

Sociology 115: Health and Medicine – Summer 2018 Course Syllabus

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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 world. 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

- Durkheim, Emile. 1897. *Suicide* (“Introduction” 1-11, “Suicide and Psychopathic States” 14-21, 24-25, “Imitation” 91-94, “How to Determine Social Causes” 100-104, “Egoistic Suicide” 154-160, 171-173, “Altruistic Suicide” 178-180, “Anomic Suicide” 201-203, 213-219, 239).

Part I: The Social Determinants of Health

Note modified date and place

July 5th – Room 420: *Social Factors in Health*

- Link, Bruce G. and Jo Phelan. 1995. “Social Conditions As Fundamental Causes of Disease.” *Journal of Health and Social Behavior* 35:80–94.

Case Study: The Paradoxical Case of Gender and Health

- Bird, Chloe E. and Patricia P. Rieker. 2008. *Gender and Health: The Effects of Constrained Choices and Social Policies*. Cambridge, UK: Cambridge University Press (“Gender Differences in Health” 16-45, “Gender Barriers to Health” 62-68).

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*

- Viruell-Fuentes, Edna A., Patricia Y. Miranda, and Sawsan Abdulrahim. 2012. “More than Culture: Structural Racism, Intersectionality Theory, and Immigrant Health.” *Social Science & Medicine* 75(12):2099–2106.

Case Study: Mass Incarceration, Violence, and Health

- Umberson, Debra. 2017. “Black Deaths Matter: Race, Relationship Loss, and Effects on Survivors.” *Journal of Health and Social Behavior* 58(4):405–20.
- Lara-Millán, Armando. 2014. “Public Emergency Room Overcrowding in the Era of Mass Imprisonment.” *American Sociological Review* 79(5):866–87.

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*

- Shim, Janet K. 2010. “Cultural Health Capital: A Theoretical Approach to Understanding Health Care Interactions and the Dynamics of Unequal Treatment.” *Journal of Health and Social Behavior* 51(1):1–15.

Case Study: Migrants and the Naturalization of Suffering

- Holmes, Seth. 2013. *Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States*. Berkeley, CA: University of California Press (Ch.5 “Doctors Don’t Know Anything”, 111-154).

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*

- Aronowitz, Robert. 2008. "Framing Disease: An Underappreciated Mechanism for the Social Patterning of Health." *Social Science & Medicine* 67(1):1–9.

Case Study: Anorexia in Hong Kong

- Watters, Ethan. 2011. *Crazy Like Us: The Globalization of the American Psyche*. New York: Free Press (Ch.1 "The Rise of Anorexia in Hong Kong" 9-64).

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*

- Jutel, Annemarie Goldstein. 2011. *Putting a Name to It: Diagnosis in Contemporary Society*. Baltimore, MD: Johns Hopkins University Press (Ch.5 "Driving Diagnosis" 97-116).

Case Study: Trauma in Indonesia

- Dwyer, Leslie and Degung Santikarma. 2007. "Posttraumatic Politics: Violence, Memory, and Biomedical Discourse in Bali." Pp. 403–432 in *Understanding Trauma: Biological, Psychological and Cultural Perspectives*, edited by R. Lemelson, L. Kirmayer, and M. Barad. Cambridge, UK: Cambridge University Press.

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*

- Kirmayer, Laurence J. 2001. "Cultural Variations in the Clinical Presentation of Depression and Anxiety: Implications for Diagnosis and Treatment." *Journal of Clinical Psychiatry* 62:22–30.
- Charmaz, Kathy. 1995. "The Body, Identity, and Self: Adapting to Impairment." *The Sociological Quarterly* 36(4):657–80.

Case Study: Stigma and (Self) Pathologizing Poverty

- Hansen, Helena, Philippe Bourgois, and Ernest Drucker. 2014. "Pathologizing Poverty: New Forms of Diagnosis, Disability, and Structural Stigma Under Welfare Reform." *Social Science & Medicine* 103:76–83.

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*

- Roberts, Dorothy E. 2013. "Law, Race, and Biotechnology: Toward a Biopolitical and Transdisciplinary Paradigm." *Annual Review of Law and Social Science* 9(1):149–66.

Case Study: Gene Sequencing and the Chinese Nation

- Sung, Wen-Ching. 2010. "Chinese DNA: Genomics and Bionation." Pp.263-292 in *Asian Biotech: Ethics and Communities of Fate*. Aihwa Ong and Nancy Chen, eds. Durham, NC: Duke University Press.

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*

- Starr, Paul. 1982. *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*. New York: Basic Books (3-29).

Case Study: Absorbing Alternative Medicine

- Winnick, Terri A. 2005. "From Quackery to 'Complementary' Medicine: The American Medical Profession Confronts Alternative Therapies." *Social Problems* 52(1):38–61.

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*

- Quadagno, Jill. 2010. "Institutions, Interest Groups, and Ideology: An Agenda for the Sociology of Health Care Reform." *Journal of Health and Social Behavior* 51(2):125–36.

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

- Castañeda, Heide. 2017. "Is Coverage Enough? Persistent Health Disparities in Marginalised Latino Border Communities." *Journal of Ethnic and Migration Studies* 43(12):2003–19.
- De Vos, Pol. 2005. "'No One Left Abandoned': Cuba's National Health System since the 1959 Revolution." *International Journal of Health Services* 35(1):189–207.

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*

- Epstein, Steven. 1995. "The Construction of Lay Expertise: AIDS Activism and the Forging of Credibility in the Reform of Clinical Trials." *Science, Technology & Human Values* 20: 408-437.

Case Study: The Black Panthers' Health Initiatives

- Nelson, Alondra. 2013. *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination*. Minneapolis, MN: University of Minnesota Press. (Ch.3 "The People's Free Medical Clinics" 75-114).

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*"

- Jacobson, Nora and Dianne Greenley. 2001. "What Is Recovery? A Conceptual Model and Explication." *Psychiatric Services* 52(4):482-85.
- Metz, Jonathan. 2009. *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston, MA: Beacon Press (Selections).

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