



Teaching Guide

Identifying Data					2023/24
Subject (*)	Sociology of health and disease		Code	615G01307	
Study programme	Grao en Socioloxía				
Descriptors					
Cycle	Period	Year	Type	Credits	
Graduate	2nd four-month period	Third	Obligatory	6	
Language	Spanish				
Teaching method	Face-to-face				
Prerequisites					
Department	Socioloxía e Ciencias da Comunicación				
Coordinador	Cotillo Pereira, Alberto	E-mail	a.cotillo@udc.es		
Lecturers	Cotillo Pereira, Alberto	E-mail	a.cotillo@udc.es		
Web					
General description	<p>The sociology of health and illness is deeply rooted in the curricula of the Degree in Sociology at major universities. It is one of the main specialties of sociological literature and has a wide theoretical and practical academic application. This subject tries to analyze the social basis of the problems related to health and illness. It start off the attempt to overcome the limitations of the hegemonic biomedical approach to health and illness and seeks to discover the deep social root of both.</p> <p>To a large extent, the sociology of health and illness is nourished by discoveries and contributions from related areas such as epidemiology, health anthropology and health policy. In a certain sense, it should be considered that this subject implies an in-depth analysis of the social bases of health and illness and, as a result, serves as a foundation for its related areas.</p>				

Study programme competences

Code	Study programme competences
A1	Conocimiento de los componentes básicos de las desigualdades sociales y las diferencias culturales.
A3	Introducción a la evolución de las sociedades contemporáneas y de sus movimientos sociales y políticos.
A8	Análisis de las transformaciones y evolución de las sociedades contemporáneas.
A13	Habilidades para la evaluación y realización de estudios de calidad y satisfacción.
A14	Capacidades en elaborar, utilizar, e interpretar indicadores sociales e instrumentos de medición social.
A15	Conocimientos y habilidades para plantear y desarrollar una investigación aplicada en las diferentes áreas de la sociedad.
A16	Conocimientos y habilidades técnicas para la producción y el análisis de los datos cuantitativos y cualitativos.
A17	Conocimientos y habilidades en la búsqueda de información secundaria en las diferentes fuentes (instituciones oficiales, bibliotecas, internet, etc.).
A21	Capacidades para identificar y medir factores de vulnerabilidad social y procesos conflictivos.
A24	Conocimientos y habilidades en transmitir los conceptos, problemáticas y perspectivas sociológicas.
A35	Actitud crítica frente a las doctrinas y las prácticas sociales.
A36	Actitud de compromiso frente a los problemas sociales y culturales.
B3	Capacidad de análisis y síntesis.
B4	Resolución de problemas.
B5	Capacidad de gestión de la información.
B6	Comunicación oral y escrita en la lengua nativa.
B7	Conocimientos de informática relativos al ámbito de estudio.
B12	Trabajo en equipo.
B13	Razonamiento crítico.
B21	Aprendizaje autónomo.
B27	Capacidades en reconocer la complejidad de los fenómenos sociales.
C1	Expresarse correctamente, tanto de forma oral como escrita, en las lenguas oficiales de la comunidad autónoma.
C3	Utilizar las herramientas básicas de las tecnologías de la información y las comunicaciones (TIC) necesarias para el ejercicio de su profesión y para el aprendizaje a lo largo de su vida.
C6	Valorar críticamente el conocimiento, la tecnología y la información disponible para resolver los problemas con los que deben enfrentarse.



