

# HEALTH, AGING AND SOCIETY – HLTH AGE 701

## SOCIAL SCIENCE PERSPECTIVES ON HEALTH AND AGING

**Fall 2017**

**Instructor:** Gavin J. Andrews

**Email:** andrews@mcmaster.ca

**Class meets:** Thursday, Term 1, 9:00-11:30 am. Wilson Hall (LRW) 5001

**Office:** KTH 240

**Office hours:** by appointment

### **Objectives and Purpose**

This course builds an appreciation of the main social sciences involved in critical health studies and social gerontology, and the ways in which they have related and communicated, empirically, theoretically, methodologically and otherwise. Critical attention is given to the nature of disciplines and particularly to forms of collective ‘multi’-, ‘inter’- and ‘trans’-disciplinarity. Questions include: What are benefits of drawing on more than one discipline? What insights does it provide? What challenges and issues arise?

Beyond this, the course introduces theoretical approaches in the social sciences that crosscut the fields of health studies and social gerontology and the disciplines that constitute them. Questions include: What are the conceptual foundations in each of these fields? What are the main debates regarding the importance and use of theory in each of these fields?

An aim is to obtain a deeper understanding of health and aging research as a complex and often contested mosaic of perspectives, theories and approaches. Such understanding will undoubtedly assist students as they move onto future research and employment.

### **Teaching Format**

Each week the instructor will present a lecture/seminar (during which students are welcome to ask questions or engage the class in related conversation). The remaining time will involve students’ weekly presentations

## **Course Requirements**

### **Participation (5% of final grade)**

Marks will be based on the student's attendance, engagement in class discussions, and contribution to the learning of all group members throughout the term.

### **Written Assignment One: Disciplines (35% of final grade)**

To be submitted to the instructor in class on or before **October 5**

Students will choose an area of aging, health or health care and evaluate the different disciplines – both social and health sciences - involved in studying it. The area might be a particular client group (such as older people or children), disease (such as TB or chronic back pain), public health issue (such as smoking, obesity), role, practice or intervention (such as nursing or homecare). More theoretically it might be a concept, or idea or goal (such as empowerment, active aging, quality of life). Students will discuss the contributions of different disciplines and the extent and advantages/disadvantages of interdisciplinarity.

The paper should be no more than 12 pages long (excluding references), typed and double spaced.

### **Weekly Presentations and Class Discussion (25% of final grade)**

For each class students will find an article or chapter on that week's topic. Each student will present a brief summary of the article. For missed presentations students may submit a two page summary at a later date.

Students may talk about one of the week's particular nominated/listed readings BUT must check with the class so that not more than one student covers each (+ don't talk about my papers or the book chapters in the required texts).

\*students may also present articles related to week one in week two

### **Written Assignment Two: Theories (35% of final grade)**

To be submitted to the instructor in class on or before **November 30**

Students will compare how a topic of their choice (either the same area of aging, health or health care tackled in assignment one, or a new one) would be conceptualized using two different theoretical approaches discussed in the course.

The paper should be no more than 12 pages long (excluding references), typed and double spaced.

**NOTE: A penalty of 2% points per day will be deducted for assignments not submitted on or before the due date.**

### **Required Texts (students will receive copies of chapters ahead of class)**

1. Orla McDonnell, Maria Lohan, Abby Hyde and Sam Porter (2009) *Social theory, health and health care*: Palgrave Macmillan ISBN-13: 978-14039-8953-6  
ISBN-10: 1-4039-8953-2
2. Carroll Estes, Simon Biggs, Chris Phillipson (2003) *Social theory, social policy and ageing*. Open University Press ISBN 0 335 20906 8

Paraphrased below as ‘theory and health’, and ‘theory and aging’

### **Weekly Schedule**

As an introduction, the first three lectures explore the emerging nature of disciplinarity in research and in the many ‘applied’ sectors relating to health and aging. The following three lectures focus on specific social science disciplines, highlight the key changes they have gone through over time, their connections to other disciplines, and the moments where they have been contested from ‘within’ and ‘without’. The final lectures each focus on a particular empirical field and examine how inter-disciplinarity has impacted on, and enriched knowledge.

