

# SOCIOLOGY OF HEALTH AND ILLNESS

SOC 531  
Fall 2018

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## Course Description

This course will provide graduate students with a survey of research on the social origins of the health, illness, and health care of individuals and populations. Students will be introduced to the process of formulating important social research questions in health and illness, including attention to major theoretical perspectives, measurement of concepts, the merits of various study designs, and both qualitative and quantitative approaches to data collection and analysis. The sociology of health and illness is a large and historically important subdiscipline within the field, distinctively sociological, but with important links to public health, social epidemiology, and health psychology. To quote from a newsletter of the Medical Sociology Section of the American Sociological Association:

"In its early decades medical sociology was often construed as an applied field. Now we are known for our many and wide-ranging contributions, including sophisticated applications. Medical sociologists explore every type of question found in the larger discipline and sometimes stretch its borders to include new frontiers. We bring the body back into sociological theorizing and empirical research. We reveal the rhythms of cultural rituals in ordinary routines. We chart the development of biomedicine and map its consequences. We challenge preconceptions as we study institutional and interactional practices. We develop ever more exacting instruments and analytic tools to conduct our demographic studies and survey research. Whether we examine large data bases or study micro interactions, we raise innovative questions that generate new understandings."

Kathy Charmaz, 2004 Section Chair

More than any other area of the discipline, the sociology of health and illness exemplifies C. Wright Mills' concept of the "sociological imagination" -- the interplay between personal troubles and public issues:

"It is the political task of the social scientist — as of any liberal educator — continually to translate personal troubles into public issues, and public issues into the terms of their human meaning for a variety of individuals. It is his task to display in his work — and, as an educator, in his life as well — this kind of sociological imagination. And it is his purpose to cultivate such habits of mind among the men and women who are publicly exposed to him. To secure these ends is to secure reason and individuality, and to make these the predominant values of a democratic society."

C. Wright Mills, *The Sociological Imagination*, 1959

Regular class sessions will include: an introductory lecture on background concepts, theory, and/or methods; discussion of assigned chapters or articles that have been read by the class and are critiqued by individual students; and a "Minute for Books" with a focus on nonfiction accounts of illness or descriptions of contemporary health care systems. During the semester each student will collaborate with the instructor on a peer review of a journal article. The final two weeks of the semester will be devoted to the presentation of student projects.

**Course Requirements and Grading**

The final grade will be based on class participation (10%), completion of weekly article extracts (20%), presentation of "Minutes" for books (one each) (10%), completion of written peer review (10%), class presentation of project (20%), and a final paper (30%).

**Course Objectives**

- To understand the social determinants of health perspective within an aging and life course framework
- To gain knowledge of indicators and trends in population health over time
- To become familiar with the intellectual history and development of the field
- To become familiar with current social theories of health-related perceptions and behaviors of individuals
- To become familiar with the requirements and advantages of common study designs and types of analysis
- To think critically about social and institutional arrangements related to health and medicine
- To recognize applications of social scientific thinking in health science writing in nonfiction literature

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**SCHEDULE OF TOPICS AND READING ASSIGNMENTS**

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**Session 1 – August 29**

Introductions

Course overview

A (somewhat but not entirely personal) history of the sociology of medicine, health, and illness

*Required reading:*

None

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**Session 2 – September 5**

The backdrop to the study of the sociology of health and illness:

the demographic transition

the epidemiologic transition

aging populations

trends in disability

the questionable contribution of medicine

What are the radical changes that have taken place in the health of populations in the past two centuries?

How have those changes shifted the age structure of populations?

What are the prospects for the improvement of the health of populations in the coming decades?

To what extent has medicine been responsible for these large-scale changes?

*Required reading:*

Meslé, France, and Jacques Vallin. 2011. "Historical Trends in Mortality." In Richard G. Rogers and Eileen Crimmins, Editors, *International Handbook of Adult Mortality*, pp.9-47. New York: Springer.

\*Martin, Linda, and Robert Schoeni. 2014. "Trends in Disability and Related Chronic Conditions among the Forty-and-Over Population: 1997-2010." *Disability and Health Journal* 7:S4-S14.

\*Case, Anne, Angus Deaton. 2015. "Rising Morbidity and Mortality in Midlife among White Non-Hispanic Americans in the 21st Century." *Proceedings of the National Academy of Sciences* 112(49): 15078-83.

