

HSPS Part IIB, SOC 13: Health, Medicine and Society

Course Organiser:

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Lecturers:

Dr. Darin Weinberg

Dr. Zeynep Gurtin

Aims and Objectives

- To provide knowledge and understanding of medicine, health and illness in contemporary societies.
- To develop an understanding of the philosophical and conceptual issues surrounding notions of disease, sickness, and health.
- To provide knowledge and understanding of selected health systems and technologies, their development, regulation, and use in contemporary societies.
- To develop intellectual skills in the analysis of health issues in contemporary societies.
- To develop oral and written communication skills through seminar presentations and essay writing.
- To enhance IT skills through the use of Internet data and word-processing.

Brief Description of the Paper

This paper provides students with a critical survey of principal themes and debates in contemporary medical sociology. It explores the major social causes of health and illness in modern societies with special reference to such factors as social class, gender, ethnicity, and age; provides students with a sociological grasp of the issues and problems associated with chronic illness; investigates a variety of key topics in the sociology of mental health; and, finally, develops a sociological analysis of the major organisational, professional, and technological components of medical institutions and medical practice in contemporary society. The paper also explores new methods of health care delivery with an eye to understanding their roles in either fostering or minimising social inequalities pertaining to health and illness. In addition to these substantive topics, the paper also examines cutting edge theoretical approaches to the study of health and illness in society, including: social constructionism, feminist theory, the sociology of the body, the sociology of science, and phenomenology. In short, the paper explores a wide range of both substantive and theoretical issues pertaining to the nature and distribution of health and illness in modern societies.

Mode of Teaching

The paper is taught through a combination of lectures and supervisions. Students will be expected to produce a **minimum of 4 essays** instead of being required to write 6 essays. While still holding the stipulated 6 supervisions, individual supervisors can decide to use some supervision sessions to read and discuss an article, ask students to present on a topic, or find other ways to address the topic in ways that are stimulating and provide a learning experience for students

Mode of Assessment

One 3-hour examination paper from which candidates are asked to answer three questions

Supervision Arrangements

Supervisions will be arranged by the course organiser on the first lecture.

Background Reading List

- Albrecht, G. et al., eds. 2000. *The Handbook of Social Studies in Health & Medicine*. London: Sage
- Bird, C. E., P. Conrad, A.M. Freemont, S. Timmermans, eds. 2010. *Handbook of Medical Sociology*, sixth edition. Nashville: Vanderbilt University Press
- Blaxter, M. 2010. *Health, 2nd edition*. Cambridge: Polity.
- Farmer, P. 2003. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. London: University of California Press
- Harrison, M. 2004. *Disease and the Modern World: 1500 to the Present Day*. Cambridge: Polity
- Peterson, A., and Bunton, R., eds. 1997. *Foucault, Health, and Medicine*. London: Routledge
- Porter, R. 2003. *Blood and Guts: A Short History of Medicine*, London: Penguin
- Samson, C., ed. 1999. *Health Studies: A critical and cross cultural reader*. Oxford: Blackwell
- Scambler, G. ed. 2008. *Sociology as applied to Medicine, sixth edition*. Edinburgh: Saunders Co.
- Starr, P. 1982. *The Social Transformation of American Medicine*. New York: Basic Books
- Turner, B.S. 1995. *Medical Power and Social Knowledge, second edition*. London: Sage
- Turner, B.S. 1996. *The Body ad Society, second edition*. London: Sage
- Turner, B.S. 2004. *The New Medical Sociology*. New York: Norton.

Michaelmas Term

The Sociology of Health and Illness, Dr. Darin Weinberg (Weeks 1-6)

Lecture 1: What is the Sociology of Health and Illness?

The fundamental aim of the sociology of health and illness is to analyse the social causes and character of health, illness, and the social institutions established for their management. In this lecture we will first critically consider Western concepts of health and illness. We will dwell for a time on the antecedents and consequences of the biomedical paradigm's ascendancy. We also consider the differences between a sociology in medicine and a sociology of medicine.

References

- Bird, C. E., P. Conrad, A.M. Freemont, S. Timmermans, eds. 2010. *Handbook of Medical Sociology, sixth edition*. Nashville: Vanderbilt University Press
- *Blaxter, M. 2010. *Health, 2nd edition*. Cambridge: Polity
- Gadamer, H-G. 1996. *The Enigma of Health*. Cambridge: Polity
- Gerhardt, U. 1989. *Ideas about Illness*. Basingstoke: Macmillan.
- King, L. S.. 1982. *Medical Thinking: An Historical Preface*. Princeton, NJ: Princeton University Press (chs 3-8).
- Parsons, T. 1991. *The Social System*. London: Routledge (ch.10).
- *Parsons, T. 1999. "Illness and the role of the physician." in *The Talcott Parsons Reader*. Edited by B.S. Turner. Oxford: Blackwell (ch.5).
- Samson, C, ed. 1999. *Health Studies*. Oxford: Blackwell (part two).
- Siegrist, J. 2000. "The social causation of health and illness" in *The Handbook of Social Studies in Health & Medicine*. Edited by Albrecht, G. et al.. London: Sage, pp. 100-115.
- *Turner, B.S.. 2000. "The history of changing concepts of health and illness: outline of a general model of illness categories. In *The Handbook of Social Studies in Health & Medicine*. Edited by Albrecht, G. et al. London: Sage, pp. 9-23
- Turner, B. S. 1995. *Medical Power and Social Knowledge, second edition*. London: Sage (ch.1,3).
- Turner, B.S. 2004. *The New Medical Sociology*. New York: Norton

