

PLENARY

Friday at 17.20 - 18.05

De Vries, R.

Center for Bioethics, University of Minnesota and the Dept of Sociology and Anthropology, St. Olaf College Minnesota

PROTECTING OUR VIRTUE(S): MEDICAL SOCIOLOGY AT 50

As our discipline slips into middle age we run the risk of becoming victims of our success, of letting our discipline slip. In order to avoid the routinization of our charisma we must review the principles that originally animated our work: a conviction that "something more" (than medicine) is responsible for health and illness; a "constantly critical" perspective; a creative - even playful - way of seeing the social world of health, illness and medicine. Using examples drawn from sociological studies of both medical ethics and maternity care, I illustrate the continuing promise of our work. Going beyond mere admonishment, I close with suggestions for structural change that will invigorate our field in its next 50 years.

Sunday at 11.40 - 12.25

Riska, E.

Abo Akademi University, Finland

BRINGING THE "MIND" BACK IN? THE RELATIONSHIP BETWEEN HEALTH AND SOCIETY

The history of health psychology and its successful capture of the "public mind" is reviewed. There are many indications that the main concepts of health psychology have both captured and constructed the subjective impact of changes in the labor market, in work, and in the gender order. The argument is illustrated with personality theories introduced by American health psychology for the explanation of men's coronary heart disease rates. As these theories have become part of public discourse, one may ask if theory building in medical sociology has missed a chance to become a similar part of public discourse.