McKinlay, John, and Sonja McKinlay. 1977. "The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century." *Milbank Memorial Fund Quarterly* 55:405-428.

*Recommended reading:*

McFalls, Joseph A. 2003. "Population: A lively introduction." *Population Bulletin* 58(4): 1-44.

Verbrugge, Lois. 1984. "Longer Life but Worsening Health? Trends in Health and Mortality of Middle-Aged and Older Persons." *Milbank Memorial Fund Health and Society* 62:475-519.

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\* Readings marked with an asterisk are empirical -- data-based -- research articles. There are a varying number of these each week. On the Canvas site you will find a blank Article Extract form to be used for summarizing and critiquing these papers. Do one per week – you choose which one, if there is more than one listed. The forms should be submitted online to the Canvas site. They are due before class begins.

**Session 3 – September 12**

The history of social causation: the stress process and the social environment

How does the social environment “get under the skin”?

How did the story of the effect of the social environment on health begin, and then evolve?

What is the relationship between acute and chronic stress, and which is more important for health research?

Are the effects of the social environment primarily negative?

*Required reading:*

Marmot, Michael, Johannes Siegrist, and Töres Theorell. 2006. “Health and the Psychosocial Environment at Work.” In Michael Marmot and Richard Wilkinson, Editors, *Social Determinants of Health*, 2nd Edition, pp. 97-130. Oxford: Oxford University Press.

\*Warren, John, Peter Hoonakker, Pascale Carayon, Jennie Brand. 2004. "Job Characteristics as Mediators in SES-Health Relationships." *Social Science & Medicine* 59(7): 1367-1378.

\*Eaker, Elaine, Lisa Sullivan, Margaret Kelly-Hayes, Ralph D’Agostino, Emelia Benjamin. 2004. “Does Job Strain Increase the Risk for Coronary Heart Disease or Death in Men and Women?: The Framingham Offspring Study.” *American Journal of Epidemiology* 159(10): 950-958.

\*Heim, Christine, Cynthia Bierl, Rosanne Nisenbaum, Dieter Wagner, and William Reeves. 2004. “Regional Prevalence of Fatiguing Illnesses in the United States Before and After the Terrorist Attacks of September 11, 2001.” *Psychosomatic Medicine* 66:672-678.

*Recommended reading:*

Brunner, Eric, and Michael Marmot. 2006. “Social Organization, Stress, and Health.” In Michael Marmot and Richard Wilkinson, Editors, *Social Determinants of Health*, 2nd Edition, pp. 6-30. Oxford: Oxford University Press.

Pearlin, Leonard I. 1989. “The Sociological Study of Stress.” *Journal of Health and Social Behavior* 30:241-56.

**Session 4 – September 19**

Health consequences of social inequality: socioeconomic status, race, and ethnicity

Is health determined by relative inequality, or absolute vulnerability?

Does social inequality research require the stress paradigm?

What is the relationship between SES inequality and race inequality?

*Required reading:*

Lahelma, Eero. 2010. “Health and Social Stratification.” In William Cockerham, Editor, *The New Blackwell Companion to Medical Sociology*, pp.71-96. West Sussex, UK: John Wiley.

Marmot, Michael. 2004. *The Status Syndrome: How Social Standing Affects Our Health and Longevity*. New York: Henry Holt. Introduction and Chapter 1, pp.1-36.

\*Phelan, Jo C., Bruce Link, Ana Diez-Roux, Ichiro Kawachi, Bruce Levin. 2004. “‘Fundamental Causes’ of Social Inequalities in Mortality: A Test of the Theory.” *Journal of Health and Social Behavior* 45:265-285.

\*Braveman, Paula, Catherine Cubbin, Susan Egerter, David Williams, Elsie Pamuk. 2010. "Socioeconomic Disparities in Health in the United States: What the Patterns Tell Us." *American Journal of Public Health* 100 (Supplement 1): S186-S196.

Markides, Kyriakos S. and Karl Eschbach. 2005. “Aging, migration, and mortality: current status of research on the Hispanic Paradox.” *Journals of Gerontology: Psychological and Social Sciences* 60B (Special Issue II): 68-75.

*Recommended reading:*

Wilkinson, Richard, Michael Marmot, Editors. 2003. *Social Determinants of Health: The Solid Facts*, 2nd Edition. Geneva: World Health Organization.

