**Course Syllabus**

**Instructor:** Alex Barnard  
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**Course Time and Location**  
MW 12:10-4:00 p.m.  
Barrows 402

**Office Hours:**  
Tuesdays or Wednesdays at 4:00 p.m., Barrows 483  
https://www.wejoinin.com/sheets/rmtxa

Please do not hesitate to ask for an appointment if needed

**Course Description**

How did depression become an “epidemic”? Why do many racial minorities get better healthcare in prison than in their communities? When did doctors become one of the richest professional groups in America? This course introduces students to medical sociology through three lenses. First, we examine the social determinants of health: the ways that race, class, and gender intersect to produce disease and disability for some and wellness for others. Second, we look at the social construction of illness, asking how cultural conceptions can help explain why—for example—people with schizophrenia live better in poor developing countries than in rich, Western ones. Finally, we explore the political economy of medicine: how our health care system does more than just heal, but also serves as a tool for social control and an engine for capitalist accumulation.

Although most of our readings will refer to the United States, we will use examples from outside the United States to highlight alternatives to dominant ways of thinking about health, illness, and medicine.

**Goals**

This course has several learning objectives. First, you will learn the dominant frameworks through which sociologists approach health and medicine, focusing on concrete, applicable concepts like “fundamental causes of health” or “idioms of distress.” Second, you will develop your skills in comparing and critiquing sociological work. Third, you will practice connecting these theories to issues in the social word. Finally, you will develop concrete skills, such as mastering difficult texts, interpreting published quantitative data, and engaging in classroom debates and discussions.

**Assessment**

- **Participation (10%)**: Merely attending class is insufficient. Your active participation in the course is not only crucial for your own learning—passively consuming lecture will not help you formulate ideas effectively on assignments—but for that of your peers. I expect, as well, to see evidence that you have read and annotated the texts in order for you to receive participation credit.

- **Reading Responses (10%)**: You are expected to carefully and critically read two (or three) texts per session. The readings are short (usually between 15 to 30 pages) but they are sometimes dense and difficult. For 10 of our sessions, you must answer one of the questions provided, always using at least one quote (with a page number) from the assigned texts. All responses must be submitted by 10:00 am the day of the assigned text via BCourses – written responses must be uploaded and diagramed/ tabled responses must be attached as a standard image file (e.g., JPG). All reading responses are graded on a pass/fail basis. While “wrong” answers will not be
penalized, I may ask you to resubmit a reading response if your initial submission is incomplete. Late reading responses will not be accepted.

- **Article Critique / Presentation (10%)**: You will choose an article from the pre-approved list at the end of the syllabus, or one that you have found that I approve, and deliver a short presentation around four themes:
  a) Comprehension – what is the argument? What evidence is given for the argument?
  b) Critique – How would you evaluate the logic consistency, evidence, and applicability of this article?
  c) Comparison – How does this article extend and build on the theoretical traditions developed in this course?
  d) Connection – In what ways can this article be used to better understand health, illness, and medicine in the contemporary world?
You can alternatively turn in a 5 page paper answering the same questions.

- **Social Determinants of Health Interviews (15%): Due July 17th** – In the first part of the course, you will conduct two (anonymized) interviews based on a structured questionnaire. You will be expected to write a 3-5 page paper analyzing these interviews and relating them to our readings on the social determinants of health.

- **Media Analysis (15%): Due July 27th** – You will choose some cultural object (novel, movie, television show) that represents health, illness, or medicine, and analyze it using the theories we have developed in this course.

- **Take-Home Exam (40%): Due August 10th** – Your final take-home exam will consist of three questions, relating to Metzl’s *The Protest Psychosis* and building on the skills you have developed in this course: critiquing the argument, comparing it to other authors you have encountered in this course, and connecting it to current events using newspaper articles I will provide for you.

**Required Materials**
- You are required to purchase a course reader from Copy Central (2411 Telegraph Ave.). You must bring this reader to every class; I may mark you absent if you come without the text. If purchasing the reader is an undue burden, let me know and we will find a solution.
- You must also purchase Metzl’s, *The Protest Psychosis*.

**Policies**
- **Attendance**: Your final grade will drop 3.3% (i.e., one-third of a letter grade) for each session missed. You have one absence; there are no excused / unexcused distinctions outside of exceptional circumstances. Please don’t make me have to come up with a “tardy” policy; be on time.
- **Plagiarism**: Please read and familiarize yourself with UC Berkeley’s Code of Student Conduct regarding academic dishonesty: http://sa.berkeley.edu/conduct/faculty-staff/violations Any work that is academically dishonest will receive a 0 at a minimum. Don’t do it.
- **Communication**: I try to answer e-mails within 24 hours. Please do your best to limit e-mails to administrative questions, and check the syllabus and my instructions to the class before e-mailing me. Save substantive questions for office hours.
- **Late Assignments**: Late work will be marked down one letter grade for each day it is late.
Technology: You may use laptops or tablets, but not telephones, in class. As an adult, I trust you will use technology respectfully, i.e. only for things related to class while in class. You must have the readings on paper.

Other Information

Accommodating Special Circumstances: I will receive copies of any letters of accommodation from the Disabled Students Program, but you are free to consult with me directly if you feel comfortable. You can also reach out to me if you have any special needs (defined broadly) that may make participation in the class difficult—this can include learning disabilities, parenthood, athletic obligations, employment, traumatic experiences etc. I am also open to suggestions to make our class more accessible.

