

BOSTON COLLEGE

S U M M E R S E S S I O N

SOCY107801: Sociology of Health and Illness (3 Credits)

Boston College Summer Session 2019

Summer 2: Tuesday, June 25 – Thursday, August 1

Tuesday and Thursdays, 6:00 PM – 9:15 PM

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Office Hours: Thursdays 4:30 PM – 5:30 PM, and by appointment.

Boston College Mission Statement

Strengthened by more than a century and a half of dedication to academic excellence, Boston College commits itself to the highest standards of teaching and research in undergraduate, graduate and professional programs and to the pursuit of a just society through its own accomplishments, the work of its faculty and staff, and the achievements of its graduates. It seeks both to advance its place among the nation's finest universities and to bring to the company of its distinguished peers and to contemporary society the richness of the Catholic intellectual ideal of a mutually illuminating relationship between religious faith and free intellectual inquiry.

Boston College draws inspiration for its academic societal mission from its distinctive religious tradition. As a Catholic and Jesuit university, it is rooted in a world view that encounters God in all creation and through all human activity, especially in the search for truth in every discipline, in the desire to learn, and in the call to live justly together. In this spirit, the University regards the contribution of different religious traditions and value systems as essential to the fullness of its intellectual life and to the continuous development of its distinctive intellectual heritage.

Course Description

The World Health Organization defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. This course will consider this whole-person definition across the human life course using a range of sociological principles and perspectives. Major topics will include the structure of health care systems in the United States and globally, doctor-patient interaction, social and cultural influences on health and disease, and social disparities in the distribution of health and quality health care.

Canvas

Canvas is the Learning Management System (LMS) at Boston College, designed to help faculty and students share ideas, collaborate on assignments, discuss course readings and materials, submit

assignments, and much more - all online. As a Boston College student, you should familiarize yourself with this important tool. For more information and training resources for using Canvas, click [here](#).

Course Objectives

1. The student will apply social science knowledge to contemporary social problems related to health and illness, including ways to improve the human condition and promote justice through in-class discussion and a research paper.
2. The student will employ one or more social science methods or social science theories and philosophies through in-class writing assignments and a research paper.
3. The student will demonstrate knowledge across cultural settings and will learn the impact of culture, gender, and age on one's health as evidenced by in-class discussion, group work, and/or writing.
4. The student will demonstrate ethical knowledge pertaining to health practitioners, consumers, health activists, and policy makers as evidenced by in-class discussions and a research paper.

Grading

The undergraduate grading system for Summer Session is as follows:

A (4.00), A- (3.67)

B+ (3.33), B (3.00), B- (2.67)

C+ (2.33), C (2.00), C- (1.67)

D+ (1.33), D (1.00), D- (.67)

F (.00)

The graduate grading system for Summer Session is as follows:

A (4.00), A- (3.67)

B+ (3.33), B (3.00)

B- (2.67), passing but does not count toward degree

C (2.00), passing but not for degree credit

F (.00)

All students can access final grades through Agora after the grading deadline each semester. Transcripts are available through the [Office of Student Services](#).

Deadlines and Late Work

Late work will not be accepted without prior approval from the instructor or evidence of sickness, a family emergency, etc.

Course Assignments

It is expected that you will spend 6-10 hours per week on out-of-class assignments and reading. These are listed below. Please note that some weeks will require more time and some weeks less time but the average is approximately 8 hours per week over the semester. 2

*Please see the end of the syllabus for a full list of assignments, assignment descriptions, and due dates

Course Schedule – Please either use the table below, or create another easy-to-understand calendar/schedule.