Hummer, Robert A. 2010. “Educational Attainment and Adult Mortality.” In Richard Rogers and Eileen Crimmins, Editors, *The International Handbook of Adult Mortality*, pp.241-261. New York: Springer.

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**Session 5 – September 26**

Health consequences of social networks and social capital: ties to family, friends, religious and community groups

Should we treat all components of social networks alike when it comes to health? Should network ties all have equal values?

How does the social capital approach modify the individual-choice presumption of Berkman and Syme's idea of substitutability?

For your own research, do you see more utility in the "network-based or embedded approach" of Lin and Bourdieu or the "normative approach" of Putnam and Coleman?

How does the influence of the social environment on health in the social network / social capital approach differ from the effects seen in the stress / social determinants approach?

*Required reading:*

Song, Lijun, Joonmo Son, and Nan Lin. 2010. "Social Capital and Health." In William Cockerham, Editor, *The New Blackwell Companion to Medical Sociology*, pp.184-210. West Sussex, UK: John Wiley.

\*Pantell, Matthew, David Rehkopf, Douglas Jutte, S. Leonard Syme, John Balmes, Nancy Adler. 2013. "Social Isolation: A Predictor of Mortality Comparable to Traditional Clinical Risk Factors." *American Journal of Public Health* 103(11): 2056-62.

\*Cohen, Sheldon, William J. Doyle, David P. Skoner, Bruce S. Rabin, and Jack M. Gwaltney. 1997. "Social Ties and Susceptibility to the Common Cold." *Journal of the American Medical Association* 277:1940-1944.

Klinenberg, Eric. 2002. *Heat Wave: A Social Autopsy of Disaster in Chicago*, pp.1-128. Chicago: University of Chicago Press.

\*Dupre, Matthew, Audrey N. Beck, and Sarah O. Meadows. 2009. "Marital Trajectories and Mortality among US Adults." *American Journal of Epidemiology* 170:546-555.

*Recommended reading:*

Durkheim, Emile. 1951. *Suicide: A Study in Sociology*. "The Social Element of Suicide." Book 3, Chapter 1 (pp.297-325). New York: Free Press.

Berkman, Lisa F. and S. Leonard Syme. 1979. "Social Networks, Host Resistance, and Mortality: A Nine-Year Follow-Up Study of Alameda County Residents." *American Journal of Epidemiology* 109:186-204.

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**Session 6 – October 3**

Measurement of health status, definitions and social constructions of health, functioning, quality of life

Of what use is the biomedical conception of health for psychosocial research?

Which types of health status measures are most subject to framing, or being socially constructed?

What are the components of a quality life? Who is in the best position to make judgments about this?

*Required reading:*

Rosenberg, Charles E. 1992. "Introduction. Framing Disease: Illness, Society, and History." In Charles E. Rosenberg, and Janet Golden (Eds.), *Framing Disease: Studies in Cultural History*, pp. xiii-xxvi. New Brunswick, NY: Rutgers University Press.

Gill, Tom, and Alvan Feinstein. 1994. "A Critical Appraisal of the Quality of Quality of Life Instruments." *Journal of the American Medical Association* 272:619-626.

\*Idler, Ellen and Kate Cartwright. 2018. "What Do We Rate When We Rate Our Health? Decomposing Age-related Contributions to Self-rated Health." *Journal of Health and Social Behavior* 59(1): 74-93.

\*Schnittker, Jason and Valerio Bacak. 2014. "The Increasing Predictive Validity of Self-Rated Health." *PLoS ONE* 9(1): e84933

*Recommended reading:*

Berger, Peter, and Thomas Luckmann. 1967. *The Social Construction of Reality*, 4. Organism and Identity, pp.180-183.

Idler, Ellen, and Yael Benyamini. 1997. "Self-Rated Health and Mortality: A Review of 27 Community Studies." *Journal of Health and Social Behavior* 38:21-37.

**Session 7 – October 10**

Health behaviors as mediators of the association of social networks with health

How much responsibility do/should individuals bear for their own health? (Especially the individual's subjective perception of health as it is clearly so influential?) How do you interpret the direction of research, toward more blame, or less responsibility?

Which is the more powerful social force in affecting health behaviors – integration or regulation?

*Required reading:*

Cockerham, William. 2010. "Health Lifestyles: Bringing Structure Back." In William Cockerham, Editor, *The New Blackwell Companion to Medical Sociology*, pp.159-183. West Sussex, UK: John Wiley.

