

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

### **Course Organiser:**

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### **Lecturers:**

Darin Weinberg  
Stuart Hogarth  
Kathryn Hesketh  
Luke Hawksbee

### **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, Darin Weinberg (Weeks 1-5)

#### 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).

## Essay Topic

1. 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 also 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: Routledge
- 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
- \*Weinberg, D. 2021. "Diagnosis as Topic and as Resource: Reflections on the Epistemology and Ontology of Disease in Medical Sociology." *Symbolic Interaction*. 44(2): 367-91

## Essay Topic

1. Critically evaluate Foucault's contribution 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. Rochefort. 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: Routledge

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 Topic

1. Critically evaluate the contribution of comparative research to the understanding of medical systems.

### Lecture 4: 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

\*Weinberg, Darin. 2021. "Diagnosis as Topic and as Resource: Reflections on the Epistemology and Ontology of Disease in Medical Sociology." *Symbolic Interaction*. 44(2): 367-91

### Essay Topic

1. Has the concept of the "sick role" survived criticism?

## Lecture 5: Medicalisation

The term “medicalisation” 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
- Busfield, J. 2017. “The concept of medicalisation reassessed.” *Sociology of Health & Illness*. 39(5): 759–774
- 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 Topic

1. Critically evaluate the costs and benefits of medicalisation.

## Lecture 6: Biomedicalisation and pharmaceuticalisation, Stuart Hogarth

Building on the previous lecture, we examine new theories that have sought to supplant or augment the concept of medicalization.

### Core reading

- Bell, S.E. and Figert, A.E. (2012). Medicalization and pharmaceuticalization at the intersections: looking backward, sideways and forward. *Social Science & Medicine* 75 775-783
- 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
- Williams, S. J., Martin, P., & Gabe, J. (2011a). The pharmaceuticalization of society? A framework for analysis. *Sociology of Health & Illness*, 33, 710-725.

## Additional reading

- Clarke, A. E., & Shim, J. K. (2009). Medicalization and biomedicalization Revisited: technoscience and transformations of health, illness and biomedicine. In A. Maturo, & P. Conrad (Eds.), *Salute e Società: The medicalization of life* (pp.209-241). FrancoAngeli.
- Clarke, A., Shim, J., Mamo, L., Fosket, J. R., & Fishman, J. R. (Eds.). (2010). *Biomedicalization: Technoscience health and illness in the U.S.* Duke University Press.
- Coveney, C., Williams, S. J., & Gabe, J. (2019). Medicalisation, pharmaceuticalisation, or both? Exploring the medical management of sleeplessness as insomnia. *Sociology of health & illness*, 41(2), 266-284.
- Davis, C. (2015). Drugs, cancer and end-of-life care: a case study of pharmaceuticalization?. *Social Science & Medicine*, 131, 207-214.
- Faulkner, A. (2012). Tissue engineered technologies: regulatory pharmaceuticalization in the European Union. *Innovation: The European Journal of Social Science Research*, 25(4), 389-408.
- Gabe, J., Williams, S., Martin, P., & Coveney, C. (2015). Pharmaceuticals and society: Power, promises and prospects. *Social Science & Medicine*, 131, 193-198.
- Williams, S. J., Gabe, J., & Davis, P. (2008). The sociology of pharmaceuticals: progress and Prospects. *Sociology of Health & Illness*, 30(6), 813-824.
- Williams, S., Gabe, J., & Martin, P. (2012). Medicalization and pharmaceuticalization at the intersections: A commentary on Bell and Figert (2012). *Social Science & Medicine*, 75(12), 2129-2130.

## Essay Topic

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

## Lecture 7: Social Determinants of Behaviour, Kathryn Hesketh

In this lecture, we will first review models used to assess correlates and determinants of behaviour, including the socio-ecological model. This then provides a structure to explore the many and wide ranging social influences on human behaviours, including those that influence health. It will use illustrative examples relating to both risky behaviours (e.g. substance use, sexual behavior) and physical activity to explore how influences on behaviours may change over time and place, and across the lifecourse. The lecture will also draw upon epidemiological principles, which are used as one tool in medical sociological research, to shed light on how trends emerge.