Date/Week	Topic	Reading	Due Assignment
Class 1 Tuesday, June 25 th	Introduction/Theory	Cockerham, W.C. Chapter 1 of <i>Medical Sociology</i> 14 th edition 4-26.	
Class 2 Thursday, June 27 th	Theory	Link, B. G., & Phelan, J. (1995). Social conditions as fundamental causes of disease. <i>Journal of health and social behavior</i> , 80-94.	
Class 3 Tuesday, July 2 nd	Medicalization, Biomedicalization, Genetization	Clarke, A. E., & Shim, J. (2011). Medicalization and biomedicalization revisited: Technoscience and transformations of health, illness and American medicine. In <i>Handbook of the sociology of health, illness, and healing</i> (pp. 173-199). Springer, New York, NY.	
Class 4 Thursday, July 4 th	No Class Independence Day	<i>No Reading</i>	
Class 5 Tuesday, July 9 th	Social Determinants of Health – Race	Williams, D. R., & Sternthal, M. (2010). Understanding racial-ethnic disparities in health: Sociological contributions. <i>Journal of health and social behavior</i> , 51(1_suppl), S15-S27.	
Class 6 Thursday, July 11 th	Social Determinants of Health – Class	Miech, R., Pampel, F., Kim, J., & Rogers, R. G. (2011). The enduring association between education and mortality: the role of widening and narrowing disparities. <i>American Sociological Review</i> , 76(6), 913-934.	Due: Media Analysis
Class 7 Tuesday, July 16 th	Social Determinants of Health – Gender	Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. <i>Social science & medicine</i> , 50(10), 1385-1401.	
Class 8 Thursday, July 18 th	Illness Narratives	Bury, M. (1982). Chronic illness as biographical disruption. <i>Sociology of health & illness</i> , 4(2), 167-182.	

Class 9 Tuesday, July 23 rd	Alternative Medicine	McClean, S., & Moore, R. (2013). Money, commodification and complementary health care: Theorising personalised medicine within depersonalised systems of exchange. <i>Social Theory & Health</i> , 11(2), 194-214.	
Class 10 Thursday, July 25 th	Social Control and Deviance	Phelan, J. C. (2005). Geneticization of deviant behavior and consequences for stigma: The case of mental illness. <i>Journal of health and social behavior</i> , 46(4), 307-322.	
Class 11 Tuesday, July 30 th	Social Relationships and Health	Heritage, J., & Maynard, D. W. (2006). Problems and prospects in the study of physician-patient interaction: 30 years of research. <i>Annu. Rev. Sociol.</i> , 32, 351-374.	Last Day for Article Critique/ Presentation
Class 12 Thursday, August 1 st	Final Exam	<i>No Reading</i>	Final Exam

Written Work

Summer Session students are expected to prepare professional, polished written work. Written materials must be typed and submitted in the format required by your instructor. Strive for a thorough yet concise style. Cite literature appropriately, using APA, MLA or CLA style per your instructor's requirements. Develop your thoughts fully, clearly, logically and specifically. Proofread all materials to ensure the use of proper grammar, punctuation and spelling. For writing support, please contact the [Connors Family Learning Center](#).

Attendance

Attending class is an important component of learning. Students are expected to attend all class sessions. When circumstances prevent a student from attending class, the student is responsible for contacting the instructor before the class meets. Students who miss class are still expected to complete all assignments and meet all deadlines. Many instructors grade for participation; if you miss class, you cannot make up participation points associated with that class. Makeup work may be assigned at the discretion of the instructor. If circumstances necessitate excessive absence from class, the student should consider withdrawing from the class.

Consistent with BC's commitment to creating a learning environment that is respectful of persons of differing backgrounds, we believe that every reasonable effort should be made to allow members of the university community to observe their religious holidays without jeopardizing their academic status. Students are responsible for reviewing course syllabi as soon as possible, and for communicating with the instructor promptly regarding any possible conflicts with observed religious holidays. Students are responsible for completing all class requirements for days missed due to conflicts with religious holidays.

Accommodation and Accessibility

Boston College is committed to providing accommodations to students, faculty, staff and visitors with disabilities.

Specific documentation from the appropriate office is required for students seeking accommodation in Summer Session courses. Advanced notice and formal registration with the appropriate office is required to facilitate this process. There are two separate offices at BC that coordinate services for students with disabilities:

[The Connors Family Learning Center \(CFLC\)](#) coordinates services for students with LD and ADHD.

[The Disabilities Services Office \(DSO\)](#) coordinates services for all other disabilities.

Find out more about BC's commitment to accessibility at www.bc.edu/sites/accessibility.

Scholarship and Academic Integrity

Students in Summer Session courses must produce original work and cite references appropriately.

Failure to cite references is plagiarism. Academic dishonesty includes, but is not necessarily limited to, plagiarism, fabrication, facilitating academic dishonesty, cheating on exams or assignments, or submitting the same material or substantially similar material to meet the requirements of more than one course without seeking permission of all instructors concerned. Scholastic misconduct may also involve, but is not necessarily limited to, acts that violate the rights of other students, such as depriving another student of course materials or interfering with another student's work. Please see the [Boston College policy on academic integrity](#) for more information.