\*Umberson, Debra. 1987. "Family Status and Health Behaviors: Social Control as a Dimension of Social Integration." *Journal of Health and Social Behavior* 28:306-319.

\*Wallace, John M., Ryoko Yamaguchi, Jerald G. Bachman, Patrick M. O'Malley, John E. Schulenberg, Lloyd D. Johnston. 2007. "Religiosity and Adolescent Substance Use: The Role of Individual and Contextual Influences." *Social Problems* 54(2):308-327.

\*Strawbridge, William J., Richard Cohen, Sarah J. Shema, and George Kaplan. 1997. "Frequent Attendance at Religious Services and Mortality over 28 Years." *American Journal of Public Health* 87:957-961.

*Recommended reading:*

Christakis, Nicholas A. and James H. Fowler. 2009. *Connected: How Your Friends' Friends' Friends Affect Everything You Feel, Think, and Do*. Chapter 4, pp.95-134. New York: Little, Brown.

Fuchs, Victor. 1974. *Who Shall Live? Health, Economics, and Social Choice*. Chapter 2, pp.30-55. New York: Basic Books.

**Session 8 – October 17**

Social support and caregiving as mediators of the association of social networks with health

Is it social integration or social regulation that provides the glue that keeps these arrangements together?

What are the differences between caring for a loved one who is a child and one who is an adult?

What do qualitative approaches to data collection have to add to the quantitative study of social support and caregiving?

*Required reading:*

Christakis, Nicholas A. and James H. Fowler. 2009. *Connected: How Your Friends' Friends' Friends Affect Everything You Feel, Think, and Do*. Chapter 3, pp.61-94. New York: Little, Brown.

\*Idler, Ellen, David Boulifard and Richard Contrada. 2012. "Mending Broken Hearts: Marriage and Survival Following Cardiac Surgery." *Journal of Health and Social Behavior* 53(1):33-49.

\*Gengler, Amanda. 2014. "'I want you to save my kid!' Illness Management Strategies, Access, and Inequality at an Elite University Research Hospital." *Journal of Health and Social Behavior* 55(3): 342-359.

\*Morrow-Howell, Nancy, Song-lee Hong and Fengyan Tang. 2009. "Who Benefits from Volunteering? Variations in Perceived Benefits." *The Gerontologist* 49(1): 91-102.

*Recommended reading:*

Berkman, Lisa, and Thomas Glass. 2000. "Social Integration, Social Networks, Social Support, and Health." In Berkman, Lisa, and Ichiro Kawachi, Editors, *Social Epidemiology*, pp.137-173.

**Session 9 - October 24**

The mind and the body in social context: Suffering, stigma, and placebos

Is the social context more important for understanding the impact of mental states on physical states, or the impact of

physical states on mental states?

*Required reading:*

- Charmaz, Kathy. 1999. "Stories of Suffering: Subjective Tales and Research Narratives." *Qualitative Health Research* 9(3):362-82.
- Link, Bruce, and Jo Phelan. 2001 "Conceptualizing Stigma." *Annual Review of Sociology* 27:363-85.
- Moerman, Daniel. 2002. *Meaning, Medicine, and the 'Placebo Effect'*. Chapters 1-2, pp.9-21; Chapters 8-9, pp.100-121. Cambridge, UK: Cambridge University Press.
- \*Wechsler, Michael E., John M. Kelley, Ingrid O. E. Boyd, Stefanie Dutile, Gautham Marigowda, Irving Kirsch, Elliot Israel, Ted J. Kaptchuk. 2011. "Active Albuterol or Placebo, Sham Acupuncture, or No Intervention in Asthma." *New England Journal of Medicine* 365:119-26.
- \*Pescosolido, Bernice. 2013. "The Public Stigma of Mental Illness: What Do We Think; What do we know; What can we prove?" *Journal of Health and Social Behavior* 54(1):1-21.

*Recommended reading:*

- \*Aneshensel, Carol, Ralph Frerichs, and George Huba. 1984. "Depression and Physical Illness, a Multiwave, Nonrecursive Causal Model." *Journal of Health and Social Behavior* 25:350-371.

**Session 10 – October 31**

Physician – patient relationships: The sick role, medicalization, and healing

In what ways is Parsons' view of the physician-patient relationship dated, specific to the postwar period? In what ways is it still relevant?