C8	Valorar la importancia que tiene la investigación, la innovación y el desarrollo tecnológico en el avance socioeconómico y cultural de la sociedad.
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Learning outcomes			
Learning outcomes	Study programme competences		
Upon successful completion of the course, the student will be able to identify the limitations of the biomedical model of health and disease and the social character of both.	A24 A35 A36	B3 B13 B21 B27	C6
Upon successful completion of the course, the student will be able to recognize the main issues, orientations, approaches and theories within the field of the sociology of health and illness.	A24 A35 A36	B3 B6 B13 B21 B27	C1 C6 C8
Upon successful completion of the course, the student will be able to identify the factors of inequality and social vulnerability in health.	A1 A21 A35 A36	B3 B6 B13 B21 B27	C6
Upon successful completion of the course, the student will be able to understand the processes of social change that affect health and disease in advanced societies.	A3 A8	B3 B13 B21 B27	C6 C8
Upon successful completion of the course, the student will be able to collect, process and analyze statistical data related to the field of health and health policy.	A13 A14 A15 A16 A17	B3 B4 B5 B6 B7 B12 B27	C1 C3 C8
Upon successful completion of the course, the student will be able to identify the social processes underlying specific cases of social phenomena related to health and illness.	A15 A16 A17 A21 A35 A36	B3 B4 B6 B12 B13 B21 B27	C1 C8
Upon successful completion of the course, the student will be able to transmit to others in public the results of their own analysis and their own research.	A24 A35 A36	B3 B5 B6 B12 B13 B27	C1 C3

Contents	
Topic	Sub-topic
INTRODUCCION TO THE SOCIOLOGY OF HEALTH	The Sociological Perspective. Sociological Approaches to Health and Illness. Parsonian Sociology of Health. Economy and Materialist Perspective. Foucault's Sociology of Health. Feminist Approaches. Bringing the Approaches Together.



SOCIOLOGY OF MEDICAL KNOWLEDGE	O problema do modelo biomédico da enfermidade. Como o coñecemento médico media nas relacións sociais. O campo técnico da práctica médica. Tecnoloxía médica e relacións sociais. A socioloxía do coñecemento médico. Ludwig Fleck e representacións. Socioloxía do coñecemento médico de Fleck. Estilos de pensamento despois de Fleck. Fleck, Foucault e Kuhn.
TEMA 3. O DESENVOLVEMENTO DA SOCIOLOXÍA DA SAÚDE	A relación entre socioloxía e medicina. Sesgos médicos na socioloxía da saúde. Retos para a medicina. Aspectos sociais da enfermidade: crítica ao modelo médico. Conceptos clave na socioloxía da saúde. O concepto de medicalización. Funcións sociais do coñecemento e da práctica médica. O desenvolvemento da medicalización. Desenvolvemento da medicalización na profesión médica. Características da medicalización da sociedade. Avaliación da medicalización.
SOCIOLOGY OF MEDICINE	Definición de saúde. Perspectivas sobre a saúde e o comportamento social. Epidemioloxía. medidas epidemiolóxicas. desenvolvemento da epidemioloxía. A complexidade das enfermidades modernas. Enfermidade e modernización. Epidemioloxía e estatística. Perspectivas psicosociais sobre as desigualdades sociais en saúde. Comunidade, capital social e desigualdade.
DOCTOR-PACIENT RELATIONSHIP	O papel do paciente. A relación médico-paciente. A profesionalización da medicina. A socialización do médico. O doutor nunha sociedade cambiante. O control social da práctica médica. Regulamento do goberno. A tese da desprofesionalización dos doutores.
TEMA 6. A PERSPECTIVA ESTRUCTURAL-FUNCIONALISTA DE PARSONS	Socioloxía da acción de Talcott Parsons. Parsons e as profesións. Variacións diagnósticas e actividades prescritivas. O fin da idade de ouro do doutor. O papel do enfermo. Defensa do papel do enfermo. Enfermidade e valores americanos.
SOCIAL DETERMINANTS OF HEALTH	A explicación materialista das causas da enfermidade: ocupación, dieta e vivenda. Clase fronte a situación socioeconómica. A clase como posto de traballo. Posición estrutural como situación socioeconómica. O enfoque marxista clásico. As funcións económicas e políticas da medicina. A profesión médica dende a análise marxista. Modificacións do marxismo clásico e cambios no capitalismo. Transformacións da profesión médica. A socioloxía do corpo de Bourdieu.
TEMA 8. A PERSPECTIVA FOUCAULTIANA	Características xerais do enfoque de Foucault. Socioloxía da saúde de Foucault. Disciplinas do coñecemento/disciplinas do poder: poder/coñecemento. Historia da medicina de Foucault. A socioloxía do corpo. Representacións históricas e metafóricas do corpo. O rexistro anatómico-metafísico do corpo. O rexistro técnico-político do corpo.
TEMA 9. SAÚDE, XÉNERO E FEMINISMO	Por que as mulleres van máis ao médico? A medicalización do corpo feminino. As mulleres están máis deprimidas que os homes? Distintas formas de feminismo: feminismo liberal, feminismo radical, feminismo marxista. Ciencia e medicina patriarcal. Feminismo e crítica da tecnoloxía. Unindo posicións foucaultianas e feministas.