Class Assignments

Participation (15%): Participation is the most vital component of our course. It is in class discussion that we learn most about the readings, ourselves, and each other. There are also times when in-class opportunities are small group or pair-based. Therefore, it is crucial that you attend each class, come prepared having read and being ready to discuss the material, and so that we can maintain an engaging and empowering environment. I recognize that participating and speaking up in class may not be easy or preferred for some, so please see me to discuss concerns and other forms of participation so that your grade will not be negatively impacted.

Article Critique / Presentation (20%): You will choose an article from the preapproved list at the end of the syllabus, or one that you have found that I approve, and deliver a short presentation around four themes: a) Comprehension – what is the argument? What evidence is given for the argument? b) Critique – How would you evaluate the logic consistency, evidence, and applicability of this article? c) Comparison – How does this article extend and build on the theoretical traditions developed in this course? d) Connection – In what ways can this article be used to better understand health, illness, and medicine in the contemporary world? You can alternatively turn in a 5-page paper answering the same questions. You must email me at least two days before the class you plan on presenting in so I can plan my schedule accordingly.

Article critiques and presentations must be submitted and presented by Tuesday, July 30th.

Media Analysis (25%): You will choose some cultural object (novel, movie, television show) that represents health, illness, or medicine, and analyze it using the theories we have developed in this course. The paper should be 5-to-6 pages long double spaced. I have provided additional guidelines for you all below.

Due by Thursday, July 11th at the start of class.

Final Exam (30%): The final exam will be part short answer, true/false questions and part essays. This exam will cover all the material from the course.

Article Critique/Presentation
List of Approved Articles – Sorted by Topic

Medicalization, Biomedicalization, Geneticization

- Tiefer, L. (1994). The medicalization of impotence: Normalizing phallocentrism. *Gender & Society*, 8(3), 363-377.
- Barker, K. K. (1998). A ship upon a stormy sea: The medicalization of pregnancy. *Social Science & Medicine*, 47(8), 1067-1076.
- Brubaker, S. J., & Dillaway, H. E. (2009). Medicalization, natural childbirth and birthing experiences. *Sociology Compass*, 3(1), 31-48.
- Shell-Duncan, B. (2001). The medicalization of female “circumcision”: harm reduction or promotion of a dangerous practice?. *Social science & medicine*, 52(7), 1013-1028.
- Brown, P. (1995). Naming and framing: the social construction of diagnosis and illness. *Journal of health and social behavior*, 34-52.
- Clarke, A. E., Shim, J. K., Mamo, L., Fosket, J. R., & Fishman, J. R. (2010). Biomedicalization: Technoscientific transformations of health, illness, and US biomedicine. *Biomedicalization: Technoscience, health, and illness in the US*, 47-87.
- Siegel Watkins, E. (2007). The medicalisation of male menopause in America. *Social history of medicine*, 20(2), 369-388.

Social Determinants of Health – Race

- Morgan, C., & Hutchinson, G. (2010). The social determinants of psychosis in migrant and ethnic minority populations: a public health tragedy. *Psychological Medicine*, 40(5), 705-709.
- Farmer, M. M., & Ferraro, K. F. (2005). Are racial disparities in health conditional on socioeconomic status?. *Social science & medicine*, 60(1), 191-204.
- Brown, T. N. (2003). Critical race theory speaks to the sociology of mental health: Mental health problems produced by racial stratification. *Journal of Health and Social Behavior*, 292-301.
- Shuey, K. M., & Willson, A. E. (2008). Cumulative disadvantage and black-white disparities in life-course health trajectories. *Research on Aging*, 30(2), 200-225.
- Grady, S. C. (2006). Racial disparities in low birthweight and the contribution of residential segregation: a multilevel analysis. *Social science & medicine*, 63(12), 3013-3029.
- Williams, D. R. (2012). Miles to go before we sleep: Racial inequities in health. *Journal of health and social behavior*, 53(3), 279-295.

