eISSN: 3066-8239 (online) doi.org/10.70175/socialimpactjournal.2025

Photovoice in a Medical Sociology Classroom: A Case Study on Experiential and Ethical Engagement

JoAnna Boudreaux [1]

[1] University of Memphis

Corresponding E-mail: jbdreaux@memphis.edu

Received December 10, 2025
Accepted for publication December 29, 2025
Published Early Access January 2, 2026

doi.org/10.70175/socialimpactjournal.2025.2.1.7

Abstract

Medical Sociology courses often require students to engage with complex and emotionally charged issues such as health inequities, structural violence, and access to care. For many undergraduates, these topics may feel distant and abstract, while for others they may feel uncomfortably close to personal experience. This pedagogical case study describes the design and implementation of a photovoice assignment in an undergraduate Medical Sociology course to address this tension. Using a structured visual reflection assignment guided by the SHOWeD method, students photographed everyday environments and objects to connect sociological concepts to lived and observed realities while maintaining control over personal disclosure. Drawing on instructional reflection and analysis of student photovoice submissions and peer thematic work, the case illustrates how students engaged with recurring themes related to food inequality, chronic illness and caregiving, environmental and infrastructural conditions, and collective responsibility. Rather than offering generalizable outcomes, this case highlights how photovoice functioned as an experiential pedagogical strategy that supported participation, sociological reasoning, and ethical engagement within a single course context. The case study offers a practical and adaptable model for instructors seeking to incorporate visually grounded experiential learning into courses addressing health, inequality, and social structure.

Keywords: Medical Sociology, photovoice, undergraduate education, health inequities, experiential learning, SHOWeD method, pedagogy, structural violence, visual methods, health disparities

Suggested Citation:

Boudreaux, J. (2026). Photovoice in a Medical Sociology Classroom: A Case Study on Experiential and Ethical Engagement. *Transformative Social Impact: A Journal of Community-Based Teaching and Research*, 2(1). doi.org/10.70175/socialimpactjournal.2025.2.1.7

Medical Sociology courses often ask students to engage with complex and emotionally charged issues, including structural violence, unequal access to care, chronic stress, disability, and the social determinants of health. In my undergraduate Medical Sociology course, many students are nursing majors or biology students preparing for medical or health-related professions. Although academically strong, these students frequently approach medical sociological concepts at a distance. Their relative youth, limited exposure to long-term illness, and, in some cases, class privilege can make health disparities feel abstract or disconnected from everyday life. Traditional assignments such as exams or essays may unintentionally reinforce this distance by emphasizing conceptual mastery without experiential grounding.

At the same time, other students enter the course with deep personal familiarity with chronic illness, caregiving, medical debt, or structural inequality. For these students, course material may feel emotionally close or exposing, particularly in classrooms that include peers from more privileged backgrounds. Discussions of inequality can inadvertently reproduce power imbalances or silence lived experience if disclosure becomes implicitly expected (hooks, 1994; Tatum, 1997).

These dynamics present a pedagogical challenge: how can instructors support meaningful engagement with health inequality while remaining ethically attentive to students' uneven proximity to course content? In response, I implemented a photovoice assignment designed to anchor sociological concepts in everyday environments while avoiding required personal disclosure. Grounded in critical pedagogy's emphasis on agency and reflexivity (Freire, 1970), this case study documents the design and classroom implementation of that assignment and reflects on how visually grounded, experiential pedagogy can support equitable participation in mixed-experience classrooms.

Photovoice as Pedagogical Method

Photovoice is a participatory visual method commonly used in community-based and qualitative research to document lived experience through photographs accompanied by reflective narrative (Wang & Burris, 1997). The method emphasizes participant control over representation and often uses structured reflection frameworks to guide analysis. One widely used framework is the SHOWeD method, which prompts participants to move from description to interpretation and action by asking what they see, what is happening, how it relates to their lives, why the issue exists, and what can be done.

In educational contexts, photovoice has been adapted as a form of participatory visual methodology that supports critical reflection and social analysis (Mitchell, DeLange, & Moletsane, 2017). In the classroom, photovoice can function as an experiential learning tool by making abstract sociological concepts visible in familiar spaces, objects, and routines (Kolb, 1984). Rather than relying on personal narrative, students can engage symbolically and observationally, maintaining control over what they share. In this course, photovoice was used to support the development of sociological imagination by helping students connect everyday observation to broader social structures (Mills, 1959).

Assignment Design

The photovoice assignment was introduced mid-semester, after students had been exposed to core medical sociological concepts such as social determinants of health, structural inequality, stress, and medicalization. Students responded to the guiding question: *Why does Medical Sociology matter?* Assignment instructions emphasized symbolic and structural analysis rather than personal disclosure.

