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Research Statement

My research spans three substantive areas: medical sociology, the sociology of disability, and the social construction of knowledge. I am particularly interested in the ways doctors and patients' views diverge, especially their views on diagnosis and appropriate treatment. My research program is focused on the relationship between these divergent views and disability-based inequality. At the macro-level, I explore the importance of ideological views about "normal" versus disabled bodies. I also explore how ideological views about the body shape interactions between health care providers and patients in a way that imposes additional constraints on patients facing contested and/or uncertain illness. Broadly, my research aims to provide a clearer understanding of medicalization and its relation to varying social and medical experiences of disability. My research contributes to the emerging literature on health disparities by emphasizing disability as an axis of inequality.

Dissertation Research

In my dissertation research, I examine the social construction of beliefs about health risk and risk-mitigating behavior during the COVID-19 pandemic using tweets about risk-mitigating health behaviors like masks, vaccination, and social distancing that were posted between December 2019—June 2021. I employ a multi-level modeling approach combining quantitative content analysis and social network analysis (SNA) to examine how and why the social construction of risk and, relatedly, endorsement/rejection of risk mitigating behaviors, among Twitter users during the COVID-19 pandemic emphasized the needs of the populations with the lowest risk for severe disease and death from the virus. I execute three studies examining the relationship between medical expertise and ideology about health risk and risk mitigating behavior during the first 19 months of the COVID-19 pandemic.

In the first study, I identify variation among ideological views on health risk and risk behavior. Using a combination of quantitative content analysis and exploratory Latent Class Analysis (LCA), I construct a typology of ideological views on health risk and risk behavior. The typology constitutes one-half of a bipartite social network linking medical expert identity to health risk ideology. I group Twitter users in the network according to type of medical expertise, again using exploratory LCA and quantitative content analysis to identify professional medical experts like health care providers and public health scientists, disabled people, considered experiential medical experts, and non-experts. The results demonstrate the composition of the conceptual bi-partite network as two distinct sub-networks.

I execute Latent Class Analysis of the bi-partite network in the second study to test whether medical expert identity predicts health risk ideology. I test this effect cross-sectionally, looking at each month independently. For the final analysis, I use exponential random graph modeling (ERGM) techniques and Siena modeling in R programming language to examine whether the

association between medical expert identity and health risk ideology was shaped by time and network interactional dynamics, namely the type or degree of interaction between Twitter users.

Ongoing Research and Publications Under Review

My larger body of work examines how the experiences of patients with disability and chronic illness relate to medical authority over knowledge about the body. My previous work has examined disabled patients' experiences in the context of comorbidities. My more recent work explores the use of targeted hashtags by disabled people on Twitter to relay those experiences to other patients and/or health care providers. In separate ongoing collaborative research, I work with my coauthors to explore disability-based inequality through an intersectional lens, reviewing the measurement of "disability" as a construct in quantitative studies of racial health disparities.

Part of my work on co- and multi-morbidity explores how symptoms of Major Depressive Episode (MDE) vary by age at diagnosis, diagnosis type, and number of diagnoses. More specifically, in a manuscript in re-preparation, I explored the link between having an arthritis diagnosis, number of co-morbidities accompanying arthritis, age at arthritis diagnosis, current level of activity loss, and Major Depressive Episode (MDE). I used negative binomial regression to test differences in the count of depressive symptoms, finding that age of diagnosis as an important factor impacting both activity limitation and number of depressive symptoms among patients with arthritis. Individuals who were diagnosed with arthritis prior to age 18 and those diagnosed with arthritis after age 66 were at increased risk for Major Depressive Episode because they were predicted to have about 2 more depressive symptoms than participants diagnosed with arthritis between age 19-65.

In another study (manuscript in preparation), I examine the use of incendiary hashtags on Twitter to bring grievances over experiences with health care. This study examines the circumstances underlying the use of #DoctorsAreDickheads to bring a grievance against health care providers, and the use of #PatientsAreDickheads to respond to the claims brought using #DoctorsAreDickheads. Disabled Twitter users who were undiagnosed, self-diagnosed, or in the process of seeking a diagnosis for a complex, contested, or rare condition were the most likely to bring a grievance using #DoctorsAreDickheads. Additionally, the behavior of disabled Twitter users varied quite drastically. Disabled Twitter users sometimes engaged with the #PatientsAreDickheads to defend health care professionals. Twitter users who were disabled and defended health care professionals tended to have common chronic conditions, many attested that they had received a diagnosis, and some had a personal affiliation with health care in addition to their disability.

Future Plans

In my future research, I will further explore how disability-based inequality is shaped by the diagnostic process and interaction between health care providers and their patients, focusing on both online and offline contexts. Other online spaces such as Instagram, Reddit, and Tik Tok, continue to gain popularity among young people. These platforms may provide better insight on younger populations, but they also serve as additional data sources allowing for research on disability-based inequality. I will also extend my dissertation research to examine similar relational

dynamics between and among the disabled and medical communities using Instagram, Reddit, and Tik Tok.

Additionally, medical education is undoubtedly an important factor in health care providers' ideological views about the body, health risk, and risk behavior. I will expand my focus to the social construction of ideological knowledge during professional training. Building on access gained through informal preliminary interviews with medical students who remained "un-matched" upon graduation from medical school (and hence, were jobless), I plan to observe and interview medical (MD) students. If granted complete access, I will conduct fieldwork in both classroom and clinical settings to capture variation by stage in professional socialization.

In an immediate extension to my dissertation research, I plan to build on my final analysis to further examine how interactions with various medical experts shaped health risk ideology over time. I plan to use relational events modeling to identify and test the effect of interactional sequences, moving beyond just the interactions themselves. My goal is to test for a possible gatekeeping effect by professional medical experts as contributing to non-expert health risk ideology at $t = 19$.