How can we reconcile the "superior" knowledge of the physician about the patient's condition with the patient's own strong prognostic ability that is shown in the studies of self-rated health and mortality?

*Required reading:*

- Parsons, Talcott. 1951. *The Social System*. Chapter X, pp.428-479. New York: The Free Press.
- Horwitz, Allan. 2007. "Transforming Normality into Pathology: The DSM and the Outcomes of Stressful Social Arrangements." *Journal of Health and Social Behavior* 48:211-222.
- \*Levinson, Wendy, Audley Kao, Alma Kuby, Ronald Thisted. 2005. "Not All Patients Want to Participate in Decision Making." *Journal of General Internal Medicine* 20:531-535.
- \*Bell, Robert, Xinyi Hu, Sharon Orrange, and Richard L. Kravitz. 2011. "Lingering Questions and Doubts: Online Information-Seeking of Support Forum Members Following their Medical Visits." *Patient Education and Counseling* 85:525-528.
- Moerman, Daniel. 2002. *Meaning, Medicine and the 'Placebo Effect'*. Chapter 4, pp.32-46. Cambridge, UK: Cambridge University Press.

*Recommended reading:*

- Davis, Joseph. 2010. "Medicalization, Social Control and the Relief of Suffering." In William Cockerham, Editor, *The New Blackwell Companion to Medical Sociology*, pp.211-241. West Sussex, UK: John Wiley.
- Vanderminden, Jennifer and Sharon J. Potter. 2010. "Challenges to the Doctor-Patient Relationship in the Twenty-First Century." In William Cockerham, Editor, *The New Blackwell Companion to Medical Sociology*, pp.355-372. West Sussex, UK: John Wiley.

**Session 11 – November 7**

The US Health Care" System"

What are the primary social forces in the social construction of our social institution of health care?

*Required reading:*

- Scott, W. Richard, Martin Ruef, Peter J. Mendel, and Carol A. Caronna. 2000. *Institutional Change and Healthcare Organizations: From Professional Dominance to Managed Care*. Pp. 340-364. Chicago: University of Chicago Press.
- Starr, Paul. 2011. *Remedy and Reaction: The Peculiar American Debate over Health Care*. Pp. 161-266. New Haven: Yale University Press.
- Obama, Barack. 2016. "United States Health Care Reform: Progress to Date and Next Steps." *JAMA* 316(5):525-532.
- Christopher, Andrea, David Himmelstein, Steffie Woolhandler, Danny McCormick. 2018. "The Effects of Household Medical Expenditures on Income Inequality in the United States." *American Journal of Public Health* 108(3):351-354.

*Recommended reading:*

- Starr, Paul. 1982. *The Social Transformation of American Medicine*. Pp. 235-289. New York: Basic Books.
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**Session 12 – November 14 [Will need to reschedule]**

The US and the World: Cost, Quality, Access, and Exceptionalism

How did we get so far afield of the rest of the industrialized world?

*Required reading:*

- Kikuzawa, Saeko, Sigrun Olafsdottir and Bernice Pescosolido. 2008. "Similar pressures, different contexts: public attitudes toward government intervention for health care in 21 countries." *Journal of Health and Social Behavior* 49(4): 385-399.
- T. R. Reid. 2010. *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*. New York: Penguin.

*Recommended reading:*

- Davis, Karen, Kristof Stremikis, David Squires, and Cathy Schoen. 2014. *Mirror, Mirror on the Wall: How the Performance of the US Health Care System Compares Internationally*. New York: Commonwealth Fund.
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**Session 13 – November 28**

Student paper presentations.

**Session 14 – December 5**

Student paper presentations.