Social Determinants of Health – Class

- Marmot, M. G., Stansfeld, S., Patel, C., North, F., Head, J., White, I., ... & Smith, G. D. (1991). Health inequalities among British civil servants: the Whitehall II study. *The Lancet*, 337(8754), 1387-1393.
- Demakakos, P., Nazroo, J., Breeze, E., & Marmot, M. (2008). Socioeconomic status and health: the role of subjective social status. *Social science & medicine*, 67(2), 330-340.
- Chen, E., Martin, A. D., & Matthews, K. A. (2006). Socioeconomic status and health: do gradients differ within childhood and adolescence?. *Social science & medicine*, 62(9), 2161-2170.
- Kagamimori, S., Gaina, A., & Nasermoaddeli, A. (2009). Socioeconomic status and health in the Japanese population. *Social science & medicine*, 68(12), 2152-2160.

- Lutfey, K., & Freese, J. (2005). Toward some fundamentals of fundamental causality: Socioeconomic status and health in the routine clinic visit for diabetes. *American Journal of Sociology*, 110(5), 1326-1372.
- Von dem Knesebeck, O., Lüschen, G., Cockerham, W. C., & Siegrist, J. (2003). Socioeconomic status and health among the aged in the United States and Germany: a comparative cross-sectional study. *Social Science & Medicine*, 57(9), 1643-1652.

Social Determinants of Health – Gender

- Bates, L. M., Hankivsky, O., & Springer, K. W. (2009). Gender and health inequities: a comment on the final report of the WHO commission on the social determinants of health. *Social science & medicine*, 69(7), 1002-1004.
- Read, J. N. G., & Gorman, B. K. (2006). Gender inequalities in US adult health: The interplay of race and ethnicity. *Social Science & Medicine*, 62(5), 1045-1065.
- Ross, C. E., & Mirowsky, J. (2010). Gender and the health benefits of education. *The Sociological Quarterly*, 51(1), 1-19.
- Hankivsky, O. (2012). Women's health, men's health, and gender and health: implications of intersectionality. *Social science & medicine*, 74(11), 1712-1720.
- Magadi, M. A. (2011). Understanding the gender disparity in HIV infection across countries in sub-Saharan Africa: evidence from the Demographic and Health Surveys. *Sociology of health & illness*, 33(4), 522-539.
- Arber, S., & Cooper, H. (1999). Gender differences in health in later life: the new paradox?. *Social science & medicine*, 48(1), 61-76.

Illness Narratives

- Riessman, C. K. (2003). Performing identities in illness narrative: Masculinity and multiple sclerosis. *Qualitative research*, 3(1), 5-33.
- Faircloth, C. A., Boylstein, C., Rittman, M., Young, M. E., & Gubrium, J. (2004). Sudden illness and biographical flow in narratives of stroke recovery. *Sociology of health & illness*, 26(2), 242-261.
- Hardey, M. (2002). 'The story of my Illness': Personal Accounts of Illness on the Internet. *Health*, 6(1), 31-46.
- Lillrank, A. (2003). Back pain and the resolution of diagnostic uncertainty in illness narratives. *Social science & medicine*, 57(6), 1045-1054.
- Nettleton, S., O'Malley, L., Watt, I., & Duffey, P. (2004). Enigmatic illness: narratives of patients who live with medically unexplained symptoms. *Social Theory & Health*, 2(1), 47-66.
- Reeve, J., Lloyd-Williams, M., Payne, S., & Dowrick, C. (2010). Revisiting biographical disruption: Exploring individual embodied illness experience in people with terminal cancer. *Health*, 14(2), 178-195.

Alternative Medicine

- Fries, C. J. (2014). Older adults' use of complementary and alternative medical therapies to resist biomedicalization of aging. *Journal of aging studies*, 28, 1-10.
- Baarts, C., & Pedersen, I. K. (2009). Derivative benefits: exploring the body through complementary and alternative medicine. *Sociology of Health & Illness*, 31(5), 719-733.
- Gale, N. K. (2011). From body-talk to body-stories: body work in complementary and alternative medicine. *Sociology of Health & Illness*, 33(2), 237-251.

