Course Organiser:
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Lecturers:
Dr. Darin Weinberg
Dr. Marcin Smietana

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


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 con-sequences of the biomedical paradigm’s ascendancy. We also consider the differences between a sociology in medicine and a sociology of medicine.

References

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


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


**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 ana-lyzing 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**

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


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


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 Reproduction - Dr Marcin Smietana

Lecture 7: Sex, gender, reproduction and health

In this lecture, we look at how dominant notions and practices related to reproductive and sexual health, and indeed to the health and reproduction of entire communities, are linked to social hierarchies. We discuss selected cases where perceptions and behaviours with regard to health and reproduction have been dependent on hierarchical relationships. Alongside the core text by Jasbir Puar (2017), which develops the earlier frameworks of stratified reproduction with regard to health, we will briefly discuss cases from each of the five reading topic(s) below: gender identity, sexuality, race and nation, (dis)ability, and species.

References:

Core reading:

Further readings (please choose as per your interests; the readings with asterisk* are additional):

On gender identity:


On sexuality:


On race and nation:


On (dis)ability:


On species:


Essay topics:

1. In what ways has the use of measurements of psychological/mental health been successful in legitimizing gay parenting, and what are its limitations?

2. (How) is reproductive health stratified? Discuss using examples.
3. (How) can Jasbir Puar’s framework of debility-capacity-disability be helpful (or not) in analysing social hierarchies visible at the intersection of health and reproduction?

Lecture 8: Redefining fertility

In this lecture, we look at how perceptions and meanings of (in)fertility and reproductivity are contextual and how they are changing, following Susan Greenhalgh’s (1995) notion of ‘situated fertility’ and Sarah Franklin’s (2013) work on ‘post-ART fertility’. In this process, we examine how affective, economic and other aspects of fertility and reproduction merge in the contemporary ‘biomedical mode of reproduction’ (Thompson 2005). We also trace links between fertility, the politics of reproduction and broader neoliberal politics (Briggs 2018), as well as the legacies of eugenics, settler colonialism and extractivist environmental politics (Bashford 2018). In discussing how neoliberal politics can obscure histories of exclusion and racialize fertility, one of the key cases we look at is what contemporary scroll-down menus in fertility clinics may have to do with the 19th-century ‘race science’ (Russell 2018). We consider reproductive justice (Luna & Luker 2013) as an activist and scholarly framework with a potential to make fertility less stratified and more egalitarian.

References:

Core readings:


Further readings:


Thompson, Charis. 2005. Making Parents: The Ontological Choreography of Reproductive Technologies. Cambridge, MA; London: MIT Press. (in particular Chapter 8: ‘The sacred and profane human embryo: Biological mode of (re)production?’ pp.246-276; and additionally also Chapter 4 ‘Is man to father as woman is to mother? Masculinity, gender performativity and social (dis)order’ pp. 117-143)

Essay topics:

1. What does ‘fertility’ actually mean? Discuss examples of its situated and changing meanings today.

2. In what ways can fertility become racialized? Discuss with reference to examples.
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


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

1988. The Changing Character of the Medical Profession, a special issue of the Milbank Quarterly. 66 (Supplement 2)


**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**


**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**


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


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

Straus, A., Fagerhaugh, S., Suczek, B., and Wiener, C. 1985. The Social Organization of Medical
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


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


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


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**

**Labelling Theories**

**Troubles Management Theories**

**Essay Topics**

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**


**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**


**Essay Topics**

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