

GRADUATE QUALIFYING EXAMINATION

MEDICAL SOCIOLOGY

August 25, 2003

This examination has three sections. You must answer questions I and II. In Part III, you may select any one question. Your answers should be as complete as possible. They should not exceed a total of fifteen (15) double-spaced pages, excluding the references. You should follow a journal format (e.g., American Sociological Review) for references and citations. You have 24 hours from the time you pick up/receive your exam to return it to Claudette Parker. A hard copy of the examination is preferred, but you also may return a disk copy to be printed with assistance from Claudette.

Please sign below at the time you pick up this examination and again when you return it. No discussion of any Qualifying Examination with any other person is permitted until after August 29, 2003, when all examinations have been completed.

Date and Time of Pick-Up: _____

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Signature: _____

Medical Sociology Qualifying Examination

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Answer both questions I and II. Answer one of the remaining questions.

- I. Cross-fertilization between substantive specializations, such as medical sociology, and mainstream sociological theories is bi-directional. That is, medical sociologists have both (a) developed theories that inform mainstream sociological theory and research and (b) relied upon mainstream sociological theories to better understand health and illness. Identify two theories: (a) a theory developed by medical sociologists that has influenced mainstream sociological theory and/or research and (b) a mainstream sociological theory that has been valuable in medical sociology research. Provide rationales for your choices and describe/explain the cross-fertilization that has taken place. Also identify at least one study that illustrates each form of cross-fertilization. Justify your selections.
- II. Path analysis is a valuable tool for tracing the mechanisms through which and processes by which exogenous factors affect health outcomes. Your job is to describe a research question for which path analysis would be the analytical technique of choice. Be very specific about the exogenous variables of interest, the mechanisms or processes to be investigated, and the health outcome of interest. In addition, provide a brief theoretical rationale for the research question. Describe the kind of data you would need to best test your research question (basic research design, metric of variables, etc.) and assume that such data are available to you. Explain how you would conduct the analysis and interpret your findings.

Answer one of questions III-V.

- III. The issues of whether and for what purposes diagnostic measures should be used in the sociological study of mental illness has been the subject of intense debate. Compare and contrast diagnostic and symptom-based measures of mental illness. You should address their theoretical meanings and assumptions, their implications for analysis, and what each can and cannot offer to our understanding of mental illness. Also provide examples of studies that demonstrate what can be learned from these two measurement approaches. Justify your study selections.
- IV. A large proportion of research performed using the stress model to understand mental health has focused on the social factors and processes that increase the risk of negative mental health outcomes. Several medical sociologists have suggested that various forms of *meaning* represent important additions to the explanatory power of the stress model. Review at least two studies that make this claim. Evaluate the extent to which arguments in favor of incorporating meaning into the stress model are compelling, both theoretically and empirically.

- V. Some medical sociologists, especially those who pursue ethnographic research, have suggested that the distinction between *disease* and *illness* is critically important. What is the nature of this distinction? What are the theoretical foundations upon which the distinction rests? Describe at least two empirical studies that demonstrate the empirical consequences of taking this distinction seriously. Finally, can this distinction be incorporated in quantitative studies in medical sociology – i.e., is it relevant beyond its roots in ethnographic investigation?