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**DETAILS FOR WRITTEN ASSIGNMENTS**

<b>Due</b>	<b>Assignment</b>	<b>Instructions</b>
Varies	Minute for books	Students will take turns doing a brief book review of a nonfiction account of illness (first-person or third-person) or an account of our US health care system. There is a list of books to choose from at the end of this syllabus, but others may be used – please let me know of any additional books. Write a one-page summary of your "Minute". In your review of an illness narrative, note the social factors that play a causal role in the illness and/or coping strategies that are used by the patient and family and formulate a general research question from your single "case". In your review of an account of the US health care system, share the author's perspective of what the root of the problem is, and any policy changes could be made to improve health care in the US. A sign-up sheet will be distributed at the first class.
Varies	Journal article review	Each student (or pairs of students) will collaborate with me on a peer review. General instructions for peer reviewing will be covered in class. When an article becomes available for review, I will give you a copy and you will have two weeks to prepare a review. Then we will meet to discuss our reviews, prepare a merged version, and submit it online.
Each class	*Empirical paper extracts	Write an analytic summary for one assigned empirical paper for that day. These papers are marked with an asterisk(*) in the syllabus. The form is available as a Word file on Canvas. Upload your completed extract to Canvas.
Session 4	Proposal for paper	<p>Prepare a one-page proposal for your paper for the course. Identify your primary literature sources. Upload to Canvas. Choose from the following possible topics:</p> <ol style="list-style-type: none"> <li>1. Choose a disease, disorder, or health problem, identify the set of risk factors known or suspected to play a role in its causation, and write a systematic review of the existing literature. Differentiate social/cultural determinants from psychological, behavioral, or physiological factors. Evaluate the evidence for their association with the disease, disorder, or health problem. Use the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist on the Canvas site and here: <a href="http://prisma-statement.org/documents/PRISMA%202009%20checklist.pdf">http://prisma-statement.org/documents/PRISMA%202009%20checklist.pdf</a> Conclude with an agenda for future research.</li> <li>2. Choose a potential social or behavioral risk factor and write a systematic review of the literature on its social antecedents, and health or social consequences. Cigarette smoking, for example, may have antecedents including opportunity variables such as association with people who smoke, social psychological variables such as elevated anxiety or need for approval, or economic variables such as the cost of smoking. Consequences may be disease outcomes related to smoking, selection into and out of marriage, weight gain or loss, etc. Use the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist on the Canvas site and here:</li> </ol>

[http://prismastatement.org/documents/PRISMA\\_2009\\_checklist.pdf](http://prismastatement.org/documents/PRISMA_2009_checklist.pdf)

Conclude with an agenda for future research.

3. Propose a new study using primary or secondary data, as if for a grant.

Background:

Review the key research and relevant theoretical framework(s), and the gap in the research your study will address. Identify the important concepts you will use in your study.

Research Question:

State a research question that will provide new knowledge to address those gaps.

Methods:

*Study population.* If you will be using existing data, identify the data set and characteristics of the sample and how they were selected. If you will collect your own data, describe your sample selection and recruitment procedures.

*Measures.* Describe the concepts you want to measure, and how you will measure these constructs. Identify the important independent and dependent variables, and any mediating, moderating, and/or confounding variables that will be included.

*Analysis.* Describe the steps you would use to analyze your data. Prepare a blank table or chart to show how you would display your results.

Significance of Study:

Why it is important to fund your proposal? How would your findings add to existing knowledge? Would your findings have potential practical or public health implications?

Good overview of the elements of a proposal:

<http://libguides.usc.edu/writingguide/researchproposal>

4. Begin the study proposed in 3, most likely a secondary data analysis. Create a data set; identify sample characteristics; run frequencies for important dependent and independent variables; run bivariate cross-tabs or correlations for important associations; determine appropriate multivariate techniques and run preliminary models.

Sessions 13-14	Paper presentations	Prepare and deliver a 12-15 minute presentation of your paper as you might for ASA or a job interview. Speak from notes; do not read your paper. Use visual aids to organize the material and present findings. Be prepared for questions.
December 12	Final papers due	Papers should be approximately 20 pages double-spaced, 11 point font. Citations and references should use ASA style. Attach appendices for data sets, scales, measures of key variables, as appropriate. Upload to Canvas.

## B O O K S

### Texts with Assigned Reading

Many of the following are inexpensive paperbacks or ebooks that you could add to your library. All of the following are available on Course Reserves at the Woodruff Library.

