

**SOCI 484: Sociology of Health and Illness**

2014-2015 Winter Term 2 (3 Credits)

Tue/Thu: 3:30 - 5:00 PM BUCH-D218

University of British Columbia

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**Prerequisite:** SOCI 100 or equivalent (please be sure to confirm that you meet this requirement)

**Instructor:** **Lindsey Richardson, D.Phil, Assistant Professor of Sociology**

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**A: COURSE OVERVIEW**

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Sociological understandings of health and illness represent critical contributions not only to the broader field of sociology but also in the fields of medicine, epidemiology, public health and population health. Sociological perspectives increasingly inform efforts to understand and improve health in Canada and internationally. This course is designed to serve as an broad overview of the sociology of health and illness (also termed “medical sociology”) as a wide-ranging area of study and to provide background on key issues and critical debates in the field relevant to both Canadian and international contexts. The course is also designed to develop students’ critical thinking via reading and reflecting on these topics and their engagement in articles reporting empirical research.

The course is organized around four overlapping themes:

1. **Social Constructions of Health and Illness:** The first part of the course will focus on how social meanings and understandings of health and illness constructed, challenged and modified through individual experiences; individual, social and institutional beliefs; and health practices. This perspective allows us to critically examine how experiences, beliefs and practices influence how health, illness and disease are social understood and managed as well as the consequences of these understandings and management approaches.
2. **Social Determinants of Health:** The second part of the course will describe and examine how socio-demographic characteristics (e.g., gender, ethnicity, age, class) put people at differential risk for poor health and mortality. We will consider in particular health-related and health risk behaviours such as health eating and drug use/
3. **Social Organization and Health:** In the third part of the course we will consider how we are organized physical and socially in public places, neighbourhoods, through relationships, and in as well as outside of institutional contexts play a role in health exposures and health outcomes. During this portion of the course will engage in issues related to health and place, the role of social networks in the dissemination of disease, and how social movements influence health how conditions and their development of medical treatment.
4. **Public Institutions, Political Economy and Health:** The last part of the course will focus on sociological perspectives related to health care systems, the pharmaceutical industry, global public health and public health (and health-influencing) policy.

### **Class Time & Location:**

Tuesdays and Thursdays, 3:30-5:00pm, BUCH D218

Classes commence on 6th January and the final class will be held on 9th April. There will no class the week of February 16th, due to UBC Reading Week.

### **Format**

The course has a 400-level designation and will consist of a mixture of lectures, discussion, and small group activities. Each class meeting pairs a theoretical or conceptual reading with an empirical application of that concept to a particular illness, disease, risk behaviour or health condition. The rationale for this approach is to ensure that students are exposed to a balance of theoretical and empirical work in the field of medical sociology, and to encourage students to apply a health sociology lens to health issues and debates that they encounter outside the classroom and beyond the course.

Many of the empirical readings may use methodological approaches that are unfamiliar for students or seem complex. It is NOT expected that students understand all of the methods used in readings for the course. Time will be taken to provide a high-level overview of the methods employed and how to interpret the results of the studies. This approach is designed to assist students in the development of their methodological literacy and to develop a critical understanding of what different methods do and do not allow us to infer about research findings.

Given the level and format of the course, it will be **expected and incumbent upon the students to come prepared to each class having read the course materials BEFORE CLASS and being prepared to offer thoughts, raise questions and participate in discussion and debates**. The participation of students as active learners will make the class more enjoyable for everyone, and engagement with the readings prior to the start of class as preparation for class participation comprises a portion of the assessment for the course as the “class participation” grade.

### **SOCI 484 on UBC Connect**

All students enrolled in the course will have access to the UBC Connect site for SOCI 484 (login at: <http://elearning.ubc.ca/connect/> using your CWL login) where you will find course materials, readings that are unavailable through the UBC online resources, supplementary materials, spaces for course discussions, announcements and other course-related matters. **You will submit all written course materials on the Connect website so please make sure that you are familiar with how to use Connect**. Student resources for using connect can be found on the UBC website at <http://elearning.ubc.ca/connect/student-resources/>.

If you encounter any issues in using UBC connect, please contact Arts ISIT support staff in Buchanan A105, at [arts.helpdesk@ubc.ca](mailto:arts.helpdesk@ubc.ca), or at 604-827-2787. Please do not contact the course instructor or TA with UBC Connect issues unless it appears that the course Connect site is malfunctioning and requires their attention.

