” (as reported on MSNBC)

Around the nation, medical sociologists undoubtedly groaned at how unsurprising the outgoing NIH director’s observation was. And yet, now, more than ever, medical sociological insights are critical to understanding not only the ongoing pandemic, but also broader social processes framing the pandemic, including: fear of vaccines, mistrust of physicians and scientists, socialization and transmission patterns, burnout among frontline workers, the impact of rising inflation on health behavior—and more. This month’s column explores the range of non-academic jobs available to medical sociologists, and the much-needed skillsets those sociologists can bring to the table. (Stay tuned for a future column where I will cover the range of professional opportunities available to sociologists within hospitals and medical schools).

Did you know, the largest percentage of sociologists working outside of academia specialize in health (30%) compared to any other substantive area? (American Sociological Association, 2006)

Governmental organizations

Medical sociologists work in a range of government agencies, including the Census Bureau, the National Center for Health Statistics, the National Institutes of Health, the Centers for Disease Control, and the Agency for Healthcare Research and Quality, among others. They also work government-adjacent organizations, like The Patient-Centered Outcomes Research Institute, which is largely funded by a trust created by the Affordable Care Act in 2010. Governmental positions are typically geared towards research, with sociologists often being tasked with finding research answers to policy-relevant questions. Some sociologists also work in jobs with higher levels of policy engagement, such as in the Department of Health and Human Services, where they assist government officials with generating healthy policies.
Governmental positions often require skills that most sociology PhDs already have. These can include research skills (research design, proficiency with qualitative and quantitative methods; and writing skills), supervisory and interpersonal skills (including managing conflict, training, coaching and delegating, and giving professional presentations), and time management / project management skills.

**Non-profit organizations**

Next, medical sociologists also work in jobs within the non-profit sector, which can include organizations like the American Medical Association, or non-partisan think tanks like the Kaiser Family Foundation, The Commonwealth Fund, RAND Corporation, Mathematica, APT Associates, and the Brookings Institute. Jobs in nonprofit organizations offer sociologists the opportunity to work on research and policy projects that can have a large impact on society. They require many of the same skills as governmental positions, but with an added emphasis on grantwriting and project leadership skills. Think tank jobs in particular often involve carrying out projects that have been contracted out to the organization by a funder, in order to answer pressing research questions with policy-relevant implications. As a result, positions in think tanks are often grant-dependent, with people in more junior-level positions working collaboratively on someone else’s project research, and people in more senior-level positions typically securing grants and leading projects.

**For-profit organizations**

Finally, medical sociologists also work in corporations, such as Facebook, Google, Amazon, consulting firms, such as McKinsey & Company, Boston Consulting Group, and at various health insurance companies. In these roles, they are often tasked with applying sociological research methods (ranging from ethnography to big data science) to questions that are important to corporations, such as how to improve sales, marketing, and client experiences. Some sociologists also apply their skills to improve organizational dynamics among workers and management. Positions in these areas often require research skills, supervisory skills, and project management skills—just like in governmental and non-profit work—but they also emphasize superlative teamwork and communication skills, especially in client-facing roles.

**How to learn more about non-academic positions**

One of the best ways to learn more about positions outside of academia is to speak to sociologists who are, or have worked, in these positions. Twitter is an excellent resource, as are your mentors, and departmental alumni, for getting connected to sociologists working in a range of jobs. Bear in mind that cultures can vary significantly between academic, governmental, and corporate positions, so take the time to learn “how things work” in the jobs that interest you. And consider exploring different websites dedicated to helping social scientists finds jobs beyond the academy, including [https://versatilephd.com/](https://versatilephd.com/)

If you have suggested career & employment topics you’d like to see addressed in future newsletters, please send them to: [tania.jenkins@unc.edu](mailto:tania.jenkins@unc.edu)

**Sources:**


Special thanks to Andy Fenelon for his insights on non-academic positions.
Call for papers: Sociology of Diagnosis