### **Week 1, September 14 - Introduction: ‘multi-’, ‘inter-’, ‘trans-’ disciplinary turns in the social sciences**

The first part of this introductory lecture runs through the main social sciences involved in health and aging research, the perspectives they take and issues they explore. The second part builds on this basic understanding. From multi-disciplinarity to inter-disciplinarity and now to trans-disciplinarity, recent years have witnessed the emergence of - and progression through - approaches that signify research using more than one single disciplinary perspective. This lecture explores the arguments for and against these approaches, their origins, definitions, aims and objectives and changing emphasis over time.

The lecture also considers the key ingredients of a critical approach in health and aging research.

\*Rosenfield P L (1992) The potential of transdisciplinary research for sustaining and extending linkages between the health and social sciences. *Social Science and Medicine*, 35, 11, 1343-1357

\*Mechanic D (1995) Emerging trends in the application of the social sciences to health and medicine. *Social Science and Medicine*, 40, 11, 1491-1496

\*Pohl, C. (2011). What is progress in transdisciplinary research? *Futures*, 43(6), 618-626.

Kearns R A (2007) Creating a place for population health: interpreting the spaces of a new School in Auckland, New Zealand. *Social Science and Medicine* 65, 1, 125-137

Skinner, J. H. (2001). Transitioning from multidisciplinary to interdisciplinary education in gerontology and geriatrics. *Gerontology & Geriatrics Education*, 21(3), 73-85.

McGarvey, S. T. (2009). Interdisciplinary translational research in anthropology, nutrition, and public health. *Annual Review of Anthropology*, 38, 233-249.

**Week 2, September 21 – The need for interdisciplinary perspectives i: complexity in the ‘new’ health and social care ii: the extension and mixing of disciplines in health and aging sectors**

This lecture explores key features the ‘new’ health and social care. In the context of rapid technological advances and unprecedented complexity and diversification, new and ever complex questions arise that are best answered using – and perhaps even demand - multiple social science perspectives. In addition the emerging social model of health demands multiple entry points to unpack ‘the social’.

The lecture also explores how has interdisciplinarity surfaced structurally, both in academia and in the contexts academics research. For example in research funding bodies, academic journals and other publications, academic units and centres, housing and welfare services, hospital and community-based care, in health specialisms and professions.

Andrews G J and Evans J (2008) Understanding the reproduction of health care: towards geographies in health care work. *Progress in Human Geography* 32, 6, 759-780  
\*(middle section on ‘understanding the new health care’)

\*McKeever, P., Coyte, P., (2002). Here, there and everywhere. University of Toronto Bulletin, March 25 , page 16 (online at UofT)

Lehoux P (2008) Why examining the desirability of health technology matters. *Healthcare Policy*, 3, 3, 29-39

\*Webster, A (2002) Innovative health technology and the social: redefining health, medicine and the body. *Current Sociology*, 50, 3, 443-457

Nolan M (1995) Towards an ethos of interdisciplinary practice. *British Medical Journal*, 311, 305-307

### **Week 3, September 28 – A look at some specific disciplinary trajectories**

This lecture considers some different disciplinary trajectories and relationships. Case studies include ‘environmental psychology vs health geography’, ‘the controversial birth of health economics’

Questions asked include: What are their origins and histories? What are their theoretical and conceptual underpinnings? How do they locate in academic institutions and careers? What agency assists their collective actions and identities? What changes have they gone through in terms of approaches, perspectives and methods? The lecture considers the times were disciplines have connected, departed, borrowed from or followed each other, or run parallel courses.

\*Kitchin R M, Blades M and Golledge R G (1997) Relations between psychology and geography. *Environment and Behavior*, 29, 4, 554-573

\*Harris J (1987) QALYfying the value of life. *Journal of Medical Ethics*, 13, 117-123

\*Robinson R (1993a) Economic evaluation in health care: what does it mean? *BMJ* 307: 670-673

M Ashmore, Mulkey M & T Pinch (1989) *Health and Efficiency, a Sociology of Health Economics*. Open University Press

### **Week 4, October 5 – The need for theory**

The lecture will introduce the topic

\*Theory and health: introduction

\*Theory and aging: chapters 1 and 2

Bengtson, V. L., Burgess, E. O., & Parrott, T. M. (1997). Theory, explanation, and a third generation of theoretical development in social gerontology. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 52(2), S72-S88.