## **CLASS SCHEDULE AND READINGS**

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\*Please note: The course outline and readings are subject to change

\*Please also note: Readings marked with an asterisk (\*) will be available on the SOCI 484 Connect Site. All others are available through the electronic holdings of the library and students are required to seek out and find these readings on their own.

### **1. SOCIAL CONSTRUCTIONS OF HEALTH AND ILLNESS**

#### **WEEK 1**

##### ***January 6<sup>th</sup> - Introduction to the course***

*Reading: No readings assigned*

##### ***January 8<sup>th</sup> - Sociological approaches to health, illness and medicine***

*Readings:*

- \*Cockerham, W. C. (2013). *Theorizing about Health and Disease*. In *Social Causes of Health and Disease*, 2nd Ed. Cambridge: Polity. pp. 27-54.

#### **WEEK 2**

##### ***January 13<sup>th</sup> - Methods in the Sociology of Health and Illness: Quantitative and Qualitative Approaches***

*Readings: No readings assigned*

##### ***January 15<sup>th</sup> - The Sick Role and the Medical Encounter***

*Readings:*

- Parsons, T. (1975). The Sick Role and the Role of the Physician Reconsidered. *Millbank Memorial Fund Quarterly. Health and Society*, 53(3), 257-278.
- Steward, D. and Sullivan, T. (1982). Illness Behavior and the sick role in Chronic Disease: The Case of Multiple Sclerosis. *Social Science & Medicine*, 16, 1397-2404.

#### **WEEK 3**

##### ***January 20<sup>th</sup> - Social Constructions of Health, Illness and Risk***

*Readings:*

- Brown, P. (1995). Naming and Framing: The Social Construction of Diagnosis and Illness. *Journal of Health and Social Behavior*, 33, 267-281.
- Horowitz, A. V. (2011). Creating an Age of Depression: The Social Construction and Consequences of the Major Depression Diagnosis. *Society and Mental Health* 1(1), 41-54.

##### ***January 22<sup>nd</sup> - Medicalization***

*Readings:*

- Conrad, P. (1992). Medicalization and Social Control. *Annual Review of Sociology* 18, 209-232.
- Rafalovich, A. (2013). Attention Deficit-Hyperactivity Disorder as the Medicalization of Childhood: Challenges from and for Sociology. *Sociology Compass*, 7(5), 343-354.

## WEEK 4

### **January 27<sup>th</sup> – Stigma and Health**

#### **\*GROUP PROJECT PROPOSALS DUE TODAY\***

##### Readings:

- \*Goffman, E. (1997). The Stigmatized Self - From Stigma: Notes on the management of a spoiled identity. Lemert, Charles and Branaman, Ann (Eds.) *The Goffman Reader*. Oxford: Blackwell. pp. 74-79.
- \*Link, B.G., and Phelan, J.C. (2013). Labeling and Stigma, in Aneshensel, C.S., Phelan, J.C. and Bierman, A. (eds) *Handbook of the Sociology of Mental Health*. New York: Springer. pp. 525-541.
- Moses, T. (2010) Being treated differently: Stigma experiences with family, peers, and school staff among adolescents with mental health disorders. *Social Science & Medicine*, 70, 985-993.

### **January 29<sup>th</sup> – Sociology of the Body**

#### **\*Guest Lecture by Rafael Wainer\***

##### Readings:

- Frank, A W. (1990). Bringing Bodies Back in: A Decade Review. *Theory, Culture & Society*. 7, 131-162. Please focus on pp. 131-145.
- Wainer, R. (2013). The Dignity of Children: How to Evaluate Bodies' (Im)Permeability. In N. Warren and L. Manderson (eds.), *Reframing Disability and Quality of Life: A Global Perspective*. Dordrecht: Springer. pp. 61-78.  
[http://link.springer.com/chapter/10.1007/978-94-007-3018-2\\_4](http://link.springer.com/chapter/10.1007/978-94-007-3018-2_4)

## **2. SOCIAL DETERMINANTS OF HEALTH**

## WEEK 5

### **February 3<sup>rd</sup> – Social Determinants of Health: Age, Gender, Ethnicity, Class**

##### Readings:

- \*Clarke, J.N. (2012). Social Inequity, Disease and death in Canada: Age, Gender, Racialization and Ethnicity. *Health, Illness and Medicine in Canada* (6th ed.) pp. 120-158.
- Gough, B and Conner, M. (2006). Barriers to healthy eating amongst men: A qualitative analysis. *Social Science & Medicine*, 62, 387-395.