Planning				
Methodologies / tests	Competencies	Ordinary class hours	Student?s personal work hours	Total hours
Document analysis	A1 A8 A13 A14 A15 A16 A17 A21 A24 B3 B4 B5 B6 B7 B12 C1 C3	10	20	30
Case study	A1 A3 A8 A24 A35 A36 B3 B4 B6 B12 B13 B21 B27 C1 C6	0	30	30



Mind mapping	A3 A8 A24 A35 A36 B6 B21 B27 C1 C6	0	15	15
Guest lecture / keynote speech	A1 A3 A8 A24 A35 A36 B27 C6	26	0	26
Oral presentation	B3 B5 B6 B7 B12 C1	1	9	10
Mixed objective/subjective test	A1 A3 A8 A24 A35 A36 B6 B21 B27 C1 C6 C8	2	32	34
Personalized attention		5	0	5

(*)The information in the planning table is for guidance only and does not take into account the heterogeneity of the students.

Methodologies	
Methodologies	Description
Document analysis	It consists in the statistical exploitation of data from surveys or barometers that address issues related to health and the health system in Spain. Students are required to apply at least one multivariate analysis technique to the data they handle. The analysis of the documentary sources implies that the students define the focus of the research (objectives, hypothesis, methodology), obtain the secondary data, exploit them, analyze the results and write the report. This must be delivered to the teacher in electronic format and exposed at the classroom. This activity will be carried out in groups of 2 or 3 students.
Case study	It consists of analyzing a specific piece of information that has appeared in some mass media. The objective is that the students establish an adequate interpretation of the case in question and relate it to the theoretical contents of the subject through the different interpretations offered by the different predominant perspectives in the sociology of health and illness. The teacher will provide the case and students should prepare a report that accounts for their work. The report must be sent to the teacher in electronic format and presented at the classroom. This activity will be carried out in groups of 2 or 3 students.
Mind mapping	The idea is that the students prepare a summary and a conceptual map that explains the reading of a particular text. Students can choose the text in question from the list that the teacher will provide. The preparation of the abstract and the conceptual map will be individual and should be sent to the teacher in electronic format.
Guest lecture / keynote speech	Throughout the semester, the teacher will present at the classroom the main issues, orientations, approaches and theories in the field of the sociology of health and illness. Students must attend classes regularly.
Oral presentation	Students organized in groups of 2 or 3 people will present both their analysis of documentary sources and their case study in the last face-to-face sessions of the semester.
Mixed objective/subjective test	Students must take an exam on the contents of the subject with the materials indicated by the teacher for this purpose. As far as possible, it will ensure that the examination consists of questions in different response formats. The exam will be done individually.

Personalized attention	
Methodologies	Description
Document analysis Case study Mind mapping	Groups of students can count on the help and advice of the teacher in their analysis of documentary sources, their case study and the preparation of their conceptual map. This assistance will be developed during the hours of tutorials at the teacher's office. Student groups will notify their tutorials in advance by sending an email.