Biggs, S., Lowenstein, A., & Hendricks, J. (Eds.). (2003). *The need for theory: Critical approaches to social gerontology*. Baywood Publishing Company.

Alley, D. E., Putney, N. M., Rice, M., & Bengtson, V. L. (2010). The increasing use of theory in social gerontology: 1990–2004. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 65(5), 583-590.

### **Week 5, October 12 - Cancelled (mid-term recess)**

## **Week 6, October 19 - Interactionism and structural functionalism**

The lecture will introduce the topics

\*Theory and health: chapters 1 and 3

**\*FIRST ASSIGNMENT DUE**

Kunitz, S. J. (2004). Social capital and health. *British Medical Bulletin*, 69(1), 61-73.

Mohan, G., & Mohan, J. (2002). Placing social capital. *Progress in human geography*, 26(2), 191-210.

## **Week 7, October 26 – Feminism and identity politics**

The lecture will introduce the topic

\*Theory and health: chapter 6

\*Theory and aging: chapter 4

Garner, J. D. (1999). Feminism and feminist gerontology. *Journal of Women & Aging*, 11(2-3), 3-12.

Ray, R. E., & Fine, M. (1999). Researching to transgress: The need for critical feminism in gerontology. *Journal of Women & Aging*, 11(2-3), 171-184.

Dyck, I. (2003). Feminism and Health Geography: twin tracks or divergent agendas?. *Gender, place and culture*, 10(4), 361-368.

Annandale, E., & Clark, J. (1996). What is gender? Feminist theory and the sociology of human reproduction. *Sociology of Health & Illness*, 18(1), 17-44.

## **Week 8, November 2 – Poststructuralism**

The lecture will introduce the topic

\*Theory and health: chapter 4

\*Theory and aging: chapter 5

Philo, C. (2000). The birth of the clinic: an unknown work of medical geography. *Area*, 32(1), 11-19.

Bunton, R., & Petersen, A. (Eds.). (2002). *Foucault, health and medicine*. Routledge.

Andrews, G. J., & Shaw, D. (2010). "So we started talking about a beach in Barbados": Visualization practices and needle phobia. *Social Science & Medicine*, 71(10), 1804-1810.

Andrews, G. J., Chen, S., & Myers, S. (2014). The 'taking place' of health and wellbeing: Towards non-representational theory. *Social Science & Medicine*, 108, 210-222.

### **Week 9, November 9 – Political economy**

The lecture will introduce the topic

\*Theory and health: chapter 2

\*Theory and aging: chapter 6

Estes, C. L., Swan, J. H., & Gerard, L. E. (1982). Dominant and competing paradigms in gerontology: Towards a political economy of ageing. *Ageing & Society*, 2(2), 151-164.

Walker, A. (1981). Towards a political economy of old age. *Ageing & Society*, 1(1), 73-94.

Andrews, G. J., & Phillips, D. R. (2002). Changing local geographies of private residential care for older people 1983–1999: lessons for social policy in England and Wales. *Social Science & Medicine*, 55(1), 63-78.

Szreter, S., & Woolcock, M. (2004). Health by association? Social capital, social theory, and the political economy of public health. *International journal of epidemiology*, 33(4), 650-667.

### **Week 10, November 16 – Globalization**

The lecture will introduce the topic

\*Theory and aging: chapter 7

Labonté, R., Schrecker, T., Packer, C., & Runnels, V. (Eds.). (2009). *Globalization and health: pathways, evidence and policy*. Routledge.

Browne, C. V., & Braun, K. L. (2008). Globalization, women's migration, and the long-term-care workforce. *The Gerontologist*, 48(1), 16-24.

Affonso, D. D., Andrews, G. J., & Jeffs, L. (2004). The urban geography of SARS: paradoxes and dilemmas in Toronto's health care. *Journal of Advanced Nursing*, 45(6), 568-578.

Brown, T. (2011). 'Vulnerability is universal': Considering the place of 'security' and 'vulnerability' within contemporary global health discourse. *Social Science & Medicine*, 72(3), 319-326.