### **February 5<sup>th</sup> – Social Determinants of Health: Socio-economic Inequality**

##### Readings:

- Phelan, J.C., Link, B.G. and Tehranifar, P. (2010). Social Conditions as Fundamental Causes of Health Inequalities: Theory, Evidence and Policy Implications. *Journal of Health and Social Behavior*, 51, S28.
- Lutfey, K. and Freese, J. (2005). Toward Some Fundamentals of Fundamental Causality: Socioeconomic Status and Health in the Routine Clinic Visit for Diabetes. *American Journal of Sociology*, 110(5), 1326-1372.

## WEEK 6

### **February 10<sup>th</sup> – Intersectionality and Health**

Readings:

- Grollman, E.A. (2014). Multiple Disadvantaged Statuses and Health: The role of Multiple Forms of Discrimination. *Journal of Health and Social Behavior*, 55(1): 3-19.  
Read the introduction, background and discussion
- Veenstra, G. (2011). Race, gender, class and sexual orientation: intersecting axes of inequality and self-rated health in Canada. *International Journal for Equity in Health*, 10(3),1-11.

### **February 12<sup>th</sup> – Lifecourse Perspectives on Health and Illness**

Readings:

- \*Elder, G.H., Johnson, M.K. & Crosnoe, R. (2003). The emergence and development of life course theory, in JT Mortimer & MJ Shanahan (eds). *Handbook of the Life Course*, New York: Springer. pp. 3-19.
- Hser, Y.I., Longshore, D. & Anglin, M.D. (2007). The life course perspective on drug use: a conceptual framework for understanding drug use trajectories. *Evaluation Review*, 31(6), pp. 515-47.
- Van Gundy, K., & Rebellon, C. J. (2010). A life-course perspective on the "gateway hypothesis". *Journal of Health and Social Behavior*, 51(3), 244-259.

**\*\*FEBRUARY 17<sup>th</sup> & 19<sup>th</sup> – NO CLASS DUE TO UBC READING BREAK\*\***

## WEEK 7

### **February 24<sup>th</sup> – Mid Term Exam and Group Project Day**

The mid term will take up the first hour of class, and the last 20 minutes will be used to discuss the group project.

## **3. SOCIAL ORGANIZATION AND HEALTH**

### **February 26<sup>th</sup> – Social Networks and Health**

Readings:

- Smith, K.P. and Christakis, N.A. (2008). Social Networks and Health. *Annual Review of Sociology*, 34, 405-429.
- Klovdahl, A.S, Graviss, E.A., Yaganehdoost, A. Ross, M.W., Wanger, A., Adams, G.J., and Musster, J.M. (2001). Networks and tuberculosis: an undetected community outbreak involving public places. *Social Science & Medicine*, 52, 681-694.

## WEEK 8

### **March 3<sup>rd</sup> – Social Capital and Health**

Readings:

- \*Song, L. (2013) Social Capital and Health. In W. Cockerham (Ed.) *Medical Sociology on the Move: New Directions in Theory*. Dordrecht: Springer. pp. 233-259.

- Oksanen T., Kouvonen A., Kivimaki, M., Pentti, J., Virtanen, M., Linna, A. et al. (2008). Social capital at work as a predictor of employee health: multilevel evidence from work units in Finland. *Social Science & Medicine*, 66, 637–649.

### **March 5<sup>th</sup> – Health and Place**

Readings:

- Cummins, S., Curtis, S. Diez-Roux, A.V. and MacIntyre, S. (2007). Understanding and representing 'place' in health research: A relational approach. *Social Science & Medicine*, 65, 1825-1838.
- Klinenberg, E. (2001) Dying alone: The Social Production of Urban Isolation. *Ethnography*, 2(4), 501-531.

## **WEEK 9**

### **March 10<sup>th</sup> – Social Movements and Health**

Readings:

- Brown, P., Zavestoski, S. (2004). Social Movements and Health: An introduction. *Sociology of Health and Illness*, 26(6), 679-694.