Essay Topics

1. Critically evaluate the relationships between impairment, illness and disease.
2. Has the concept of the sick role survived criticism?
3. What is the 'biomedical model'?

Lecture 2: The Body and Society: Michel Foucault

In this lecture we consider the general contribution of Michel Foucault to the sociology of health and illness, and the importance of the sociology of the body. The lecture develops a critical understanding of the idea of social construction in the analysis of disease entities. While Foucault's concept of governmentality is particularly useful, the lecture defends the contribution of phenomenology to understanding disease experiences and processes.

References

- Corbin, A. 1986. *The Foul and the Fragrant*. Cambridge, MA: Harvard University Press
- Foucault, M. 1967. *Madness and Civilization*. London: Tavistock.
- Foucault, M. 1973. *The Birth of the Clinic*. London: Tavistock.
- Foucault, M. 1980. "The politics of health in the eighteenth century." in *Power/Knowledge*. Edited by C. Gordon. Brighton: Harvester Press, pp.166-83.
- Foucault, M. 1981. *The History of Sexuality, Volume One: An Introduction*. Harmondsworth: Penguin (Part five).
- Laqueur, T. 1990. *Making Sex: Body and Gender from the Greeks to Freud*. Cambridge, MA: Harvard University Press.
- Leder, D. 1990. *The Absent Body*. Chicago: University of Chicago Press
- Mol, A. 2002. *The Body Multiple: Ontology in Medical Practice*. Durham, NC: Duke University Press
- *Petersen, A. 2012. "Foucault, Health and Healthcare." in *Contemporary Theorists for Medical Sociology*. edited by G. Scambler. New York: Routledge, pp. 1-19
- *Petersen, A., and Bunton, R. eds. 1997. *Foucault, Health, and Medicine*. London: Routledge (Foreword and Part one).
- Turner, B. S. 1992. *Regulating Bodies: Essays in medical sociology*. London: Routledge (chs. 3,5,6,7)
- Turner, B. S. 1996. *The Body and Society*. London: Sage (ch.8).
- Turner, B.S., ed. 2012. *Routledge Handbook of Body Studies*. London: Rutledge
- Samson, C., ed. 1999. *Health Studies*. Oxford: Blackwell (Part one).
- Weinberg, D. 2005. *Of Others Inside: Insanity, Addiction, and Belonging in America*. Philadelphia: Temple University Press

Essay Topics

1. Critically evaluate Foucault's contribution to the sociology of health and illness.
2. Critically evaluate the contribution of phenomenology to the sociology of health and illness.

Lecture 3: Public Health, Medical Systems, and the State

In this lecture we will look at the contributions made by comparative research into the medical systems in place in different societies. We will also consider various ways in which societies have attended to public health, health promotion, and to the care of vulnerable and/or disabled citizens. Particular attention will be given to the role of states as providers and promoters of health maintenance and health care.

References

- Annandale, E. 1998. *The Sociology of Health & Medicine: A Critical Introduction*. Cambridge: Polity, Part III, pp. 195-280
- Bakalar, J.B., and L. Grinspoon. 1984. *Drug Control in a Free State*. Cambridge: Cambridge University Press
- *Beckfield, J., S. Olafsdottir and B. Sosnaud. 2013. "Healthcare Systems in Comparative Perspective: Classification, Convergence, Institutions, Inequalities, and Five Missed Turns." *Annual Review of Sociology*. Vol. 39: 127-146
- Cockerham, W. C. ed. 2009. *The New Blackwell Companion to Medical Sociology*. Oxford: Blackwell
- Harrison, M. 2004. *Disease and the Modern World: 1500 to the Present Day*. Cambridge: Polity
- Lupton, D. 1995. *The Imperative of Health: Public Health and the Regulated Body*. London: Sage
- *Mechanic, D., and D.A. Rocheffort. 1997. "Comparative Medical Systems." *Annual Review of Sociology*. 22: 239-70
- *Porter, D. 1999. *Health, Civilization, and the State: A History of Public Health from Ancient to Modern Times*. London: Rutledge
- Starr, P.. 1982. *The Social Transformation of American Medicine*. New York: Basic Books
- *Turner, B. S.. 1995. *Medical Power and Social Knowledge, second edition*. London: Sage, Parts III and IV, pp. 129-239.