Brown, T., Craddock, S., & Ingram, A. (2012). Critical interventions in global health: Governmentality, risk, and assemblage. *Annals of the Association of American Geographers*, 102(5), 1182-1189.

### **Week 11, November 23 – Technology and actor network theory**

The lecture will introduce the topic

\*Theory and health: chapter 7

Prout, A. (1996). Actor-network theory, technology and medical sociology: an illustrative analysis of the metered dose inhaler. *Sociology of Health & Illness*, 18(2), 198-219.

Andrews, G. J., Evans, J., & McAlister, S. (2013). 'Creating the right therapy vibe': Relational performances in holistic medicine. *Social Science & Medicine*, 83, 99-109.

Hall, E. (2005). The 'geneticisation' of heart disease: a network analysis of the production of new genetic knowledge. *Social Science & Medicine*, 60(12), 2673-2683.

### **Week 12, November 30 – Politics and social movements**

The lecture will introduce the topic

\*Theory and aging: chapter 8

**\*SECOND ASSIGNMENT DUE**

Burawoy, M. (2005). For public sociology. *American sociological review*, 70(1), 4-28.

Putney, N. M., Alley, D. E., & Bengtson, V. L. (2005). Social gerontology as public sociology in action. *The American Sociologist*, 36(3-4), 88-104.

Andrews, G. J., Kearns, R. A., Kingsbury, P., & Carr, E. R. (2011). Cool aid? Health, wellbeing and place in the work of Bono and U2. *Health & place*, 17(1), 185-194.



## **Reserve lecture/subject – Meta-theoretical debates**

The lecture will introduce the topic

Theory and health: chapter 5

Theory and aging: chapter 9

### **Academic Integrity**

You are expected to exhibit honesty and use ethical behaviour in all aspects of the learning process. Academic credentials you earn are rooted in principles of honesty and academic integrity.

Academic dishonesty is to knowingly act or fail to act in a way that results or could result in unearned academic credit or advantage. This behaviour can result in serious consequences, e.g. the grade of zero on an assignment, loss of credit with a notation on the transcript (notation reads: “Grade of F assigned for academic dishonesty”), and/or suspension or expulsion from the university.

It is your responsibility to understand what constitutes academic dishonesty. For information on the various types of academic dishonesty please refer to the Academic Integrity Policy, located at <http://www.mcmaster.ca/academicintegrity>

The following illustrates only three forms of academic dishonesty:

1. Plagiarism, e.g. the submission of work that is not one’s own or for which other credit has been obtained.
2. Improper collaboration in group work.
3. Copying or using unauthorized aids in tests and examinations.

### **Academic Accommodation of Students with Disabilities**

Students who require academic accommodation must contact Student Accessibility Services (SAS) to make arrangements with a Program Coordinator. Academic accommodations must be arranged for each term of study. Student Accessibility Services can be contacted by phone 905-525-9140 ext. 28652 or e-mail [sas@mcmaster.ca](mailto:sas@mcmaster.ca). For further information, consult <http://www.mcmaster.ca/policy/Students-AcademicStudies/AcademicAccommodation-StudentsWithDisabilities.pdf>.

If you require this information in an alternate/accessible format, please contact the Department of Health, Aging & Society at 905-525-9140 ext. 27227 | e-mail: [hasdept@mcmaster.ca](mailto:hasdept@mcmaster.ca)

## **Faculty of Social Sciences E-mail Communication Policy**

Effective September 1, 2010, it is the policy of the Faculty of Social Sciences that all e-mail communication sent from students to instructors (including TAs), and from students to staff, must originate from the student's own McMaster University e-mail account. This policy protects confidentiality and confirms the identity of the student. It is the student's responsibility to ensure that communication is sent to the university from a McMaster account. If an instructor becomes aware that a communication has come from an alternate address, the instructor may not reply at his or her discretion.

### **NOTE:**

The instructor and university reserve the right to modify elements of the course during the term. The university may change the dates and deadlines for any or all courses in extreme circumstances. If either type of modification becomes necessary, reasonable notice and communication with the students will be given with explanation and the opportunity to comment on changes. It is the responsibility of the student to check their McMaster email and course websites weekly during the term and to note any changes.