Movie: Note: we will watch this in class

- How to Survive a Plague (2013)

## **4. PUBLIC INSTITUTIONS, POLITICAL ECONOMY AND HEALTH**

### **March 12<sup>th</sup> – Health Care Systems and their Paradoxes**

**\*Guest Lecture by Dr. Ryan McNeil\***

Readings:

- Strohschein, L. and Weitz, R. (2013). History of Health Care in Canada. In: *The Sociology of Health, Illness, and Health Care in Canada: A Critical Approach*. Scarborough: Nelson Education. pp. 230-257.
- Bardley, E. and Taylor, L. (2013). The Paradox. In: *The American Health Care Paradox: Why spending more is getting us less*. New York: Public Affairs. pp.1-20.
- McNeil, R. Small, W., Wood, E. and Kerr, T. (2014). Hospitals as a 'risk environment': An ethno-epidemiological study of voluntary and involuntary discharge from hospital against medical advice among people who inject drugs. *Social Science & Medicine*, 105, 59-66.

## **WEEK 10**

### **March 17<sup>th</sup> – The Pharmaceutical Industry**

Readings:

- \*Lexchin, J. (2012). The Pharmaceutical Industry and Health Canada: Values in Conflict? In: *Second Opinion: An Introduction to Health Sociology*, Canadian Edition. Don Mills, ON: Oxford University Press. pp.277-295.
- \*Hartley, H. The 'Pinking' of Viagra Culture: Drug Industry Efforts to Create and Repackage Sex Drugs for Women. In: P. Conrad and V. Leiter (eds), *The Sociology of Health & Illness: Critical Perspectives*. pp.312-321.

### **March 19<sup>th</sup> – Global Public Health**

#### Readings:

- \*Quinn Sandra Crouse and Kumar Supriya. (2014) Health Inequalities and Infectious Disease Epidemics: A Challenge for Global Health Security. *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*. 12(5): 263-273. doi:10.1089/bsp.2014.0032.
- Koch, Tom. (2014). Hubris: The recurring pandemic. *Disaster Medicine and Public Health Preparedness*. (ePub ahead of print) DOI: <http://dx.doi.org/10.1017/dmp.2014.107>
- \*Preston, R. The Ebola Wars. *New Yorker*, 27 October 2014.

#### Additional Suggested readings:

- \*Farmer, P. Diary: Ebola. *London Review of Books* 23 October 2014.
- \*Achenblog. Paul Famer on Ebola: "This isn't a natural disaster, this is the terrorism of poverty". *Washington Post*. 6 October 2014.

### **WEEK 11**

#### **March 24<sup>th</sup> – Iatrogenesis and Social Iatrogenesis**

#### Readings:

- Allen-Scott, L. K., Hatfield, J.M., McIntyre, L. (2014). A scoping review of unintended harm associated with public health interventions: towards a typology and an understanding of underlying factors. *International Journal of Public Health*, 59, 3–14.
- Zlotorzynska, M., Milloy, M.J., Richardson, L., Montaner, J, Wood, E., Kerr, T. (2014). Timing of social assistance payment and overdose patterns at a Canadian supervised injection facility. *International Journal of Drug Policy*, 25(4), 736-839.

#### **March 26<sup>th</sup> – Group Presentations (Day 1)**

\*Note that attendance is expected for the group presentations, and students will be asked to provide feedback on and ask questions about their colleagues' presentations.

### **WEEK 12**

#### **March 31<sup>st</sup> – Group Presentations (Day 2)**

#### **April 2<sup>nd</sup> – Group Presentations (Day 3)**

### **WEEK 13**

#### **April 7<sup>th</sup> – Group Presentations (Day 4)**

#### **April 9<sup>th</sup> – Final course review and Distribution of the take home final exam**

## COURSE EVALUATION

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The evaluation for the course will consist of four components. The emphasis for this course is on critical analysis and writing skills and is writing intensive. The components of your final grade are:

|                                |     |
|--------------------------------|-----|
| Critical commentaries          | 25% |
| Mid term exam                  | 20% |
| Content Analysis Group Project | 30% |
| Take-Home Final Examination    | 25% |

### 1. Critical Commentaries (25%)

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Class participation will not be assessed by attendance, as it is expected that you will attend all classes. Instead, the submission of critical commentaries regularly throughout the term will promote engagement with the assigned readings PRIOR to class. This is also intended to prepare students to participate in class discussions and critically engage with the concepts and empirical application of the concepts we will cover during class sessions. The classroom is a much richer learning space when everyone is engaged and participating, and this is also very good preparation for graduate school or the working world, whichever path you might pursue following the completion of your undergraduate studies.