Essay Topics

1. Critically assess the interests states have in the promotion of health and prevention of disease.
2. Critically evaluate the contribution of comparative research to the understanding of medical systems.
3. Critically discuss the role played by risk evaluations in contemporary medical systems.

Lecture 4: Health and Inequality

In this lecture we examine the social forces that shape the distributions of health and illness across a variety of social categories including: nationality, class, gender, race & ethnicity. Rather than sociologically analyzing the emergence and evolution of medical categories, research in this area draws upon those categories in an effort to learn who gets sick, who remains healthy, and why. In addressing these questions the lecture also seeks to shed light on the role of epidemiology as a tool of medical sociological research and on some of the social structural mechanisms that produce health outcomes.

References

- Annandale, E.. 1998. *The Sociology of Health & Medicine, a critical introduction*. Cambridge: Polity Press, Part II, pp. 89-192
- Annandale, E., and Hunt, K., eds. 2000. *Gender Inequalities in Health*. Buckingham: Open University Press
- Farmer, P. 2003. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. London: University of California Press
- Harrison, M. 2004. *Disease and the Modern World: 1500 to the Present Day*. Cambridge: Polity
- Hutton, W. 2000. *New Life for Health: The Commission on the NHS*. London: Vintage.
- Kawachi, I. and Kennedy, P. 2002. *The Health of Nations. Why inequality is harmful to your health*. New York: the New Press
- Lorber, J. and Moore, L.J. 2002. *Gender and the Social Construction of Illness*. Lanham: Rowman & Littlefield (Altamira Press)
- *Marmot, M. 2004. *Status Syndrome: How social standing directly affects your health*. London: Bloomsbury
- Marmot, M. 2007. "Achieving health equity: from root causes to fair outcomes." *Lancet* 370(9593): 1153-63.
- Marmot, M. G. and R. G. Wilkinson 1999. *Social determinants of health*. Oxford ; New York, Oxford University Press.

- McKeown, T. 1979. *The Role of Medicine*. Oxford: Basil Blackwell.
- Navarro, V. 2002. *The Political Economy of Social Inequalities: Consequences for Health and Quality of Life*. New York: Baywood Publishing Company Ltd.
- *Scambler, G. 2012. "Health Inequalities." *Sociology of Health & Illness*. Vol. 34 No. 1, pp. 130–146
- *Townsend, P., and Davidson, N. 1982. *Inequalities in Health (The Black Report)* London: Penguin.
- Turner, B. S. 1995. *Medical Power and Social Knowledge, second edition*. London: Sage (chs 5,9,10).
- Wilkinson, R.G.. 1996. *Unhealthy Societies: The Afflictions of Inequality*. London: Routledge.

Essay Topics

1. Critically review the Black Report.
2. 'Women live longer with higher morbidity than men' Discuss.
3. What is at stake in conflict between the individual biomedical model and the social determinants of health framework?

Lecture 5: Clinical Encounters and the Care of the Self

Social scientists are becoming increasingly interested in the doctor-patient relationship. What kinds of social factors determine how clinical interactions proceed? Patients were once expected to place themselves completely at the disposal of their health care providers and deviations from such total compliance were looked upon as pathological. Now one increasingly hears calls for patient-centred medicine, informed consent, the codification of patients' rights, and so on. In this lecture we will consider these issues, paying particular attention to whether clinical practice is moving from a model of technical intervention to a model of collaborative care of the self.

References

- Annandale, E., M. Elston, and L. Prior. 2005. *Medical Work, Medical Knowledge and Health Care*. Oxford: Blackwell, Part II
- Brown, P., and S. Zavestoski. 2005. *Social Movements in Health*. Oxford: Blackwell
- Corrigan, O. 2003. "Empty Ethics: the problem with informed consent." *Sociology of Health and Illness*. 25(7): 768-792
- Delvecchio-Good, M.J., and B. Good. 2000. "Clinical Narratives and the Study of Contemporary Doctor-Patient Relationships." In *The Handbook of Social Studies in Health & Medicine*. Edited by Albrecht, G. et al. London: Sage, pp. 243-58
- Epstein, S.. 1996. *Impure Science: AIDS, Activism, and the Politics of Knowledge*. Berkeley: University of California Press
- Mattingly, C.. 1994. *Healing Dramas and Clinical Plots*. Cambridge: Cambridge University Press
- Parsons, T. 1991. *The Social System*. London: Routledge (ch.10).
- *Parsons, T. 1999. "Illness and the role of the physician." in *The Talcott Parsons Reader*. edited by B.S. Turner. Oxford: Blackwell (ch.5)
- Pols, J. 2003. "Enforcing patients rights or improving care? The interference of two modes of doing good in mental health care." *Sociology of Health and Illness*. 25(4): 320-47
- Prior, L. 2003. "Belief, knowledge and expertise: the emergence of the lay expert in medical sociology." *Sociology of Health and Illness*. 25(3):41-57
- Weinberg, D. 2014. "Psychiatric Diagnosis as Collective Action in a Residential Therapeutic Community." In *Turning Troubles into Problems*. Edited by J. Gubrium and M. Jarvinen. London: Routledge, pp. 67-84