## References

- \* Bronfenbrenner, Urie, Morris, Pamela A. (2007). "The Bioecological Model of Human Development". *Handbook of Child Psychology*. [10.1002/9780470147658.chpsy0114](https://doi.org/10.1002/9780470147658.chpsy0114)
- Bacchini D, Dragone M, Esposito C, Affuso G. (2020) Individual, familial, and socio-environmental risk factors of gang membership in a community sample of adolescents in southern Italy. *Int J Environ Res and Public Health*. 17(23):1–20.
- Craggs C, Corder K, van Sluijs EMF, Griffin SJ. (2011) Determinants of change in physical activity in children and adolescents: a systematic review. *American Journal of Preventive Medicine*. 40(6):645–58.
- Desmond C, Seeley J, Groenewald C, Ngwenya N, Rich K, Barnett T. (2019) Interpreting social determinants: Emergent properties and adolescent risk behaviour. *PLoS ONE* 14(12):1–17.
- \* Fitts, E, Jackman J, Arabella K, Aase V. Determinants of risky behaviour in adolescence : Evidence from the UK. Economic and social council. 2018;1–53.
- Helmer SM, Burkhart G, Matias J, Buck C, Cardoso FE, Vicente J. (2021) “Tell Me How Much Your Friends Consume”—Personal, Behavioral, Social, and Attitudinal Factors Associated with Alcohol and Cannabis Use among European School Students. *Int J Environ Res and Public Health*. 18(4):1–16.
- Hesketh K, O’Malley C, Mazarello Paes V, Moore H, Summerbell C, Ong K, et al. (2017) Determinants of Change in Physical Activity in Children 0-6 years of age: A Systematic Review of Quantitative Literature. *Sports Medicine*. 47(7):1349–74.
- \* Hesketh KR, Lakshman R, van Sluijs EMF. (2017) Barriers and facilitators to young children’s

physical activity and sedentary behaviour: a systematic review and synthesis of qualitative literature. *Obesity Reviews*

Macleod et al (2008). Parental Drug Use, early adversities, later childhood problems and children's use of tobacco and alcohol at age 10: birth cohort study. *Addiction*. 103 (10): 1731-43.

\* Richter, M (2010). *Risk Behaviour in Adolescence: Patterns, Determinants and Consequences*. Germany: Springer.

Sallis, JF, Owen, N, Fotheringham, MJ. (2000) Behavioral epidemiology: a systematic framework to classify phases of research on health promotion and disease prevention. *Ann Behav Med*. 22(4):294-8

Stokels, S (1992). Establishing and Maintaining Healthy Environments: Toward a Social Ecology of Health Promotion. *American Psychologist*. 47 (1) ,6-22

Teh CH, Teh MW, Lim KH, Kee CC, Sumarni MG, Heng PP, et al. (2019) Clustering of lifestyle risk behaviours and its determinants among school-going adolescents in a middle-income country: A cross-sectional study. *BMC Public Health*. *BMC Public Health*. 19(1):1–10.

Tholen R, Wouters E, Ponnet K, De Bruyn S, Van Hal G. (2020) A social ecological approach to hazardous alcohol use among Flemish higher education students. *Int J Environ Res and Public Health*. 17(21):1–13.

Uijtdewilligen L, Nauta J, Singh AS, Van Mechelen W, Twisk JWR, Van Der Horst K, et al. Determinants of physical activity and sedentary behaviour in young people: A review and quality synthesis of prospective studies. *British Journal of Sports Medicine*. 2011;45(11):896–905

Viner R, Hargreaves D, Varnes L, Heys M, Hagell A, Shah R. (2018) The social determinants of young people's health: Identifying the key issues and assessing how young people are doing in the 2010s. Health Foundation working paper.

### Essay Topics

1. Health inequalities are an inevitable part of society. Discuss
2. Critically evaluate the impact of the 2011 Marmot Review
3. How can ethnic disparities in health outcomes be explained?
4. Compare and contrast the individual biomedical model and the social determinants of health framework. Illustrate your answer using at least two social categories.

### Lecture 8: Health and Inequality, Kathryn Hesketh

Building on the previous lecture, we will explore how social forces shape the distributions of health and illness across a variety of social categories including: class/ income, gender, age, race and ethnicity. Research in this area draws upon those categories (amongst others) in an effort to learn who gets sick, who remains healthy, and why. It will also touch on some of the social structural mechanisms that lead to differing 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

Carod-Artal FJ. Social determinants of mental health. *Glob Ment Heal Prev Promot*. 2017:33–46.

\* Currie C, Zanotti C, Morgan A, Currie D, de Looze M, Robberts C, et al. Social determinants of health and well-being among young people. Health Behaviour in School-Aged Children (HBSC) study: international report from the 2009/2010 survey. World Health Organisation (Regional office for Europe). 2012.

\* Devakumar D, Shannon G, Bhopal SS, Abubakar I. Racism and discrimination in COVID-19 responses. *Lancet*. 2020;395(10231):1194.

