

Duke University

Department of Sociology

GRADUATE QUALIFYING EXAMINATION

MEDICAL SOCIOLOGY

August 30, 2007

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 receive your exam to return it to Claudette Parker as an email attachment.

No discussion of any Qualifying Examination with any other person is permitted until after August 31, 2007, when all examinations have been completed.

Graduate Qualifying Examination

Medical Sociology

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Answer both questions I and II. Answer one of the questions in Part III.

- I. Although a few sociological theories are specific to social factors and health, a more common scenario is for medical sociologists to use more general, so-called “mainstream” sociological theories to frame their research questions. First, select a theory that did not originate in medical sociology and describe how it has been used to further our understanding of social factors and health. Second, critically evaluate how effectively this theory, and empirical work based on it, have generated important knowledge about social factors and health. Finally, has the application of this theory in medical sociology generated any insights that might be usefully applied to other research areas?

- II. It is generally-accepted that research design should be based on the nature of the research question. Nonetheless, few research topics are studied using a single research design; in fact, use of mixed-methods is generally viewed as an advantage. First, select a research question and describe it in sufficient detail for the reader to (a) understand its significance in medical sociology and (b) evaluate the types of research designs appropriate for answering the question. Second, concisely describe two discrete research designs that would advance our knowledge of this research issue. Because of space limitations, your research design descriptions will need to be brief, but you should concisely describe the hypotheses to be tested (if any), the basic research design (e.g., cross-sectional or longitudinal), sampling methods, and mode of data collection.

Note: Although you may decide to propose a quantitative design and a qualitative design, this is not our specific interest. You could describe, for example, two quantitative studies that differ substantially in design. As another example, you could propose one study aimed at clarifying the measurement of key concepts and a second study focused on hypothesis-testing.

III Answer one of the following questions (A-E).

- A. Mortality is an outcome that is central to both medical sociology and demography. Although there has been substantial cross-fertilization across these two subfields, there are important differences in the ways that medical sociologists and demographers study mortality. First, describe the major differences in the theories and methods that medical sociologists and demographers employ in studying mortality. Second, select one study from each subfield that is a clear example of that subfield. Briefly describe each study and justify your choices.
- B. The theory of medicalization has been important and pervasive in medical sociology. A common criticism of medicalization theory, however, is that it cannot be falsified (proven wrong). First, what are the central tenets of medicalization theory? Second, are you aware of any studies that have tested medicalization theory (or part of it) and failed to support the theory? If so, describe the study and the way in which medicalization theory was not supported. If you are not aware of such a study, describe a study in which medicalization theory was supported and evaluate whether that study design would have permitted falsification of medicalization theory.
- C. There are two broad bodies of sociological research on inequality and health. The first examines inequality as a personal characteristic; the other as a property of collectivities (e.g., societies, states or other regional units). First, briefly summarize what is known about the relationship between inequality and health in both research traditions. Second, does the current knowledge base permit confident, consensual conclusions about the relationship between inequality and health? Finally, what are high priority issues for further research in both traditions?
- D. “Global health” has become a popular issue in scientific, policy, and public discourse. The term “global health” also covers a lot of territory – many different issues are discussed under the rubric of global health. To date, sociologists have played a limited role in setting the agenda for and conducting research on global health. Describe two research issues where sociologists can make important contributions to our understanding of global health. Provide a rationale for your choice of each issue and describe the basic research designs needed to study those issues. Your choices may be either based on the limited sociological research on global health available or involve issues that have not been addressed yet, but have the potential to make important contributions.

- E. Estimating the effects of social factors on depression has a long history in the sociology of mental health. Over time, the research designs and analytic techniques in this field have become increasingly sophisticated. Recently, a number of investigators have used trajectory analysis to better understand the social antecedents of depression. First, describe at least two studies in which trajectories of social factors are used to predict depression. Second, compare results from the trajectory studies with the knowledge accumulated from more traditional longitudinal studies of social factors and depression. Has trajectory analysis yielded new conclusions or qualified/elaborated previous knowledge of or theory about social factors and depression? Justify your answer.