SOCI 5631: SOCIOLOGY OF HEALTH & ILLNESS

Lecture: M 2:30-5:30
Location: RB 2027

Instructor: Dr. Chris Sanders
Office: RB 2038
Office hours: M 1-2pm, T/W 1:30-2:30pm and by appointment

COURSE DESCRIPTION
This seminar provides a graduate-level survey of sociological perspectives on health, illness, and health care. Much of the focus is on issues of health in Canada. The course is divided into four units drawing on both theoretical and empirical research in the sociology of health and illness. Unit 1 introduces the origins of medical sociology and the social constructionist argument that understandings of health and illnesses are embedded with cultural meaning and values. Unit 2 examines “meaning seeking,” or how sick people experience illness, as well as the notion that medicine acts as an institution of social control. In Unit 3 we shift gears to learn about the Canadian public health care system (PHCS) and discuss the impact of structural and economic reforms in the era of neoliberalism. In Unit 4 we conclude with the sociology of public health, which asks questions about the health of publics and communities in Canada and abroad.

COURSE OBJECTIVES
• To understand how sociologists have studied medicine as a social institution, and how the discipline contributes to a comprehensive understanding of health and illness;

• To understand how social factors influence health and illness, and shape health inequalities in populations;

• To consider the complex social responses to health and illness issues;

• To develop critical thinking and evaluation skills to analyze complex social arrangements related to health and medicine;

• For students to apply course concepts to their areas of academic interest, and to effectively communicate this knowledge to colleagues in the seminar and beyond.
REQUIRED TEXTS
Individual research articles and book chapters are posted to the course website as PDFs, though you’ll still need to purchase (or otherwise acquire) four books:


These books are available at the LU bookstore. However, if you’re operating on a shoestring budget, you can also purchase discounted used copies from Amazon.ca or Abebooks.com, or they can be borrowed for 2 weeks at a time through the LU Library Racer inter-library loan system (allow 2 weeks for requests to be processed and delivered).

Please note that most weeks include recommended readings, which are included in the weekly folders on the LU mycourselink site. These readings are not required for seminar, though they may be useful when writing the analytic responses and the major course paper.

EVALUATION
As this is a graduate seminar, students are expected to attend every class. Students are expected to have required readings completed prior to seminar. Each student will be in charge of facilitating 2 seminars. This tasking will require advanced preparation, including distributing a set a discussion questions in advance of seminar.

Students will be evaluated based on class participation—i.e., attendance and preparation (20%), two analytic reflections (20%), leading two seminars (20%), and a major writing assignment that applies course concepts to a topic of your choosing (40%). Different options for the major writing assignment will be discussed on the first day of seminar.
UNIT I. INTRODUCTION TO HEALTH SOCIOLOGY. We begin by asking: What are the origins of Medical Sociology? Why has medical sociology been critiqued as “a-theoretical”? How does Medical Sociology differ from the Sociology of Health and Illness? And, most important, how can a sociological perspective contribute to our understanding of health, illness, and health care in Canada?

Week 1: January 9th – Welcome!
“Introduction to Health Sociology (aka Medical Sociology)”


Recommended:

UNIT II. THE SOCIAL PRODUCTION OF DISEASE AND ILLNESS. Next, we examine foundational sociological approaches to understanding the experience of illness and the framing of disease. How have sociologists employed Grounded Theory to study the experience of health? What does it mean to argue that medicine acts as an institution of social control? What is (and what is not) medicalization?

Week 2: January 16th
“Biographical Disruption and the Experience of Illness”

Recommended:

Week 3: January 23rd
“Conceptualizing Stigma”

Week 4: January 30th
• Holiday! (no class): A wise student would get ahead on reading *The Medicalization of Society*.

Week 5: February 6th
“Social Control and Medicine”

UNIT III. SOCIAL ORGANIZATION OF MEDICAL CARE. We shift gears and turn to the Canadian public health care system. We begin from a political economy perspective, a distinctly Canadian sociological approach to understanding health care institutions. We reflect upon health care reform and how restructuring coordinates “care work” to align with the goals of efficiency and cost control. Finally, we consider the problem of care access in geographically isolated regions like our Northern Communities.

Week 6: February 13th
“Health Care in Canada: A ‘Crisis’ in Care?”

Recommended:
Week 7: February 20th – Reading week
- Holiday! (no class) A wise student would get ahead on reading *Managing to Nurse*.

Week 8: February 27th
“Restructuring Health Care”

Recommended:

Week 9: March 6th
“Providing Health Care to Rural and Remote Communities”

UNIT IV: HEALTH AND THE BODY. We conclude with the sociology of public health (not to be confused with the public health care system), which asks questions about the health publics and communities and the role of the state in controlling health and illness. Whereas traditionally health care focused on treating the sick body, we see a modern emphasis on regulation of the “well” or managing the healthy body. Additionally, we see that major social institutions are increasingly implicated in the regulation of “risk” and health and illness.

Week 10. March 13
“The New Public Health”


**Recommended:**

**Week 11: March 20**

“Criminalizing Disease and Illness”


**Recommended:**

**Week 12: March 27th**

“Pharmaceuticalization of Public Health: Markets, Ethics & Citizenship”

- Owczarzak, Jill and Andrew Petroll (forthcoming) “A Critical Case Study Analysis of the Logic and Practices of Prescribing HIV Pre-Exposure Prophylaxis (PrEP) to At-Risk Adolescents”

**Recommended:**
**Week 13: April 3rd**

“Media and Health”

- Rowe, Rob et al. 2003. ‘About a Year Before the Breakdown I was Having Symptoms...’ *Sociology of Health & Illness* 25(6): 680-696.

**Recommended:**


* Readings subject to change.