Egede LE. Race, ethnicity, culture, and disparities in health care. *J Gen Intern Med*. 2006;21(6):667–669.

- Graham H, White PCL. Social determinants and lifestyles: integrating environmental and public health perspectives. *Public Health*. 2016;141:270–278.
- Harrison, M. 2004. *Disease and the Modern World: 1500 to the Present Day*. Cambridge: Polity
- 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)
- Inquiry on Health Equity for the North. Due North: Executive summary report of the Inquiry on Health Equity for the North. 2014.
- \* 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.
- Marmot M. Health Equity in England. 2020.
- 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
- Smith GD, Chaturvedi N, Harding S, Nazroo J, Williams R. Ethnic inequalities in health: A review of UK epidemiological evidence. *Crit Public Health*. 2000;10(4):375–408.
- 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.
- The Marmot Review Team. *Fair Society, Healthy Lives. The Marmot Review.*; 2011

### Essay Topics

1. Health inequalities are an inevitable part of society. Discuss
2. Critically evaluate the impact of the 2011 Marmot Review
3. How can ethnic disparities in health outcomes be explained?
4. Compare and contrast the individual biomedical model and the social determinants of health framework. Illustrate your answer using at least two social categories.



## Lent Term

### Medical Knowledge and Medical Practice, Darin Weinberg, Stuart Hogarth (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
- \*Weinberg, Darin. 2021. "Diagnosis as Topic and as Resource: Reflections on the Epistemology and Ontology of Disease in Medical Sociology." *Symbolic Interaction*. 44(2): 367-91

#### 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 Topic

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.

### Lecture 13: The problem of health technology, Stuart Hogarth

Modern medicine is commonly understood to be technological medicine, and in this lecture we shall explore some key themes in the sociology of health technologies. We focus in particular on technological change or innovation, exploring the development and clinical adoption of new technologies. We attend to the ways in which medical technologies reshape clinical practice, their influence on institutional power dynamics, such as the growth of specialty sub-disciplines and their mediatory role in doctor-patient relations, and the growing market for consumer technologies. We address the ways in which medical technology has become an object of governance in response to a range of societal concerns including safety, effectiveness, equity of access, affordability and ethical issues.

### Core References

- Blaxter, M. (2009). The case of the vanishing patient? Image and experience. *Sociology of health & illness*, 31(5), 762-778.
- Lehoux, P. (2008). The duality of health technology in chronic illness: how designers envision our future. *Chronic illness*, 4(2), 85-97.
- Joyce, K. (2005). Appealing images: Magnetic resonance imaging and the production of authoritative knowledge. *Social Studies of Science*, 35(3), 437-462.

### Additional References

- Reiser, S. J. (1978) Ch.8 *Medicine and the Reign of Technology*. (Cambridge University Press).
- Blume, S. (1992) Ch.1 *Insight and Industry: On the Dynamics of Technological Change in Medicine*. (MIT Press)
- Faulkner, A. (2009) Ch.2 *Medical Technology into Healthcare and Society: A Sociology of Devices, Innovation and Governance* (Palgrave Macmillan)
- Lehoux, P. (2006) Ch.2 *The Problem of Health Technology* (Taylor and Francis)
- Miller, F. A., et al. (2005). Ruling in and ruling out: Implications of molecular genetic diagnoses for disease classification. *Social Science & Medicine*, 61(12), 2536-2545.
- Blume, S. (2003). Medicine, technology and industry. In Cooter, R and Pickstone, J (eds) *Companion to Medicine in the Twentieth Century* (Routledge).
- Amsterdamska O, Hiddinga A. (2003). The analyzed body. In Cooter R, Pickstone, J (eds) *Companion to Medicine in the Twentieth Century*. (Routledge).
- Gelijns, A., & Rosenberg, N. (1994). The dynamics of technological change in medicine. *Health affairs*, 13(3), 28-46.
- Brown, N and Webster A. (2004) *New medical technologies and society: reordering life* (Polity Press)
- Timmermans, S., and M. Berg. (2003). The practice of medical technology. *Sociology of Health and Illness* 25
- Timmermans, S., & Almeling, R. (2009). Objectification, standardization, and commodification in health care: A conceptual readjustment. *Social Science & Medicine*, 69(1), 21-27.

### Essay Topics

1. Does high-tech medicine alienate patients and reinforce medical dominance?
2. What is the relationship between medical technology and medical knowledge?

## Lecture 14: 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 Topic

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?