For most of the classes where a reading is assigned, you will be expected to submit a 500-750 word (maximum) critical commentary prior to the start of class that you have developed based on the readings for that class. These commentaries may include (but are not limited to):

- Critical reflections on the concepts covered by the readings;
- Critical analyses of or commentary on the design, methods or related components of the approaches taken by empirical components of the readings;
- Critical questions that are raised by the concepts or studies assigned;
- Questions or comments related to clarity (or lack thereof) or robustness (or lack thereof) of the concepts or empirical studies covered;
- The degree to which the empirical reading illuminates (or falls short of illuminating) the theoretical/conceptual material that informs the study;
- Whether and how the empirical reading builds on the concept on which it is based; or
- Potential areas for future research that would build upon the studies covered.

The purpose of these critical commentaries is not simply to demonstrate that you have read and understood the readings (i.e. they should NOT be summaries). The aim is to help you develop your critical thinking and writing skills.

There are a total of 18 classes in which readings are assigned. It is expected that you will **submit critical commentaries for a minimum of 12 of these 18 classes**. It is also expected that you will submit at least 3 critical commentaries in each of January, February and March (i.e. you cannot submit 10 commentaries in the first 12 class meetings of term and then nothing for the rest of term). You are welcome to submit more than 12 commentaries, and the best 12 scores on your commentaries will be taken for your final commentary grade. While the UBC Connect site may allow you to submit critical commentaries after the start of class, these will be considered late and will not be considered as one of your 12 commentaries in the calculation of the final grade.

Critical commentaries will be graded according to the quality and originality of your commentary as well as the quality of the prose. If you submit fewer than 12 commentaries, you will be given a grade of zero for the unsubmitted commentaries, as well as an additional 3 points (of the total 25) off of your final commentary grade. Exceptional commentaries may also receive bonus points where applicable – these will be awarded at the discretion of the instructor/TA.

If the critical commentary format is challenging or unfamiliar for you, please do not hesitate to reach out after class, during office hours, or by setting up an appointment with the TA or I. We are here to help you and are happy to support the development of this important skill.

## **2. Mid Term Exam (20%)**

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The mid term for the course on February 24<sup>th</sup> will include various short and medium-length questions based on the content of the first half of the course. It will last one hour.

## **3. Content Analysis Group Project (30%)**

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This project seeks to provide students with an opportunity to conduct original, empirical sociological research and to present this research in both a written academic manuscript and oral presentation.

For the project, groups of 4 students will collaborate on a content analysis of media representations of a particular health issue – i.e. how a particular health issue is portrayed in the media. It is up to each group to decide which issue they focus on, but the issue must fall into one of the following categories:

- A specific disease or illness
- A health risk or health promoting behaviour
- A medical treatment or procedure
- Medical care
- A health policy issue (domestic or international)

The content analyses may also be comparative in nature. For example, you might compare two issues in the same category, how an issue is treated differently by media in different places (e.g., comparing Canada and another country) or how the coverage of an issue is different during different time periods.

Your content analysis may rely upon one or more of the following publicly-available sources:

- Newspapers, magazines or online news sources (e.g., articles, columns, and/or advertisements)
- Online specific content (e.g., well known blogs, aggregators or other sources)
- Television shows or commercials
- Trade publications

The content analysis project will include three separate components: a study proposal, a manuscript, and a project presentation. Each of these are described in more detail below:

## Study Proposal

**\*\*\*All projects must be approved by me prior to being conducted\*\*\***

By the beginning of class on January 27<sup>th</sup>, each group must submit to me a written proposal (1 page single spaced maximum) that includes the following headings and information:

- **Justification** for the study;
- **Research question(s)** and relevant hypotheses that will be tested, if any;
- **Data Collection**, including the source of data (e.g. archive), the type of data, how you will select the data that you will use, including any “inclusion” or “exclusion” criteria; and
- **Analytic method**, i.e. how you will code and analyse your data (quantitatively, qualitatively or both)

These proposals will not be graded. I will provide prompt feedback on the proposals, will give suggestions (where applicable) for the project and will make myself available to answer any questions students may have about my feedback.

## Project Manuscript

Each group will be expected to write-up their study and findings in the manuscript style of an academic research journal article. The requirements for this paper will be discussed further in class and examples of published articles and other instructive guides will be provided to students in class and on the course Connect website to facilitate their conduct of the project. Overall, the manuscript will be expected to contain the following sections/content:

**Abstract:** This is a 200-word (maximum) summary of the study that provides a general overview of the study and includes information on the study aims/objectives, methodological approach, results, and conclusions.