In 1978, Mildred Blaxter published her seminal paper on diagnosis as category and as process. Using alcoholism as an example, she mused about how diagnoses were uncritically accepted as simple labels for biological facts (even by sociologists), when instead, they are actually complex social phenomena, deeply embedded in historical antecedents, shaped by the (in)ability to treat, and a changing social landscape. In 2009, Sociology of Health & Illness published Jutel's “Sociology of diagnosis: a preliminary review” which renewed Blaxter's entreaty, and effectively launched the contemporary sub-discipline of the sociology of diagnosis (https://onlinelibrary.wiley.com/doi/10.1111/j.1467-9566.2008.01152.x). From diagnostic recognition, to diagnostic coding, lay diagnosis, crowd-source diagnosis, algorithmic diagnosis, diagnostic exploitation, diagnostic systems (including non-Western systems like Ayurvedic and traditional Chinese medicine), stigmatising diagnosis, contested diagnoses, to name only a few, there is an almost inexhaustible list of topics which lend themselves to sociological study and invite a reassessment of the field.

Diagnosis offers an important location where cultural, professional, and representational powers converge. The sociology of diagnosis therefore, today, more than ever, offers a privileged entry into Western understandings of the foundations of health, illness and disease. The monograph will offer an important snapshot of the possibilities of the field, demonstrating how the sociology of diagnosis, as it matures, provides a valuable vantage point from which to understand myriad social issues in health and illness, including power, resources, stigma and prestige, knowledge generation, ignorance and its management, and so forth. It will also reveal the gaps, shortcomings and deficits of the sub-field, punctuating what sociological work still remains to be done.

We invite theoretical and empirical papers that address how the critical analysis of diagnostic categories as social phenomena has provided a novel lens for understanding health, illness and disease. We tentatively intend to thematically frame the collection, with provisional sub-sections of diagnosis-as-category, diagnosis-as-process and diagnostic consequences. We are particularly interested in essays that reflect upon the sub-discipline as such, its potential and its limitations. This is in line with Richard Turner’s assertion that emerging disciplines “…need to explain, first to themselves, then to their peers in the academy, and finally to their constituents in the larger society, why their work is important and how it has authoritative presence as contributions to knowledge and as added value to society’s goals and aspirations.”

Prospective contributors should send an abstract of up to 600 words to annemarie.jutel@vuw.ac.nz by 31st January 2022. Abstracts should clearly indicate the proposed paper’s sociological importance. Informal email enquiries prior to submission are welcome (please address these to annemarie.jutel@vuw.ac.nz). Name and institutional affiliation of author(s) should also be supplied, including full contact details.

We encourage contributions from broad locations—indigenous, non-western, marginalised groups—in order to critically interrogate diagnosis and its scholarship; as well as contributions from authors at a range of career stages, from early career to more established scholars.
Book review: Better Mental and Medical Health through Marijuana

Mikhail Kogan, MD and Joan Liebmann-Smith, PhD Medical Marijuana New York: Avery, 2021. 290 pp

Curious to learn more about the 21st century phenomenon of medical marijuana, I took up an editor’s offer to review this book. Its subtitle describes the book: “Dr. Kogan’s evidence-based guide to the health benefits of cannabis and CBD.” A busy practicing physician and medical director of the George Washington University Center for Integrative Medicine, Mikhail Kogan is joined by Joan Liebmann-Smith, a PhD in medical sociology who has for over 30 years been writing and editing trade books and lay articles for Ms. Magazine, the AARP Bulletin, Vogue, and the Huffington Post, among others. Her books include Body Signs, Baby Body Signs, The Unofficial Guide to Getting Pregnant, and another on overcoming infertility. “I also ghostwrote Women Under the Influence” she writes.

As someone used to reading the terse prose of medical and policy articles in The Lancet, the BMJ or JAMA, my guard went up at the authors’ conversational, even chatty, prose. The book has a colloquial style and generous spirit imbued with humor. The authors, whether they know it or not, contribute to the sociology and anthropology of medicine, social movements, law, and language.

For example, “… medical marijuana appears to actually be helping opioid addicts kick their habit.” (p 60) Then the authors describe the campaign by cannabis experts (the term preferred by the medical profession) “to totally rid our dictionary of the M word! They see it as an unscientific, slangy, and stigmatized word” that will jeopardize the drug’s acceptance into the medical mainstream and chances of legalization. Whatever it’s called, Dr. Kogan notes that could not be found anywhere in his medical training and still is absent, while major media write about it all the time and seem to have no problem using the M word.