Essay Topics

1. Why are doctors increasingly receptive to the empowerment of patients?
2. Explain why patients have grown more proactive.

Lecture 6: Medicalisation

The term “medicalization” applies to the process(es) through which aspects of life that had previously been regarded as beyond the scope of medical jurisdiction come to be widely viewed as proper topics of medical concern. In this lecture we consider various dimensions of medicalisation, paying particular attention to whether the dynamics of medicalisation are now changing in systematic ways. We also consider cases of “demedicalisation,” or the withdrawal of medical involvement from aspects of life that had hitherto been thought to properly fall within the proper jurisdiction of medicine.

References

- Aronowitz, R.A.. 2001. “When Do Symptoms Become a Disease?” *Annals of Internal Medicine*. 134:803-808
- Clarke, A.E., J.K. Shim, L. Mamo, J.R. Fosket, and J.R. Fishman. 2003. “Biomedicalization: technoscientific transformation of health, illness, and U.S. biomedicine.” *American Sociological Review*. 68_161-194
- Conrad, P., and J.W. Schneider. 1992. *Deviance and Medicalization: from Badness to Sickness*. Philadelphia: Temple University Press
- Conrad, P.. 2007. *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Baltimore, MD: Johns Hopkins University Press
- Conrad, P.. 1992. “Medicalization and Social Control.” *Annual Review of Sociology*. 18:209-32
- Conrad, P.. 2005. “The Shifting Engines of Medicalization.” *Journal of Health and Social Behavior*. 46:3-14
- Conrad, P. 2013. Medicalization: Changing Contours, Characteristics, and Contexts. In *Medical Sociology on the Move*. Edited by W.C. Cockerham. London: Springer, pp. 195-214
- Kirk, S.A., and H. Kutchins. 1992. *The Selling of DSM: The Rhetoric of Science in Psychiatry*. New York: Aldine De Gruyter.
- Rosenberg, C.E.. 2002. “The Tyranny of Diagnosis: Specific Entities and Individual Experience.” *The Milbank Quarterly*, 80 (2): 237-260
- Rosenberg, C.E. 1992. *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge: Cambridge University Press.
- Rosenfeld, D., and C. Faircloth, eds.. 2005. *Medicalized Masculinities*. Philadelphia: Temple University Press
- Weinberg, D. 2005. *Of Others Inside: Insanity, Addiction, and Belonging in America*. Philadelphia: Temple University Press

Essay Topics

1. Critically evaluate the costs and benefits of medicalisation.
2. Critically evaluate the claim that the dynamics of medicalisation have changed substantially over last couple of decades.

Gender, Health and Medicine, Dr Zeynep Gurtin

Lecture 7: Regulating and Managing Gender and Sexuality

Gender identities are policed by a variety of social institutions and authorities, including those in the realm of biomedicine and health. This lecture explores how gender identities are assigned to people at birth and sustained over the life course through medical practices and health and beauty regimes. We will explore how and why some lay individuals resist biomedical essentialist notions of gender, while others rely on medical technologies to manipulate and legitimize their personal gender identities. We will also consider how medical practitioners maintain authority in public and sociological debates on gender and sexuality.

References

- Blum, Virginia. *Flesh Wounds: The Culture of Cosmetic Surgery*, UC Press, 2005.

Burke, Mary C. "Resisting Pathology: GID and the Contested Terrain of Diagnosis in the Transgender Rights Movement" in *Sociology of Diagnosis*, ed. McGann and Hutson, 2011.

Dworkin, Shari and Faye Linda Wachs. *Body Panic: Gender, Health, and the Selling of Fitness*, NYU Press, 2009.

Fausto-Sterling, Anne. *Sexing the Body: Gender Politics and the Construction of Sexuality*, Basic Books, 2000.

Kessler, Suzanne. *Lessons from the Intersexed*, Rutgers University Press, 1998.

Loe, Meika. *The Rise of Viagra: How the Little Blue Pill Changed Sex in America*, NYU Press, 2006.

Oudshoorn, Nellie. *The Male Pill: A Biography of a Technology in the Making*, Duke Press, 2003.

Rudacille, Deborah. *The Riddle of Gender: Science, Activism and Transgender Rights*, Pantheon, 2006.