- Christakis, Nicholas. 2009. *Connected: How Your Friends' Friends' Friends Affect Everything You Feel, Think and Do*. New York: Little, Brown.
- Cockerham, William, Editor. 2010. *The New Blackwell Companion to Medical Sociology*. West Sussex, UK: John Wiley.
- Kellehear, Allan. 2007. *A Social History of Dying*. Cambridge, UK: Cambridge University Press.
- Klinenberg, Eric. 2002. *Heat Wave: A Social Autopsy of Disaster in Chicago*. Chicago: University of Chicago Press.
- Marmot, Michael. 2004. *The Status Syndrome: How Social Standing Affects Our Health and Longevity*. New York: Henry Holt.
- Moerman, Daniel. 2002. *Meaning, Medicine, and the 'Placebo Effect'*. Cambridge, UK: Cambridge University Press.
- Reid, T. R. 2010. *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*. New York: Penguin.
- Scott, W. Richard, Martin Ruef, Peter J. Mendel, and Carol Caronna. 2000. *Institutional Change and Healthcare Organizations: From Professional Dominance to Managed Care*. Chicago: University of Chicago Press.
- Starr, Paul. 2011. *Remedy and Reaction: The Peculiar American Debate over Health Care*. Pp. 161-266. New Haven: Yale University Press.

### Recommended Nonfiction Illness Narratives

I own most of the following and will lend to you. Most are also available as paperback or ebooks. These books are not on reserve, although the library may have copies.

- Bauby, Jean-Dominique. 1997. *The Diving Bell and the Butterfly: A Memoir of Life in Death*. New York: Alfred A. Knopf.  
Written by a man completely paralyzed except for his eyelids; he chose the words one letter at a time.
- Bennett, Amanda. 2012. *The Cost of Hope: A Memoir*. New York: Random House.  
Written by the first woman to be editor of *The Philadelphia Inquirer*; account of the illness and death of her husband from a rare form of kidney cancer. Was first published in Bloomberg News as several articles on the cost of health care and the complexity of the US health care system.
- Cohen, Richard M. 2004. *Blindsided: Lifting a Life Above Illness*. New York: Harper Collins.  
First-person account of a former television news producer stricken with multiple sclerosis in his 20s; he also has colon cancer.
- Coutts, Marion. 2016. *The Iceberg*. Black Cat.  
A wife's account of her writer-husband's two-year illness and eventual death from a brain tumor. From the NYT review: "Coutts's prose blinds and burns you, but it is also purifying."
- Fadiman, Anne. 1997. *The Spirit Catches You and You Fall Down*. New York: Farrar, Straus, and Giroux.  
Story of a Hmong refugee family in California; cultural differences in the treatment of their seriously ill child.
- Hsi, Stephen, with Jim Belshaw and Beth Corbin-Hsi. 2004. *Closing the Chart: A Dying Physician Examines Family, Faith, and Medicine*. Albuquerque, NM: University of New Mexico Press.  
A young physician's first person account of his three heart surgeries, necessitated by a rare disease of the blood

vessels; strongly critical of his mostly technically competent, but psychosocially insensitive care.

Kalanithi, Paul. 2016. *When Breath Becomes Air*. New York: Random House.

A first-person account by a neurosurgeon who is diagnosed with lung cancer; he writes about the reversal of roles when a physician becomes a patient.

Kinsley, Michael. 2016. *Old Age: A Beginner's Guide*. Tim Duggan Books.

Despite the title, this first-person account is more about the author's Parkinson's Disease and his middle age. From the NYT review: "If it's possible for a book about illness and death to be delightful, this one fills the bill."

Neugeboren, Jay. 2003. *Open Heart: A Patient's Story of Life-Saving Medicine and Life-Giving Friendship*. New York: Houghton Mifflin.

Account of the author's quintuple bypass surgery and his four physician-friends who helped him through it.

Neuhaus, Richard John. 2002. *As I Lay Dying: Meditations Upon Returning*. New York: Basic Books.

First person account of a Roman Catholic priest's near-death experience during treatment for colon cancer.

Price, Reynolds. 1994. *A Whole New Life: An Illness and a Healing*. New York: Penguin.

First person account of a Duke literature professor/novelist's diagnosis and treatment for spinal cancer.

Roiphe, Katie. 2016. *The Violet Hour: Great Writers at the End*. Dial Press.

Following her own illness with pneumonia, the author does a "forensic investigation" into the writings and documented experiences of six famous authors at the end of their lives: Sigmund Freud, Dylan Thomas, Susan Sontag, Maurice Sendak, John Updike, and James Salter.

Sheehan, Susan. 1984. *Kate Quinton's Days*. New York: Houghton Mifflin.

Originally published in the New Yorker, a journalist's account of an elderly woman's multiple chronic, disabling, but not life-threatening illnesses. Highlights issues of family and professional caregiving for community-living elderly.