**Introduction:** Provide a brief background on the issue (e.g., scope of the problem) and research question (as well as any hypotheses if you have them). The background should not only provide context for the issue being explored, but also review/summarize any prior studies that may have looked at this issue and what their findings were (using proper citation practices—see References section below). Discussion of prior studies may instead be detailed in a separate “Literature Review” section that follows the Introduction section.

**Methodology:** Describe the method(s) used. This section should cover the following issues:

- What source or sources were used for acquiring your sample and over what time period?
- How were articles, ads, etc. sampled and selected for inclusion in your analyses?
- Coding/Analysis: How were the sampled articles coded and analyzed? What was the degree of agreement or reliability among the people who coded the same material? How were differences or discrepancies in coding between the authors resolved to reach consensus? What analytical strategy was used and why?
- Any other pertinent details that the authors feel are necessary for helping a reader evaluate the validity of the study findings.

**Results:** Report your study findings and explain the key outcomes or themes that were found (and, for each outcome or theme, be sure to use examples from your data in your explanation). If you found subthemes or categories within these key outcomes or themes, then be sure to

discuss them as well and provide examples from your data. The use of tables and figures are encouraged to assist in describing the findings.

**Discussion Section:** This section is for discussing what your findings mean in terms of prior research and theory as well as the strengths and weaknesses of the study and the implications for future research and/or policy. For example, what are the impacts of portraying mental illness as “dangerous” among people who commit and/or are convicted of crimes? How might television advertising for a particular medication influence social understandings of the illness or disorder that these medications are designed to treat? In discussing their findings, groups are expected to draw upon concepts and ideas covered in the course. This should be the longest part of the paper. The purpose here is to think through what your findings mean for theory, future research, and practice/policy.

**References Section:** Using American Psychological Association (APA) format, properly document any reference materials used in conducting your study. Proper citations must appear in the text itself. Any failure to properly reference cited or referred to materials used in the References Section constitutes plagiarism. Wikipedia or similar online resources are not considered appropriate references for this (or any other assignment) and you will be penalized for the use of such references in your grades.

**\*\*The manuscript will be due to be submitted to the course Connect website by the beginning of class (i.e. 3:30pm) on March 19<sup>th</sup>.** No extensions will be granted, except with a letter from Arts Advising. Fifteen percentage points (i.e. 3 of the total 30 points) will be deducted from the assigned grade for each day late, including weekend days and holidays.

#### **Manuscript Formatting Requirements:**

- 25 page maximum, exclusive of abstract, tables, figures and references
- 12-point font, double spaced, minimum 2.54cm/ 1 inch margin
- Follows APA publication manual style and reference guidelines
- Include the names and student ID of all group members, course name, number and course instructor on a title page
- Please submit in Word, Word compatible or PDF file format

#### **Project Presentation**

Each group will conduct a 15 minute presentation of their project during one of the four classes set aside for this purpose near the end of term. It is up to each group to decide how they present their materials, but it is encouraged that groups consider styling their presentations as “academic presentations” similar to what they would present at a conference, where the structure would mirror that of the academic paper (i.e. including the sections that are needed for the manuscript). Following each presentations there will be a short Q & A period where students can ask questions and provide feedback or comments on their colleagues projects. It is expected that students will attend and participate in project presentations sessions. Extra marks may be provided for students providing exceptional feedback or questions at the discretion of the instructor.

#### **4. Final Take Home Exam (25%)**

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The final exam for the course will be an essay format/long answer take home exam distributed in the final class. The exam is required to be the student's own, individual, original work and will assess the student's understanding of the course content, critical thinking and writing skills, and ability to use examples, supplementary evidence or case studies to support their arguments. The exam will be designed to allow students to demonstrate their understanding and ability to apply to course material, and will be cumulative (i.e. will cover the whole course).

The exam will be distributed on the last day of classes (9 April) and will be due to be submitted on the course Connect website by 11:59pm one week later (16 April).

No extensions or make-ups will be granted, except with a letter from Arts Advising. Three of the total 25 points allocated to the final exam will be deducted from the assigned grade for each day late, including weekend days and holidays.

#### **Submission of Course Materials**

All written class materials (i.e. everything but the mid-term) must be submitted ELECTRONICALLY on the UBC Connect website for the course by the deadline provided. Please ensure that your name, student number and the name of the course and the instructor are included on all submitted assignments.