Saguy, Abigail. *What's Wrong with Fat?* Oxford University Press, 2012.

Essay Topics

1. How do medical practitioners participate in writing and revising the rules of gender?
2. In what ways do these medical practices and health and beauty regimes sustain and/or revise social hierarchies?

Lecture 8: The Politics of Reproduction

Human reproduction is generally thought of as a private and personal matter. In reality, reproduction is controlled, monitored, and regulated by governments, public health organizations, and medical institutions. Human reproduction is also a site where social reproduction occurs – a space where race, class, femininities, masculinities, sexual orientation, and other identities and social hierarchies get made. In this lecture we will identify the policies and practices that shape reproduction around the globe. We will also consider how reproduction politics debunk the myth of "separate spheres" and its implications for feminist scholarship and activism.

References

Barnes, Liberty Walther. *Conceiving Masculinity: Male Infertility, Medicine, and Identity*, 2014.

Bridges, Khiara. *Reproducing Race: An Ethnography of Pregnancy as a Site of Racialization*, UC Press, 2011.

Ehrenreich, Barbara and Deirdre English. *For Her Own Good: Two-Hundred Years of Experts' Advice to Women*, Random House, 2013.

Franklin, S and C. Roberts. *Born and Made: An Ethnography of Preimplantation Genetic Diagnosis*, Princeton University Press, 2006.

Luker, Kristin. *Abortion and the Politics of Motherhood*. UC Press, 1985.

Luker, Kristin and Zakiya Luna. "Reproductive Justice." *Annual Review of Law and Social Sciences*, 2013.

Martin, Emily. *The Woman in the Body: A Cultural Analysis of Reproduction*.

Markens, Susan. *Surrogate Motherhood and the Politics of Reproduction*, UC Press, 2007.

Murphy, Michelle. *Seizing the Means of Reproduction*, Duke Press, 2012.

Rapp, Rayna. *Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America*, Routledge, 1999.

Essay Topics

1. What is the role of the state in human reproduction?
2. Does medicine shape gender or do gender ideas shape medicine?

Lent Term

Medical Knowledge and Medical Practice, Dr. Darin Weinberg (Weeks 9-16)

Lecture 9: Overview of the Sociology of Medical Knowledge and Practice

This lecture will: 1) introduce students to the sociology of medical practice; 2) describe the subject matter of the course by specifying contemporary sociological approaches to understanding medical practice in contrast to other analytic approaches; and 3) begin to encourage students to develop a deeper and more critical outlook on the practice of medicine through investigation of its historical origins, contemporary composition, and human consequences.

References

- Blaxter, M. 2010. *Health, 2nd edition*. Cambridge: Polity
- Gadamer, H-G. 1996. *The Enigma of Health*. Cambridge: Polity
- Good, B.J.. 1994. *Medicine, rationality, and experience: An Anthropological Perspective*. Cambridge: Cambridge University Press
- Kirk, S., and H. Kutchins. 1992. *The Selling of DSM*. New York: Aldine de Gruyter
- *Mol, A.. 2002. *The Body Multiple: Ontology in Medical Practice*. Durham, NC: Duke University Press
- *Timmermans, S., and M. Berg. 2003. *The Gold Standard: The Challenge of Evidence-Based Medicine and Standardization in Health Care*. Philadelphia: Temple University Press
- Turner, B. S.. 1995. *Medical Power and Social Knowledge*. London: Sage
- Weinberg, D. 2005. *Of Others Inside: Insanity, Addiction, and Belonging in America*. Philadelphia: Temple University Press

Essay Topics

1. Is the practice of medicine more properly seen as science or as art? Why?
2. Define, and critically compare, *internalist* and *externalist* explanations of medical practice. Also, discuss the feasibility of taking a theoretical middle road between them.

Lecture 10: What is the Profession of Medicine?

This lecture will: 1) provide students with a sociological sense of the concept *profession*, 2) demonstrate the importance of this concept for understanding the practice of modern medicine, and 3) critically evaluate the extent to which specifically professional sorts of agendas structure the practice of modern medicine in all its various incarnations.

References

- Coburn, D., and Willis, E. 2000. "The Medical Profession: Knowledge, Power, and Autonomy." In *The Handbook of Social Studies in Health & Medicine*. Edited by G.L. Albrecht, et al.. London: Sage. Pp. 377-93
1988. *The Changing Character of the Medical Profession, a special issue of the Milbank Quarterly*. 66 (Supplement 2)
- Freidson, E.. 1988. *The Profession of Medicine: A Study of the Sociology of Applied Knowledge*. Chicago: University of Chicago Press.
- *Starr, P. 1982. *The Social Transformation of American Medicine*. New York: Basic Books
- Timmermans, S., and M. Berg. 2003. *The Gold Standard: The Challenge of Evidence-Based Medicine and Standardization in Health Care*. Philadelphia: Temple University Press

Timmermans, S., and H. Oh. 2010. "The Continued Social Transformation of the Medical Profession." *Journal of Health and Social Behavior*. 51(S): S94-S106
*Turner, B.S. 1995. *Medical Power and Social Knowledge*. London: Sage, (Chs 7, 8, 9, & 10)

Essay Topics

1. What is a profession and why is it important to think of medicine as a profession?
2. How has the autonomy of professional medicine changed over the last several decades and how has this affected the practice of medicine?