A whole frame-setting chapter is devoted to how best to take marijuana, or as Chapter 3 puts it, Finding the Right Root. Armed with references and a table, the authors conclude that suppositories have substantial advantages. As they write, “Suppositories are another great way to ‘put it where it needs to go.’ …putting pot ‘up your butt’ may be the best way to go!” (p 97) Not my kind of prose but it’s vivid and effective. In the chapter on cancer and marijuana, The authors write that cancer is “the most dreaded diagnosis we’ll ever receive…but cancer treatment -even when successful can be dreadful… nausea, vomiting, loss of appetite, and pain.” (p 165) These symptoms become the sub-headings of the chapter on how cannabis, as well as related non-medical treatments, can ameliorate nausea, vomiting, pain and other symptoms caused by cancer. The authors are open and generous towards other helpful treatments, in this case vitamins, ginger, acupuncture and...
and guided imagery therapy, thus reflecting Kogan’s Center for Integrative Medicine at GWU. The six chapters on kinds of symptoms or diseases where marijuana can help -- aches and pains, sleep and mood disorders, gastrointestinal problems, skin problems, cancer, and chronic neurological conditions -- end with “Dr Kogan’s Cannabis Recommendations for ...” Each chapter has boxed inserts for vignettes, case examples, side explanations, and “real-life patients’ stories.”

While Dr. Kogan puts his years of experience and treatment out there for readers, the authors bemoan the lack of good medical research to inform clinical experience. They convey the anti-science decades of legislation and detailed regulations that have prohibited or inhibited good research into the alleged benefits and harms of cannabis.

The book opens with a vivid, informal and sociologically informed history of “the long, winding road” taken from marijuana being widely used and regarded as a household cure, to being denounced as a dangerous drug and criminalized. As President Nixon put it in a 1971 Oval Office meeting with his chief of staff, Bob Haldeman, as he launched the War on Drugs,

I want a Goddamn strong statement of marijuana....I mean one on marijuana that just tears the ass out of them... every one of the bastards that are out for legalizing marijuana is Jewish. What the Christ is the matter with the Jews, Bob, what is the matter with them? (p 25)

The next chapter explains the confusing differences between related terms for marijuana and parts of the cannabis plant, particularly tetrahydrocannabinol (THC), THCa, THCV, CBDa, CBC, CBN, and CBG. The authors describe their varying legal statuses. They explain the endocannabinoid system and its cannabinoid receptors that can only be activated by THC, implying our bodies produce their own kind of cannabis. “And legal at that!” (p 42) The chapter discusses proven or possible benefits and unproven or inconclusive benefits, and potential risks and addiction.

The authors vacillate between describing the abundance of experience-based evidence of “proven” benefits and bemoaning the paucity of research-based evidence. “That said, botanists, chemists, and other scientists are uncovering many more wonders of weed.” (p 45)
While winter in Minnesota is not as long, nor as cold, as reputed it still leaves its trace on society, as far as I can tell (the sociology of seasons, if you will). What the winter takes in the quantity of light it more than gives back in the quality of light, especially on the coldest days. And so as a photographer and dawn runner, I very much enjoy the northern winters (actually, we’re only halfway to the pole)

Whereas in more temperate climates social life is steadier month-to-month, there is a notable drop in social events after the new year in Minnesota. In a normal year things would pick up again in March as the roads became passable again, and the snow piles fade to dirt. Nearly two years ago this normal cycle of the season’s social life was broken by the beginning of the pandemic. And so as we near the 2 year mark on the pandemic I sometimes think of it as the winter of 2019/20 that never ended. Yet the calendar and the issue numbers tell me time has moved on.

However you are marking time in the pandemic and understanding it, I hope this finds you enjoying the winter (or the southern summer)
New books by section members!

Pamela Brink was born in the Philippines and was a POW under the Japanese during World War II. She is a Registered Nurse with a master’s degree in psychiatric nursing and a PhD in cultural anthropology. She practiced nursing primarily in psychiatric facilities, taught clinical nursing, nursing research and medical anthropology in major universities in the United States and Canada (UCLA, University of Cincinnati, University of Iowa & the University of Alberta.). She founded and edited the Western Journal of Nursing Research and has published books on nursing research and trans-cultural nursing. She coined the term “Patientology” in the 1970’s and wrote several articles on the topic in nursing journals before publishing the book by the same name.

