

Medical Sociology Qualifying Examination

August 19, 2002

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

- I. Two of the major, best-developed, and most frequently tested theories in medical sociology are stress theory and the Andersen behavioral model of health service utilization. Both of these theories have been criticized as lacking sufficient attention to structural factors. First, select one of these theories as the focus for your essay. Second, provide a brief summary of the theory in its early or original form. Third, to what extent were criticisms about the relative neglect of structural factors in this theory appropriate? – i.e., in what ways, if any, were structural factors ignored? Fourth, to what extent has subsequent research (i.e., subsequent to the original/early work) redressed the lack of attention to structural factors?

- II. Most research questions in medical sociology are best answered using longitudinal data. There are multiple forms of longitudinal analysis, however. You are to consider two forms in this question: path analysis (OLS based or based on structural equation models) and event history or survival analysis. First, what are the core assumptions and characteristics of each of these two forms of analysis? Consider issues such as the kinds of research questions each is best equipped to address, the types of data required, and interpretation of results. Second, identify one research article that relies on each of the two longitudinal techniques. Evaluate the appropriateness of the analytic strategies used in the two studies (consider issues such as the appropriateness of the analytic approach for the research question, the degree to which measurement was compatible with the form of analysis, and the adequacy of interpretation). If the analytic technique was inappropriate, suggest an alternative.

Answer one of questions III-VII.

- III. A major focus of research in medical demography is the distinction between life expectancy and active life expectancy. An assumption of this research appears to be that individuals experience only one form of disability transition: from non-disabled to disabled. Nonetheless, research focused specifically on disability transitions has demonstrated that transitions out of disability, though much less common than transitions into disability, are not unusual. First, review two or three studies of active life expectancy and two or three studies of transitions in and out of disability in late life. Second, to what extent do findings in these two research traditions converge and diverge? Third, to what extent does the concept of active life expectancy need to be altered or refined on the basis of research on disability transitions?

- IV. Without question, stress theory has been the major framework used by medical sociologists attempting to identify the social antecedents of mental health problems. But role theory also has informed a substantial number of investigations of the social antecedents of mental illness. To what extent do stress theory and role theory converge in furthering our understanding of social factors and mental illness? To what extent do they offer separate insights into the social antecedents of mental illness? Are there obvious links between the two theoretical frameworks?
- V. The relationship between socioeconomic status (SES) and health has been well-established in the medical sociology literature. Nonetheless, the extent to which this relationship remains constant across the adult life course has not been resolved. First, what are the major theoretical perspectives guiding research on the relationship between SES and health over the life course? Second, what does empirical evidence reveal about the nature of the SES-health linkage across the adult life course? Finally, what is the significance of selective mortality for understanding this issue?
- VI. For two decades or more, most research evidence suggested that differential vulnerability to stress plays a larger role than differential exposure to stress in explaining group differences in mental health problems (and, to a lesser extent, physical illness). Recently, however, a number of authors have begun to question the adequacy with which stress exposure has typically been measured. First, describe ways that stress exposure has been conceptually broadened in recent research? Second, what are the implications of these conceptual insights for measurement of stress? Third, to what extent does research to date support the utility of broadening the conceptual and operational definitions of stress exposure?
- VII. What are the similarities and differences in theory and research on physical health and mental health outcomes? Review relevant literature, identify the major findings of sociological importance, and propose profitable directions for future research.