Lecture 11: A Social History of the Medical Profession

This lecture will: 1) provide a comparative historical examination of the origins of the modern medical profession, 2) provide a comparative historical examination of the roles played by science and technical expertise in fortifying the claims of health care providers to professional privilege, 3) provide a comparative historical examination of how government officials became, and remain, involved in sustaining the privileges of the medical profession.

References

- Bynum, W.F. 1994. *Science and the Practice of Medicine in the Nineteenth Century*. Cambridge: Cambridge University Press
- Pescosolido, B. 2013. "Theories and the Rise and Fall of the Medical Profession." in *Medical Sociology on the Move*. Edited by C. Cockerham. London: Springer, pp. 173-94
- Starr, P. 1982. *The Social Transformation of American Medicine*. New York: Basic Books
- Timmermans, S., and H. Oh. 2010. "The Continued Social Transformation of the Medical Profession." *Journal of Health and Social Behavior*. 51(S): S94-S106

Essay Topics

1. What role did science play in the ascendancy of the modern medical profession? Use empirical examples from the readings to support your argument.
2. What role did government play in the ascendancy of the modern medical profession? Use empirical examples from the readings to support your argument.

Lecture 12: The Social Organisation of Medical Research

This lecture will: 1) examine the origins and historical development of medical science, 2) critically examine how, and the extent to which, medical science is influenced by the social contexts within which it is undertaken, and 3) begin to consider the relationship between medical science and medical care.

References

- Starr, P. 1982. *The Social Transformation of American Medicine*. New York: Basic Books. (Book I, Ch. 3 and Book II, Ch. 3)
- Bynum, W.F. 1994. *Science and the Practice of Medicine in the Nineteenth Century*. Cambridge: Cambridge University Press
- Cambriosio, A., P. Keating, T. Schlich, and G. Weisz. 2006. "Regulatory objectivity and the generation and management of evidence in medicine." *Social Science & Medicine*. 63(1): 189-99

- Epstein, S. 1996. *Impure Science: AIDS, Activism, and the Politics of Knowledge*. Berkeley: University of California Press
- Epstein, S. 2007. *Inclusion: The Politics of Difference in Medical Research*. Chicago: University of Chicago Press
- Sismondo, S. 2009. "Ghosts in the Machine: Publication Planning in the Medical Sciences." *Social Studies of Science*. 39(2): 171-98
- McHenry, L. 2009. "Ghosts in the Machine: Comment on Sismondo." *Social Studies of Science*. 39(6): 943-947
- Sismondo, S. 2009. "Ghosts in the Machine: Reply to McHenry." *Social Studies of Science*. 39(6): 949-952
- Timmermans, S., and M. Berg. 2003. *The Gold Standard: The Challenge of Evidence-Based Medicine and Standardization in Health Care*. Philadelphia: Temple University Press

Essay Topics

1. What does it mean to argue that medical research is socially organised? Frame your answer in terms of the distinction between internalist and externalist explanations of medical practice.
2. Compare and contrast the origins and development of modern medical science with the origins and development of modern medical care giving. How, and to what extent, have science and care giving been linked since the late eighteenth century? Use empirical examples from the readings to support your argument.

Lecture 13: Medical Knowledge and Medical Training

This lecture will: 1) explore the social history and contemporary social organisation of medical training, 2) identify the pedagogical priorities evident in contemporary medical training, and 3) critically assess the consequences these priorities entail for medical professionals, patients, and society at large.

References

- Bosk, C. 2003. *Forgive and Remember: Managing Medical Failure, second edition*. Chicago: University of Chicago Press
- Brosnan, C., and B. S. Turner, eds.. 2009. *Handbook of the Sociology of Medical Education*. London: Routledge
- Colombotos, J., ed. 1988. Continuities in the Sociology of Medical Education. A Special Issue of *Journal of Health and Social Behavior*. 29(4)
- Good, B., and M. DelVecchio Good. 1993. "'Learning Medicine': The Construction of Medical Knowledge at Harvard Medical School." In *Knowledge, Power, & Practice: The Anthropology of Medicine and Everyday Life*. Edited by S. Lindenbaum and M. Lock. Berkeley: University of California Press
- Rothstein, W. G. 1987. *American Medical Schools and the Practice of Medicine: A History*: Oxford: Oxford University Press
- Timmermans, S., and M. Berg. 2003. *The Gold Standard: The Challenge of Evidence-Based Medicine and Standardization in Health Care*. Philadelphia: Temple University Press, Ch. 5

Essay Topics

1. Why has the problem of reconciling training pertaining to medical "caring" and medical "competence" persisted in medical education despite so many apparent efforts to solve it?
2. Critically discuss the relationship between the basic sciences and clinical training in medical school. Use empirical examples from the readings to support your argument.