Patientology: Toward the Study of Patients” is an in-depth look at how the patient is an integral part of the Health Care Delivery System (HCDS).

The previous statement may be an odd one; of course, patients are pivotal to the industry, but they are being ignored and disregarded in alarming numbers. In fact, patients do not even appear in organizational charts—they are merely assumed to exist.

This continues to be true in many instances, although innovations are periodically tested with enlightened focus on patient participation.

When author and doctor Pamela Brink studied victimology in the 1970s, she quickly saw the relevance to her own patient and nursing experiences as well as the comparison of patients to victims in her studies. This includes an infinite number of stories that show patients’ wishes being deliberately ignored or overturned.

For instance, elderly patients in nursing homes may be neglected by staff. Physicians may make diagnoses without making sure their patients understand. Members of the LGBTQ community may not be allowed to visit their partners in critical care because they are not considered family.

Most of us can recall times when we felt like helpless patient victims and when we most needed understanding. On the other hand, many of us also recall at least one truly positive patient experience.

Technology, while innovative and timesaving, also removes the need and motivation to spend time learning about the patient beyond the intake questionnaires. Staffing issues and the time needed to manage the technology shortens the time clinicians have for patients. Now, instead of back rubs, there are electrified mattress pads that massage bed-ridden patients.

This unique look at an often-ignored aspect of the HCDS focuses on the science of Patientology, the classification of a patient, the patient’s role in the health care system, and much more. The main area of research must be what we can learn from the study of patients themselves.
New books by section members!

Daniel Menchik (University of Arizona)

Exploring how the authority of medicine is controlled, negotiated, and organized, *Managing Medical Authority* asks: How is knowledge shared throughout the profession? Who makes decisions when your heart malfunctions—physicians, hospital administrators, or private companies who sell pacemakers? How do physicians gain and keep their influence? Arguing that medicine’s authority is managed in collegial competition across venues, Daniel Menchik examines the full range of stakeholders driving the direction of the field: medical trainees, clinicians, researchers, administrators, and even the corporations that develop groundbreaking technologies enabling longer and better lives.

Menchik takes us into Superior Hospital to witness surgeries and executive negotiations. He moves outside the hospital to watch professional committees craft standards for treatments, case management, and professional ethics. At industry-sponsored meetings, he observes company representatives who train some experienced doctors on their technologies, while deterring others who they think might injure patients. Using an innovative ethnographic approach tying individual actions and their collective consequences, he considers how stakeholders ally across the various venues of medicine, even as they are sometimes pressed into competition within those venues. Menchik finds that these alliances and rivalries strengthen the authority of medicine as a whole. From place to place, and group to group, we see how a medical specialty renews and reinvigorates itself.

Beginning within the walls of the hospital, and moving to the professional and commercial venues that shape it, *Managing Medical Authority* offers an agenda-setting take on the social organization of medical authority.
New books by section members!

Joan Liebmann-Smith, Ph.D. is a medical sociologist and an award-winning medical writer specializing in health promotion and disease prevention. She was the recipient of the American Medical Association (AMA) Award for Medical Reporting in 1993 and received her Ph.D. in sociology from the CUNY Graduate Center in 1995. In addition to Medical Marijuana, she has written five other books: Body Signs: How to Be Your Own Diagnostic Detective (Bantam), Baby Body Signs: The Head to Toe Guide to Your Child’s Health, from Birth Through the Toddler Years (Bantam) The Unofficial Guide to Getting Pregnant (Wiley), The Unofficial Guide to Overcoming Infertility (Macmillan), and In Pursuit of Pregnancy (Newmarket). Her articles have appeared in national publications including AARP Bulletin, Ms, Newsweek, Redbook, Self, and Vogue.

For the past 8 years, Dr. Liebmann-Smith has been a consulting editor for the dermatology service of the Memorial Sloan Kettering Cancer Center. She holds memberships in the American Sociological Society, the American Medical Writers Association, the Association of Health Care Journalists, and Science Writers in New York.
Articles and chapters

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