Skloot, Rebecca. 2011. *The Immortal Life of Henrietta Lacks*. New York: Random House.

Story of an African-American woman's death from cervical cancer in 1951 and the history of her family, interwoven with the history of the scientific and medical discoveries that came from tissue samples taken from her without her knowledge.

Woolf, Virginia. 2012 (1930). *On Being Ill*. Ashfield, Massachusetts: Paris Press.

### **Recommended Accounts of the US Health Care System**

As with the illness narratives, I own these and can lend to you, or you can purchase as paperback or ebook, or borrow from the library.

Bradley, Elizabeth H. and Lauren Taylor. 2013. *The American Health Care Paradox: Why Spending More is Getting Us Less*. New York: Public Affairs.

Ehrenreich, Barbara. 2018. *Natural Causes: An Epidemic of Wellness, the Certainty of Dying, and Killing Ourselves to Live Longer*. Twelve.

Emanuel, Ezekiel J. 2014. *Reinventing American Health Care: How the Affordable Care Act Will Improve Our Terribly Complex, Blatantly Unjust, Outrageously Expensive, Grossly Inefficient, Error Prone System*. New York: Public Affairs.

Hyman, David. 2018. *Overcharged: Why Americans Pay Too Much for Health Care*. Cato Institute.

Macy, Beth. 2018. *Dopesick: Dealers, Doctors, and the Drug Company That Addicted America*. Boston: Little Brown

Quinones, Sam. 2015. *Dreamland: The True Tale of America's Opiate Epidemic*. New York: Bloomsbury Press.

Rosenthal, Elisabeth. 2017. *An American Sickness: How Healthcare Became Big Business and How You Can Take It Back*. New York: Penguin Press.

### **Recommended Reference Texts**

Berkman, Lisa F. and Ichiro Kawachi, Editors. 2000. *Social Epidemiology*. New York: Oxford University Press.  
The first textbook in the field of social epidemiology, or the systematic study of the social determinants of health.

Bloom, Samuel W. 2002. *The Word as Scalpel: A History of Medical Sociology*. New York: Oxford University Press.  
A history of the field by a first hand observer.

Freund, Peter E. S. and Meredith B. McGuire. 1995. *Health, Illness, and the Social Body: A Critical Sociology*. 2<sup>nd</sup> Edition. Englewood Cliffs: Prentice-Hall.  
A textbook emphasizing power relationships in health.

Gabe, Jonathan, Mike Bury, and Mary Ann Elston. 2004. *Key Concepts in Medical Sociology*. London: Sage.  
Handbook-style review of important concepts and research areas. Offers a definition and summary of current controversies.

Last, John M., Ed. 2001. *A Dictionary of Epidemiology*. 4<sup>th</sup> Edition. London: Oxford University Press.  
The new edition of a classic "look-up" book for brief definitions of methods, statistics, measurements, techniques, study designs, data presentations, biases, data sources, data collection

Oakes, J. Michael and Jay S. Kaufman, Editors. 2006. *Methods in Social Epidemiology*. San Francisco: Jossey-Bass.  
Extensive text on methods, measures, design, and analysis of social factors in disease causation.

Palmore, James A. and Robert W. Gardner. 1983. *Measuring Mortality, Fertility, and Natural Increase: A Self-Teaching Guide to Elementary Measures*. Honolulu: East-West Population Institute.  
Rates, ratios, and life tables.

Selvin, Steve. 2001. *Epidemiologic Analysis: A Case-oriented Approach*. New York: Oxford University Press.  
Uses examples of specific health problems (e.g. maternal weight gain in multiple pregnancies, risk of Alzheimer's disease, trends in Hodgkins' Disease among African-Americans, etc.) and identifies appropriate study designs and statistical tests.

Susser, Mervyn. 1973. *Causal Thinking in the Health Sciences*. New York: Oxford University Press.  
A classic exposition of the logic of health research, particularly strong on the conditions of observations, screening for extraneous variables, and establishing causal associations.

Valente, Thomas. 2010. *Social Networks in Health: Models, Methods, and Applications*. New York: Oxford University Press.  
A readable new text on network methods for health, with excellent examples.

Young, T. Kue. 1998. *Population Health: Concepts and Methods*. New York: Oxford University Press.  
Integrates the concepts of epidemiology with the relevant social sciences: sociology, anthropology, demography.