Lecture 14: Medical Knowledge and Clinical Care

This lecture will: 1) closely examine the relationship between medical science and clinical care, 2) critically examine how, and the extent to which, clinical work is influenced by the social contexts within which it is undertaken, and 3) evaluate claims that clinical expertise is dependent upon, but not reducible to, medical science.

References

- Annadale, E., M. Elston, and L. Prior. 2005. *Medical Work, Medical Knowledge and Health Care*. Oxford: Blackwell
- *Atkinson, P. 1995. *Medical Talk and Medical Work: The Liturgy of the Clinic*. London: Sage
- *Jutel, A. 2011. *Putting a Name to It: diagnosis in contemporary society*. Baltimore, MD: Johns Hopkins University Press
- Straus, A., Fagerhaugh, S., Suczek, B., and Wiener, C. 1985. *The Social Organization of Medical Work*. Chicago: University of Chicago Press
- Lynch, M. 1984. "'Turning Up Signs' in Neurobehavioral Diagnosis." *Symbolic Interaction*. 7: 67-86
- Pols, J. 2003. "Enforcing patients rights or improving care? The interference of two modes of doing good in mental health care." *Sociology of Health and Illness*. 25(4): 320-47
- Prior, L. 2003. "Belief, knowledge and expertise: the emergence of the lay expert in medical sociology." *Sociology of Health and Illness*. 25(3):41-57
- Rosenberg, C.E.. 2002. "The Tyranny of Diagnosis: Specific Entities and Individual Experience." *The Milbank Quarterly*, 80 (2): 237-260
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Essay Topics

1. Critically discuss the claim that clinical work is a craft that cannot be reduced to scientific algorithms. What does this mean and why is it or is it not so?
2. Critically discuss the idea that there are profound differences between clinical expertise and a knowledge of medical science. If there are such differences, what are they?

Lecture 15: Alternative Medicines and Mutual Help

This lecture will: 1) consider the extent to which traditional biomedicine is losing ground to alternative approaches to health care or to social movements organised around health care issues, 2) investigate the causes, characteristics, and consequences of various critiques of biomedicine, and 3) evaluate the credibility, efficacy, and wider social consequences of medical pluralism.

References

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- Buckman, T. J. 1999. *Understanding Self-Help/Mutual Aid: Experiential Learning in the Commons*. New Brunswick, NJ: Rutgers University Press
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Essay Topics

1. What is alternative medicine, what explains its growing importance, and what, if any, constraints might limit its potential for further growth? Use examples from the readings to support your argument.
2. Critically evaluate the importance of experiential knowledge as a source of therapeutic insight. What is the relationship between experiential knowledge and scientific knowledge? Use examples from the readings to support your argument.

Lecture 16: Future Directions in the Study of Medical Practice

This lecture will: 1) re-evaluate the relationship between medical knowledge, medical practice, and our social lives; 2) consider future directions for the sociology of medical practice; and 3) consider how sociological research concerning medical practice might improve the practice of medicine itself.

References

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- Turner, B.S. 1996. *The Body & Society, second edition*. London: Sage, see in particular the Introduction to the second edition, pp. 1-37, and Chapters 7-10, pp. 159-235
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Essay Topic

1. How might the sociology of medical practice contribute to the improvement of medical practice?

Easter Term

The Sociology of Mental Health and Illness, Dr Darin Weinberg (Weeks 17-20)

Lecture 17: Psychiatric Sociology: Epidemiology and social stress

This lecture will: 1) introduce students to the field of psychiatric sociology; 2) by way of classic case studies, it will explore the benefits and pitfalls of epidemiological research on mental health; 3) by way of classic case studies, it will explore the benefits and pitfalls of research concerning the relationship between social stress and mental health.

References

- Cockerham, W.C. 2013. *Sociology of Mental Disorder, ninth edition*. Upper Saddle River, NJ: Prentice Hall, Chapters Five through Nine
- Scheid, T.L., and T.N. Brown eds. 2010. *A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems, second edition*. Cambridge: Cambridge University Press, Especially chapters one, two, six and nine

Essay Topics

1. Critically assess the benefits and pitfalls of epidemiological research on mental health.
2. Critically assess the benefits and pitfalls of research concerning the relationship between social stress and mental health.