Assessment			
Methodologies	Competencies	Description	Qualification



Mixed objective/subjective test	A1 A3 A8 A24 A35 A36 B6 B21 B27 C1 C6 C8	On the official date for both opportunities in June and July, the student must submit an exam on the contents of the subject, both those taught in the theoretical lessons and readings indicated by the teacher. Students who opt for continuous assessment as well as those who opt for non-continuous assessment may take the exam. For the students in the continuous evaluation, the score in the exam will suppose the 40 percent of its score in the subject. Students must reach at least 20 points (out of a maximum of 40 possible) in the exam in order to pass the course. Students in the non-continuous assessment must obtain at least three quarters of the maximum exam score to pass the subject (at least 30 points out of the possible maximum of 40) on the June exam. All students who attend the July opportunity, whether they chose one kind of evaluation or another, must obtain at least 30 points out of the 40 possible maximums in the exam to pass the subject.	40
Document analysis	A1 A8 A13 A14 A15 A16 A17 A21 A24 B3 B4 B5 B6 B7 B12 C1 C3	The analysis of documentary sources is one of the activities that constitute the practical part of the subject. Students must submit a report of their research on secondary data on the date established for this purpose and present at the classroom. The grade obtained by the students in the analysis of the documentary sources will represent 20 percent of their final score in the subject. It is an essential condition in order to pass the subject to obtain more than 7 points (of the maximum of 20 possible) in the analysis of documentary sources. This activity is only required for those students who opt for continuous assessment.	20
Case study	A1 A3 A8 A24 A35 A36 B3 B4 B6 B12 B13 B21 B27 C1 C6	The case study is also part of the practices in the subject. Students organized in groups of two or three people will submit a report of their research on the date established for this purpose and must present it at the classroom. The grade obtained by the students in their case study entail 20 percent of their final grade in the subject. In order for students to pass the course, it is essential that they obtain at least 7 points (out of a possible maximum of 20) in their case study. This activity is only required for those students who opt for continuous assessment.	20
Mind mapping	A3 A8 A24 A35 A36 B6 B21 B27 C1 C6	The third report that students must submit is the preparation of a summary and a conceptual map related to a text that will be provided. The evaluation of the report that the students will elaborate will suppose a 10 percent of its final score. To pass the subject, the student must obtain a grade, at least, equal to 4 points (in a maximum of 10 possible) in their conceptual map. This activity is only required for those students who opt for continuous assessment.	10
Oral presentation	B3 B5 B6 B7 B12 C1	Students organized in groups of 2 or 3 people will present both their analysis of documentary sources and their case study.	10

Assessment comments



Students will have a form that they must deliver to the teacher before the date established. All students who have not sent the completed form before the established term will be considered to have opted for non-continuous assessment.

In some of the lessons given by the teacher or the students' exhibition a signature sheet will be passed to control the attendance of the students. Students who opt for continuous assessment must attend at least 70% of the lessons in which the signature sheet were passed.

The professor reserves the right to introduce additional conditions throughout the course to those indicated in this guide, as long as they do not contradict what was expressed in it.