Basic Needs: Hunger, homelessness, and eviction are realities for students at UC Berkeley. The university now has compiled the different services available at http://basicneeds.berkeley.edu/. Berkeley has also developed services to support students who are victims of sexual violence: https://survivorsupport.berkeley.edu/.

On Mental Health and Wellbeing: This class should be hard on your intellect, but not on your emotional health! I am not a therapist but I am sympathetic to and accommodating of mental health issues. If you need support, please contact Counseling and Psychological Services (CAPS) at the Tang Center (2222 Bancroft Way, 510-642-9494). We can also brainstorm ways to find accessible and culturally-competent services. If you need someone to talk to immediately, call the Suicide Prevention and Crisis Hotline (415-499-1100) or the Tang After Hours line: After Hours Counseling Line at (855) 817-5667.

Help with Writing: Strong, clear writing develops with practice, and revising paper drafts is a great opportunity! I am happy to work with papers in office hours, however, I cannot guarantee that I can read full drafts or look at your work more than once. If you are looking to improve specific aspects of your writing, ask me and I can provide those comments on your assignments. I also encourage use of the writing tutors at the Student Learning Center (SLC) in Cesar Chavez or the Sociology Department’s undergraduate student resources (sociology.berkeley.edu/undergraduate-writing-resources).

Feedback: I value your feedback on what works and what doesn’t. I will provide you ways to give me feedback in class, including midterm evaluations. Additionally, feel free to email me or speak to me after class or in office hours. The sooner you say something, the more likely I can change it. That said, I assume you are doing your best in this class and hope you will extend me the same benefit of the doubt.

Course Schedule

July 2nd: Introduction: Why Medical Sociology?
Case Study: Suicide and the Health of Societies


Part I: The Social Determinants of Health

**Note modified date and place**

July 5th – Room 420: Social Factors in Health

Case Study: The Paradoxical Case of Gender and Health


Response Paper:

- Written: What is a “fundamental cause” of health and why do Bird and Rieker think “gender” is not a good example of one?
- Diagram: Choose a negative health outcome which is not mentioned in Link and Phelan and map out how a “fundamental cause” could lead to it.

July 9th: Medicine and the Reproduction of Inequality


Case Study: Mass Incarceration, Violence, and Health


Response Paper:

- Written: What is an intersectional approach to health, and what is an example of from Umberson where we need an intersectional approach to understand a health outcome?
- Diagram: Drawing on Lara-Millán, diagram how mass incarceration affects the health of different groups.

July 11th: Inequality in the Clinical Encounter


Case Study: Migrants and the Naturalization of Suffering


Response Paper:

- Written: What is “cultural health capital” and how does it impact the health of migrants in Holmes’ book?
- Diagram: What does an emphasis on “cultural health capital” and how might it interact with “fundamental causes” and “intersectionality”?
Part II: The Social Construction of Illness

July 16th: The Production of Well-Being and Disease
  
  Case Study: Anorexia in Hong Kong

Response Paper:
- Written: How have two of the mechanisms described by Aronowitz changed prevalence and treatment effectiveness rates of cancer?
- Diagram: Show how one “framing mechanism” from Aronowitz leads to the expansion of anorexia in Hong Kong.

July 17th: Due: Health Interviews Project

July 18th: Medicalization
  
  Case Study: Trauma in Indonesia

Response Paper:
- Written: What “drivers of medicalization” do Dwyer and Santikarma discuss that are not mentioned in Jutel?
- Diagram: What are the “drivers of medicalization” in Jutel’s narrative?

July 23rd: The Illness Experience
  
  Case Study: Stigma and (Self) Pathologizing Poverty

Response Paper:
- Written: What is a ‘cultural idiom of distress’ and what is an example not mentioned in any of these texts?
- Diagram: How has welfare reform reshaped the illness experience in Hansen et al.?
Part III: The Political Economy of Medicine

July 25th: Bio-Politics and Genetics

Case Study: Gene Sequencing and the Chinese Nation

Response Paper:
- Written: What is the problem with the new race-based medicine?
- Diagram: How are new genetic technologies reshaping Chinese national identity?

July 27th: Due: Analysis of Health Media

July 30th: The Medical Profession

Case Study: Absorbing Alternative Medicine

Response Paper:
- Written: What is the difference between social and cultural authority?
- Diagram: How have doctors responded to alternative medicine across three historical periods?

August 1st: The Politics of Health Care Systems

Case Study: Universalism (or Not) in the 'Developed' / 'Developing' World

Response Paper:
- Written: What are the key features of the U.S. health system, and which did and did not change from Obamacare?
- Diagram: How did the Cuban health system adapt to the fall of the Soviet Union?
Part IV: Alternatives

August 6th: Social Movements in Health


*Case Study: The Black Panthers’ Health Initiatives*


*Response Paper:*

- **Written**: How is the approach of AIDS activists and the Black Panthers different with respect to transforming the health system?
- **Diagram**: How did the Peoples’ Free Health Clinics impact the health of the black population?

August 8th: “Structural Competency” and “Recovery”


*Response Paper:*

- **Written**: What is ‘recovery’ and how does it break with a bio-medical approach to mental health?
- **Diagram**: What is ‘structural competency’ and how does it reshape health care interactions?

*August 10th: Due: Final Take-Home Exam*