Directions on submitting assignments on UBC Connect are located here:

<http://elearning.ubc.ca/connect/student-resources/submit-assignments-how-to/>

Barring technical problems with the UBC Connect system (which have been known to happen occasionally in the past), trouble using the connect site will not be considered a justifiable reason for late submission. Please familiarize yourself with UBC Connect if you have not already done so and make sure that you are able to submit course materials. A "test" assignment has been set up on the Connect site for you to verify your ability to submit materials.

#### **Late Assignments**

No late assignments will be accepted without penalty. Penalties associated with late assignments are described in each assignment section. Extensions of the due date for the written assignments will be considered on a case-by-case basis in advance of the deadline pending extenuating circumstances. Extenuating circumstance include documented medical issues, deaths of loved ones, unreasonable exam schedules, etc.).

#### **Quality of Written Work**

This course is writing intensive and is designed to develop your ability to write concise, insightful, critical and high quality work. Quality of writing will be evaluated and scored for all written work (e.g., grammar, style, clarity) and it is crucial that you proofread your work thoroughly. Good writing generally takes several revisions to produce, and it is often very helpful to ask friends or colleagues to proof-read your work, which I strongly encourage you to do. Also, The inappropriate use of language (e.g., ageist, gendered, racist, homophobic, ableist or otherwise) is not acceptable. A fun set of tips to improve your writing can be found here: <http://tinyurl.com/mqqaot>

## ADDITIONAL COURSE INFORMATION AND POLICIES

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1. **I am here to support you and your academic development.** If you are having a hard time understanding course content or have questions related to the materials we cover in class, please do not hesitate to come speak to me after class, during office hours or by appointment. I generally will not respond to substantive questions or engage in substantive debates over email but endeavour to make myself available to answer your questions or discuss content-related issues regularly on an in-person basis.

2. **Missed classes.** Attendance will not be taken for the course because attendance at each class session is expected of all students. If you miss a class, please get the notes from a classmate. The powerpoint slides and lecture notes used for each class will NOT be made available, though the material included in this material WILL be covered on the mid-term exam and it WILL be expected that you consider this material for your written assignments/projects. Your colleagues in the class are exceptional resources and I STRONGLY encourage you to get the contact information of multiple classmates and to turn to your colleagues to discuss any issues you find unclear, confusing or would like to engage further with.

Please do not send me emails about why you are missing a given class unless you feel it is critical that I am aware (note that your sister's wedding or a family vacation, while exciting, are not critical for me to be aware of). If you are experiencing circumstances that will require that you be away from class for a period of time and would like to discuss this with me, please do not hesitate to get in touch.

3. **Respect.** The highest standards of respect will be upheld inside the SOCI 484 classroom. This includes respect for each other, respect for me, respect for you by me, and respect for those outside the classroom.

4. **Laptop and handheld device use.** I do not want to see or hear cell phones, cameras, or other electronic equipment in the classroom. I consider common courtesy related to laptop and handheld device use to be a key component of respect for your colleagues and the classroom environment. While I understand that common practice for many students now involves the use of laptops for the purposes of taking notes, the use of laptops and handheld devices can be distracting for other students. While laptops will be allowed in the classroom, please refrain from using laptops for purposes unrelated to the class. Please also refrain from using your handheld devices during class time entirely and remember to put these devices on silent mode and store them out of sight prior to the start of class.

5. **Academic Honesty.** Academic dishonesty will not be tolerated. This includes lying, cheating and plagiarism. I strongly recommend students retain copies of drafts and final versions of all assignments. All students should be familiar with UBC's policies on academic honesty and academic misconduct, which can be found on the university website here:

<http://www.calendar.ubc.ca/vancouver/index.cfm?tree=3,286,0,0>

<http://www.calendar.ubc.ca/vancouver/index.cfm?tree=3,54,111,959>

6. **Plagiarism.** Students are expected to know what constitutes plagiarism, that plagiarism is a form of academic misconduct, and that such misconduct is subject to penalty. Please review the Student Discipline section of the 2014-2015 UBC Academic Calendar

<http://www.calendar.ubc.ca/vancouver/index.cfm?tree=3,54,111,959>), which includes the following:

“Plagiarism, which is intellectual theft, occurs where an individual submits or presents the oral or written work of another person as his or her own. Scholarship quite properly rests upon examining and referring to the thoughts and writings of others. However, when another person's words (i.e. phrases, sentences, or paragraphs), ideas, or entire works are used, the author must be acknowledged in the text, in footnotes, in endnotes, or in another accepted form of academic citation. Where direct quotations are made, they must be clearly delineated (for example, within quotation marks or separately indented). Failure to provide proper attribution is plagiarism because it represents someone else's work as one's own. Plagiarism should not occur in submitted drafts or final works. A student who seeks assistance from a tutor or other scholastic aids must ensure that the work submitted is the student's own. Students are responsible for ensuring that any work submitted does not constitute plagiarism. Students who are in any doubt as to what constitutes plagiarism should consult their instructor before handing in any assignments.”