Sources of information



<p>Basic</p>	<ul style="list-style-type: none"> - EHRENREICH, B. (2018). Natural Causes. Life, Death, and the Illusion of Control. Granta Books - BLASCO, HERNÁNDEZ, T. y RODRÍGUEZ REINADO, C. (2017). La salud integral. Madrid: Instituto de Salud Carlos III y La Catarata - PORTER, D. (1999). Health, Civilization and the State. A History of Public Health from Ancient to Modern Times. Londres: Routledge - SUJATHA, V. (2014). Sociology of Health and Medicine. New Perspectives. Oxford: Oxford University Press - WHITE, K. (2006). The SAGE Dictionary of Health and Society. Londres: Sage - BARRY, A.-M. y YUILL, C. (2016). Understanding the Sociology of Health. Londres: Sage - TAYLOR, S. y FIELD, D. (2007). Sociology of Health and Health Care. Oxford: Blackwell Publishing - HELMAN, C. G. (2007). Culture, Health, and Illness. Boca Ratón: CRC Press - COCKERHAM, W. C. (1992). Medical Sociology. Englewood Cliffs: Prentice Press - ROGERS, A. y PILGRIM, D. (2014). A Sociology of Mental Health and Illness. Maidenhead: Mc-Graw-Hill - Open University Press - CONRAD, P. (ed.) (2009). The Sociology of Health and Illness. Critical Perspectives. Nueva York: Worth Publishers - MARMOT, M. y WILKINSON, R. G. (eds.) (2006). Social Determinants of Health. Oxford: Oxford University Press - BROGNA, P. (comp.) (2009). Visiones y revisiones de la discapacidad. México: Fondo de Cultura Económica - MARKS, D. (1999). Disability. Controversial Debates and Psychosocial Perspectives. Londres: Routledge - FOX, R. C. (1989). The Sociology of Medicine. A Participant Observer's View. Englewood Cliffs: Prentice Press - FOUCAULT, M. (1963). El nacimiento de la clínica: una arqueología de la mirada médica. México: Siglo XXI - FLECK, L. (1935). La génesis y el desarrollo de un hecho científico. Madrid: Alianza Editorial - BARTON, L. (comp.) (1998). Discapacidad y sociedad. Madrid: Fundación Paideia-Ediciones Morata - WHITE, K. (2017). An Introduction to the Sociology of Health and Illness. Londres: Sage - ANDREU, J. et al. (2003). Sociología de la discapacidad. Exclusión e inclusión social de los discapacitados. Revista del Ministerio de Trabajo y Asuntos Sociales 48;77-107 - BOWLING, A. (1994). La medida de la salud; revisión de las escalas de medida en la calidad de vida. Barcelona: Masson - MARTINEZ, L. et al. (2005). Exclusión social y discapacidad. Madrid: Universidad Pontificia de Comillas/Fundación BBVA - RODRÍGUEZ, J.A. y DE MIGUEL, J.M. (1999). Salud y poder. Madrid: CIS <p>Documentación electrónica Documentación del Ministerio de Sanidad, Servicios sociales y de igualdad Encuestas de Salud de las comunidades autónomas en la red http://www.msssi.gob.es/estadEstudios/estadisticas/encuestaNacional/encuestasCCAA.htm Encuesta Europea de salud en España 2018: Estado de salud. Distribución porcentual http://www.msssi.gob.es/estadEstudios/estadisticas/EncuestaEuropea/pdf/MODULO1RELATIVOweb.pdf Determinantes de Salud. Distribución porcentual http://www.msssi.gob.es/estadEstudios/estadisticas/EncuestaEuropea/pdf/MODULO3RELATIVOweb.pdf Barómetros del CIS (http://www.cis.es/cis/opencms/ES/index.html) Documentación normativa Comisión de las Comunidades Europeas: Libro Blanco. Juntos por la Salud: un planteamiento estratégico para la UE (2008-2013). COM (2007) 630 final. Bruselas, 23.10.2007 DOUE L 86/11-13, 21.3.2014 ES. Anexo 1. Prioridades Temáticas [en Salud] Ley General 33/2011, de 4 de octubre, de Salud Pública. RD Ley 16/2012, de 20 de abril, de medidas urgentes para garantizar la sostenibilidad del Sistema Nacional de Salud y mejorar la calidad y la seguridad de las prestaciones.</p>
<p>Complementary</p>	

Recommendations

Subjects that it is recommended to have taken before



Sociological Theory 1/615G01110

Sociological Theory 2/615G01203

Multivariate Analysis of Social Data/615G01206

Subjects that are recommended to be taken simultaneously

Subjects that continue the syllabus

Other comments

(*)The teaching guide is the document in which the URV publishes the information about all its courses. It is a public document and cannot be modified. Only in exceptional cases can it be revised by the competent agent or duly revised so that it is in line with current legislation.