Lecture 18: Interactionist Approaches

This lecture will: 1) critically assess the contributions of Family Systems Theories, Labelling Theories, and Troubles Management Theories to the sociology of mental health and illness; 2) compare and contrast these approaches to each other and to those proffered by psychiatrists and psychiatric sociologists; and 3) explore whether these approaches to the understanding of mental health and illness are best viewed as complementary to, or intrinsically critical of, psychiatric sociology.

References

Family Systems Theories

- Bateson, G. 2000. *Steps to an Ecology of Mind*. Chicago: University of Chicago Press, See especially pp. 201-43.
- Laing, R.D. 1999. *The Divided Self: an existential study in sanity and madness*. London: Routledge

Labelling Theories

- Link, B.G., and J. Phelan. 1999. "The Labeling Theory of Mental Disorder (II): The Consequences of Labeling." In *A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems*. Edited by A.V. Horwitz and T.L. Scheid. Cambridge: Cambridge University Press Cambridge: Cambridge University Press, pp. 361-76
- Phelan, J., and B.G. Link. 1999. "The Labeling Theory of Mental Disorder (I): The Role of Social Continuities in the Application of Psychiatric Labels." In *A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems*. Edited by A.V. Horwitz and T.L. Scheid. Cambridge: Cambridge University Press Cambridge: Cambridge University Press, pp. 139-49
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Troubles Management Theories

- Emerson, R.M., and S. Messinger. 1977. "The Micro -Politics of Trouble." *Social Problems*. 25(2): 121-34
- Ingleby, D. 1983. "Mental Health and Social Order." in *Social Control and the State*. Edited by S. Cohen and A. Scull. Oxford: Blackwell, pp. 141-88
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Weinberg, D. 1997. "The Social Construction of Non-Human Agency: The Case of Mental Disorder." *Social Problems*. 44(2): 217-234

Essay Topics

1. Critically compare and contrast Family Systems, Labelling Theory, Troubles Management approaches to the study of mental health and illness.
2. Critically compare and contrast interactionist theories with social stress theories of mental health and illness.

Lecture 19: Addiction

In this lecture we will trace the history of both medical and sociological thinking on the nature of addiction. In particular, we will be concerned to explore the extent to which received addiction science has succeeded in explaining the loss of self-control over putatively addictive behaviour. This will provide occasion to think more broadly about what it means to lose control of ourselves and why self-control has become such a deeply rooted cultural value in modern western societies.

References

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- Courtwright, D. T. 2010. The NIDA brain disease paradigm: History, resistance, spinoffs. *BioSocieties*. 5(1), 137–147.
- Fraser, S., D. Moore and H. Keane. 2014. *Habits: Remaking Addiction*. New York: Palgrave
- Granfield, R., and C. Reinarman, eds. 2015. *Expanding Addiction: Critical Essays*. London: Routledge
- Levine, H. G. 1978. The discovery of addiction: Changing conceptions of habitual drunkenness in America. *Journal of Studies on Alcohol*, 39(1), 143–174.
- Reinarman, C. 2005. Addiction as accomplishment: The discursive construction of disease. *Addiction Research and Theory*, 13(4), 307–320
- Weinberg, D. 2000. "‘Out There’: The ecology of addiction in drug abuse treatment discourse." *Social Problems*. 47(4): 217-34
- Weinberg, D. 2013. "Post-humanism, addiction and the loss of self-control: Reflections on the missing core in addiction science." *International Journal of Drug Policy* 24:173–181

Essay Topics

1. Critically evaluate whether, and how, it is scientifically justifiable to claim addiction entails a loss of self-control.
2. Are sociological and biomedical orientations to addiction compatible?

Lecture 20: Anti-psychiatry

In this lecture we will: 1) critically consider the claims of some of the better known polemics against the profession of psychiatry and psychiatric practice; 2) explore the sorts of public policies that flow from these claims; and 3) investigate the future of anti-psychiatry in light of the failures of the community mental health movement.

References

- Breggin, P.R. 1991. *Toxic Psychiatry: Why Therapy, Empathy, and Love Must Replace the Drugs, Electroshock, and Biochemical Theories of the New Psychiatry*. New York: St. Martin's.
- Brown, P. 1985. *The Transfer of Care: Psychiatric Deinstitutionalization and Its Aftermath*. London: Routledge, chapter 9, pp. 167-208
- *Crossley, N. 2006. *Contesting Psychiatry: Social Movements in Mental Health*. London: Routledge
- Goffman, E. 1961. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Anchor Books
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- Laing, R.D. 1999. *The Divided Self: an existential study in sanity and madness*. London: Routledge
- Sedgwick, P. 1982. *Psychopolitics*. New York: Harper & Row Publishers
- Szasz, T. 1961. *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. New York: Hoeber-Harper

Essay Topics

1. Is anti-psychiatry better understood as a theoretical critique or as a social movement? Why?