7. **Grading Guidelines** - The UBC guidelines for grading and reporting grades attempt to ensure that all students are assessed fairly in relation to other students in the same class, students in other sections of the same course and students in other courses. The guidelines for grading practices are as follows:

| Percent | Grade | Level       | Grading Criteria   |
|---------|-------|-------------|--|
| 90-100  | A+    | exceptional | Exceptional performance: strong evidence of original thinking; good organization; capacity to analyze and synthesize; superior grasp of subject with sound critical evaluations; evidence of extensive knowledge base. |
| 85-89   | A     |             |  |
| 80-84   | A-    |             |  |
| 76-79   | B+    | competent   | Competent performance: evidence of grasp of subject matter; some evidence of critical capacity and analytic ability; reasonable understanding of relevant issues; evidence of familiarity with the literature.         |
| 72-75   | B     |             |  |
| 68-71   | B-    |             |  |
| 64-67   | C+    | adequate    | Adequate performance: understanding of the subject matter; ability to develop solutions to simple problems in the material; acceptable but uninspired work, not seriously faulty but lacking style and vigour.         |
| 60-63   | C     |             |  |
| 55-59   | C-    |             |  |
| 50-54   | D     |             |  |
| 00-49   | F     | inadequate  | Inadequate performance: little or no evidence of understanding of the subject matter; weakness in critical and analytic skills; limited or irrelevant use of the literature.   |

8. **Marking Rubrics.** For class assignments and examinations I will make use of marking rubrics to outline the grading criteria for the course. These will be distributed well in advance of the due dates for assignments. These are designed to help make clear the expectations around the content and quality of your written work.

9. **Review of grades.** If you disagree with a mark you have been assigned in this course, you may contact me to discuss this further. Please keep in mind that I base my grades on your performance in the course and not your previous track record, and that I make every effort to be clear about performance expectations for the course (See “Marking Rubrics” above). If following our discussion you remain dissatisfied you may apply for a Review of Assigned Standing. Please refer to the UBC calendar for additional information.
10. **Disability.** The University accommodates those individuals living with disability or ongoing medical conditions that may affect their academic success. I strongly encourage students living with disability or ongoing medical conditions to register with Access & Diversity and to access the university resources around academic accommodation found here: <http://students.ubc.ca/success/student-supports/academic-accommodations>.
11. **Academic Concession.** UBC strives to support students in their academic pursuits, including circumstances that may require academic concession. Students are invited to familiarize themselves with the 2014-2015 University documentation around academic concession, which includes information on policies in place to enable students and members of faculty and staff to observe the holy days of their religions. Further information on the academic concession can be found here: <http://www.calendar.ubc.ca/vancouver/index.cfm?tree=3,48,0,0>.

If you encounter medical, emotional or personal problems that affect your attendance or academic performance, please contact the Faculty of Arts Academic Advising Office, located in Buchanan D111, phone 822-4028, <http://students.arts.ubc.ca/advising/contact-us/> as soon as possible. **I will not incorporate leniency for late assignments or missed exams without a letter from the Arts Advising Office.** There are a wide range of university resources available to support individuals who face challenges inside and outside the classroom. If you are in need of help and unsure of what resources are available to you, please come and see me or the TA and we can help connect you with available resources.

12. **Early Alert.** During the term, I will do my best to reach out and offer support if I am concerned about your academic performance or wellbeing. I also encourage you to come and speak with me if you need assistance.

In addition, I may identify my concerns using Early Alert. The program allows academic, financial, or mental health concerns to be identified sooner and responded to in a more coordinated way. This provides you with the earliest possible connection to resources like academic advising, financial advising, counselling, or other resources and support to help you get back on track. The information is treated confidentially and is sent because I care about your academic success and wellbeing. For more information, please visit [earlyalert.ubc.ca](http://earlyalert.ubc.ca).

13. **Feedback.** I aim to make this class engaging, challenging and informative. I value any feedback you have for me to improve the class throughout the term, and will solicit your feedback with anonymous mid-term feedback forms at the mid-point of the course in addition to regular course evaluations at the end of term.