

**Sociology of Health Comprehensive Exam**  
**Fall 2023**

*Answer 2 of the following 4 questions:*

1. Discuss the concept of medicalization and compare it with the successor concept of biomedicalization. In your answer, consider the different ways the two theories incorporate social actors beyond the medical profession and what they suggest about whether medicalization is a top-down process (driven by markets or professionals) or a bottom-up process (influenced by individuals and consumers).
2. First explain the “gender paradox” in health: What are the health and mortality differences between men and women that are viewed as “paradoxical” and why? What explanations have been proposed for the gender health paradox? How would a social constructionist approach to gender and health (based on the “doing gender” perspective and the cultural ideals of masculinity and femininity) explain the gender health paradox? Second, consider how the evidence and/or explanations for the gender health paradox might change if we adopt a more complex intersectional approach, rather than thinking about gender and health in terms of two binary categories.
3. Medical sociologists study many of the same outcomes as other fields, including public health, health services research, and epidemiology. Imagine you were meeting with a high-ranked National Institutes of Health (NIH) official (or a board member of another funding agency or foundation) and they asked you why they should fund medical sociology projects, rather than or in addition to the typical public health, health services research, and epidemiology projects that they typically fund. What would you say to make your case? Discuss the 3 main reasons why you would argue that funding agencies and foundations should fund medical sociology research (you could focus on 3 main insights from prior medical sociology research that have proven fundamental, or you can discuss 3 current societal challenges that medical sociology could provide insight/solutions, or you could choose to answer it some other way).
4. Summarize the main arguments of Link and Phelan’s fundamental cause theory. Why are SES and race “fundamental causes” of population health disparities, according to the theory? How do they explain persistent SES and race disparities, despite increasing scientific breakthroughs and technological advances?

*Answer 1 of the following 2 questions:*

1. Medical sociologists have highlighted various ways people challenge medical authority. Discuss how at least two of the following examples have shaped the contemporary experience of illness and doctor-patient interaction: complementary and alternative medicine, direct-to-consumer genetic testing, patient support groups, and health social movements. Cite specific studies to illustrate your claims.
2. Doctor-patient interaction has been shown to contribute to U.S. health disparities. Discuss 3 specific ways that doctor-patient interactions contribute to inequality (along gender, class, race/ethnicity, immigration, language, age, etc.). For each of these 3 ways, discuss at least one key example from current empirical research. Finally, assume you were invited to a panel to offer recommendations to providers (and/or their places of work) on how to improve doctor-patient interaction, what would be your key recommendations? Detail (at least) one key recommendation for each of the 3 ways that you choose to discuss.