## Lecture 15: 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
- Strong, P.M. 1979. *The ceremonial order of the clinic: parents, doctors, and medical bureaucracies*. London: Routledge & Kegan Paul
- Timmermans, S., and M. Berg. 2003. *The Gold Standard: The Challenge of Evidence-Based Medicine and Standardization in Health Care*. Philadelphia: Temple University Press
- Weinberg, D. 2005. *Of Others Inside: Insanity, Addiction, and Belonging in America*. Philadelphia: Temple University Press
- 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

\*Weinberg, Darin. 2021. “Diagnosis as Topic and as Resource: Reflections on the Epistemology and Ontology of Disease in Medical Sociology.” *Symbolic Interaction*. 44(2): 367-91

### **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 16: 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**

\*Gale, N. 2014. “The Sociology of Traditional, Complementary and Alternative Medicine.” *Sociology Compass*. 8(6): 805–822

\*Cant, S., and Sharma, U. 1999. *A new medical pluralism?: Alternative medicine, doctors, patients and the state*. London: UCL Press

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

Ruggie, M. 2004. *Marginal to Mainstream: Alternative Medicine in America*. Cambridge: Cambridge University Press

Tovey, P., G. Easthorpe, and J. Adams, eds.. 2003. *The Mainstreaming of Complementary and Alternative Medicine: Studies in Social Context*. London: Routledge

Weinberg, D. 2005. *Of Others Inside: Insanity, Addiction, and Belonging in America*. Philadelphia: Temple University Press

### **Essay Topic**

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.

## Easter Term

### Lecture 17: Political Economy of Pandemics, Luke Hawksbee

What political-economic factors contribute to the emergence and spread of novel zoonotic pathogens? How do private- and public-sector actors and institutions respond to such new diseases, why do they behave in these ways, and how should they behave? Are pandemics “great levellers”—equalising events in which we are “all in the same boat”—or do they exacerbate existing inequalities and heighten specificities?

#### Core References

- Souza, D.O., 2020. “The COVID-19 pandemic beyond Health Sciences: reflections on its social determination.” *Ciência & Saúde Coletiva*. 25(Supl.1):2469–2477.
- Wallace, R., et al. 2020. “COVID-19 and Circuits of Capital.” *Monthly Review*. 72(1).
- Foster, J.B., and Suwandi, I. 2020. “COVID-19 and Catastrophe Capitalism.” *Monthly Review*. 72(2).
- Bump, J., et al. 2021. “Political economy of covid-19: extractive, regressive, competitive.” *BMJ*. 372: n73.
- Meyerowitz-Katz, G., et al. 2021. Is the cure really worse than the disease? The health impacts of lockdowns during COVID-19. *BMJ Global Health*. 6(8).

#### Additional References

- Çakmaklı, C., et al. The economic case for global vaccinations: An epidemiological model with international production networks. NBER Working Paper #28395.
- Wallace, R. 2016. *Big Farms Make Big Flu*. New York: Monthly Review Press. Pp. 50–84, 192–201, and 297–315.
- Karesh, W.B., et al. 2012. “Ecology of zoonoses: natural and unnatural histories.” *The Lancet*. 380: 1936–1945.
- Wood, J.L.N., et al. 2012. “A framework for the study of zoonotic disease emergence and its drivers: spillover of bat pathogens as a case study.” *Phil. Trans. R. Soc. B*. 367: 2881–92.
- Mitropoulos, A. 2020. *Pandemonium: Proliferating Borders of Capital and the Pandemic Swerve*. London: Pluto Press. Pp. 87–108.
- Wallace, R.G., et al. 2015. “The Dawn of Structural One Health: A new science tracking disease emergence along circuits of capital.” *Social Science & Medicine*. 129: 68-77
- Soderbergh, S. 2011. *Contagion*. Hollywood: Warner Brothers. [Read viewing notes before watching.]

#### Essay Topic

1. Which of these is a more accurate description of the COVID-19 pandemic, and why: ‘natural disaster’ or ‘market externality’?

### The Sociology of Mental Health and Illness, Darin Weinberg (Weeks 18-20)

#### Lecture 18: 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 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

- \*Campbell, N. D. 2010. Toward a critical neuroscience of 'addiction'. *BioSocieties*. 5(1), 89–104.
- 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
- \*Reith, Gerda. 2019. *Addictive Consumption: Capitalism, Modernity and Excess*. London: Routledge
- \*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
- \*Weinberg, Darin. 2021. "Freedom and Addiction in Four Discursive Registers: A Comparative Historical Study of Values in Addiction Science." *History of the Human Sciences*. 34(3-4): 25-48

## 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, Electro-shock, 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
- Goldstein, M.S. 1980. "The Politics of Thomas Szasz: A Sociological View." *Social Problems*. 27(5): 570-83

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?