- Sointu, E. (2006). Healing bodies, feeling bodies: Embodiment and alternative and complementary health practices. *Social Theory & Health*, 4(3), 203-220.
- Pedersen, I. K., & Baarts, C. (2010). ‘Fantastic hands’–But no evidence: The construction of expertise by users of CAM. *Social science & medicine*, 71(6), 1068-1075.
- Pedersen, I. K. (2013). ‘It can do no harm’: Body maintenance and modification in alternative medicine acknowledged as a non risk health regimen. *Social Science & Medicine*, 90, 56-62.
- Low, J. (2004). Managing safety and risk: the experiences of people with Parkinson’s disease who use alternative and complementary therapies. *Health*, 8(4), 445-463.
- Cartwright, T., & Torr, R. (2005). Making sense of illness: the experiences of users of complementary medicine. *Journal of Health Psychology*, 10(4), 559-572.

Social Control and Deviance

- Nettleton, S. (2006). ‘I just want permission to be ill’: towards a sociology of medically unexplained symptoms. *Social science & medicine*, 62(5), 1167-1178.
- Carr, D., & Friedman, M. A. (2005). Is obesity stigmatizing? Body weight, perceived discrimination, and psychological well-being in the United States. *Journal of health and social behavior*, 46(3), 244-259.
- Mitteness, L. S., & Barker, J. C. (1995). Stigmatizing a “normal” condition: urinary incontinence in late life. *Medical Anthropology Quarterly*, 9(2), 188-210.
- Medeiros, A. (2015). " Is Being Short A Disability?" Examining How Disease and Disability Have Framed the Medical Treatment of Short Stature. *Western Humanities Review*, 69(3).
- Thoits, P. A. (2011). Resisting the stigma of mental illness. *Social Psychology Quarterly*, 74(1), 6-28.

Social Relationships and Health

- Heritage, J., & Maynard, D. W. (2006). Problems and prospects in the study of physician-patient interaction: 30 years of research. *Annu. Rev. Sociol.*, 32, 351-374.
- McKinlay, J. B., Lin, T., Freund, K., & Moskowitz, M. (2002). The unexpected influence of physician attributes on clinical decisions: results of an experiment. *Journal of health and social behavior*, 43(1), 92-106.
- Lutfey, K. E., Campbell, S. M., Renfrew, M. R., Marceau, L. D., Roland, M., & McKinlay, J. B. (2008). How are patient characteristics relevant for physicians' clinical decision making in diabetes? An analysis of qualitative results from a cross-national factorial experiment. *Social science & medicine*, 67(9), 1391-1399.
- Ishikawa, H., Hashimoto, H., & Kiuchi, T. (2013). The evolving concept of “patient-centeredness” in patient–physician communication research. *Social Science & Medicine*, 96, 147-153.
- Greenfield, G., Pliskin, J. S., Feder-Bubis, P., Wientroub, S., & Davidovitch, N. (2012). Patient–physician relationships in second opinion encounters–The physicians’ perspective. *Social science & medicine*, 75(7), 1202-1212.

Media Analysis Assignment

Due: July 11th, 2019

In this 5- to 6-page assignment you will choose some cultural object (novel, movie, television show, documentary) that represents health, illness, or medicine, and analyze it using the theories we have developed in this course. At the beginning of the paper you will need to specify which cultural object you watched or read for your analysis. In this assignment I would like you to consider some of the following questions: What is the message of the cultural object as it relates to this course? How does this media present health, illness, or medicine? Which theory could be used to explain this representation? Do you find this media's representation of health, illness, or medicine accurate? Please argue why or why not.

Please make sure that you are not simply summarizing the cultural object you are analyzing. This assignment requires you to think critically and apply the concepts of this course to examine how health, illness, or medicine is being represented. I want to see that you have mastered the material being taught in this course and are able to apply it to the cultural object you are examining. Below I have provided you with a list of options that I thought of as well as more specific guidelines.

Media Ideas:

- ❖ Still Alice (2015)
- ❖ Unrest (2017) – documentary
- ❖ The Aviator (2004)
- ❖ Atypical
- ❖ *Being Mortal* by Atul Gawande
- ❖ *Ordinary Medicine* by Sharon Kaufman
- ❖ *Better Than Well* by Carl Elliott
- ❖ Take Your Pills

Assignment Guidelines:

- ❖ You will write 5- to 6-pages, double spaced, and include page numbers (top right corner).
- ❖ You will need to write a thesis statement.
- ❖ 12-point font, Times New Roman, 1-inch margins.
- ❖ Include 2-3 citations in the paper. Two of these should be academic sources.
- ❖ Please use APA format for your in-text citations and references.
- ❖ Do not call it media analysis assignment. Think of a fun title! ☺