The assignment included two scaffolded components.

1. Photograph and Analytic Caption (Individual).

Students took one original photograph representing their response to the guiding question, focusing on objects, spaces, or environments rather than people. They wrote a 250–500 word analytic caption using the SHOWeD framework to move from description to sociological interpretation and

structural explanation. Ethical guidelines discouraged photographing identifiable individuals and addressed appropriate use of public or semi-public spaces.

2. Thematic Analysis (Peer Review).

All submissions were anonymized and uploaded to a shared course folder. Each student reviewed a minimum of five anonymized entries and identified three major themes across the class, linking these themes to course concepts in a short analytic paper. This component shifted students from individual reflection to collective interpretation, reinforcing the sociological insight that health outcomes are socially patterned rather than purely individual.

Course Context and Analytic Approach

This case study draws on implementation of the assignment in one undergraduate Medical Sociology course at a public university in the southeastern United States. The course enrolled 21 students, most of whom were nursing or biology majors. All students completed both components of the assignment.

My analytic approach was instructional and reflective rather than formal qualitative research. I conducted an iterative review of all student photographs and captions to identify recurring patterns across submissions. Peer thematic analyses were used to contextualize and confirm convergence across cases but were not treated as independent data for formal coding. No formal pre- or post-assessment measures were employed; observations regarding engagement and learning are therefore practice-based and context-specific.

Student Insights: Visualizing Structural Determinants of Health

Across student submissions, several recurring patterns emerged regarding how students conceptualized health and inequality. Although students selected diverse subjects and settings, their images consistently reflected attention to structural conditions shaping health, including food access, chronic illness management, environmental infrastructure, and collective responsibility. Rather than presenting these as discrete findings, this section illustrates how students used visual evidence to connect everyday environments to broader social forces emphasized in Medical Sociology.

Many students focused on food environments to illustrate how access to health-promoting resources is unevenly distributed across communities. One student photographed moldy strawberries about to be discarded and reflected, *"For some people, moldy food is something that can be easily thrown away and replaced. For others, it may be the only food they have"* (ID1012). The student linked this image to food insecurity and economic inequality, noting that fresh food waste often coexists with limited access to nutritious options in low-income neighborhoods.

Other students similarly documented the spatial organization of food access. One student photographed a stretch of roadway lined with fast-food restaurants and wrote that *"fast food places are often more accessible and affordable than nutritious meals, especially in low-income areas, which contributes to preventable diseases like diabetes and hypertension"* (ID007). Another student contrasted this with images of well-stocked grocery stores in more affluent areas, explaining that *"driving long distances to higher-priced grocery stores is unrealistic for many people without reliable transportation or income"* (ID005). Together, these submissions illustrate how students connected diet-related health outcomes to neighborhood investment, transportation access, and corporate decision-making rather than individual choice.

Students also used photovoice to explore chronic illness as an ongoing social process rather than an isolated medical event. One student photographed a syringe and noted that injections had been part of their everyday life since early childhood, writing, *"What other children are afraid of is something that I just grew up with. It was normal"* (ID001). This reflection emphasized how illness management becomes routine and integrated into identity formation over time.

Another student photographed a crowded medicine cabinet and reflected that *"families often become their own doctors: diagnosing, treating, and managing*

ongoing conditions without consistent access to professional care" (ID011). A similar theme appeared in a submission depicting medications stored in a refrigerator, where the student explained that *"stockpiling medications becomes a strategy for surviving a healthcare system that is expensive and unevenly accessible"* (ID017). These examples demonstrate how students recognized caregiving labor, self-management, and financial constraint as structurally shaped responses to gaps in healthcare access.

Environmental conditions and infrastructure also featured prominently in student work. One student photographed a "wet floor" sign blocking the only accessible restroom stall in a campus building, explaining that *"someone in a wheelchair or using a walker cannot go around it"* and interpreting the image as evidence of everyday design decisions that marginalize disabled individuals (ID021). Another student documented deteriorating apartment infrastructure, noting that accumulated trash and poor maintenance created health risks while residents' complaints were routinely ignored (ID002). These submissions linked environmental neglect to stress, exclusion, and diminished quality of life.

Across these examples, students consistently framed health inequality as socially produced rather than individually caused. Their images and captions demonstrated engagement with course concepts by connecting familiar spaces (i.e. kitchens, streets, buildings, and neighborhoods) to structural constraint, institutional neglect, and collective responsibility. As a set, these submissions illustrate how photovoice supported students in using everyday observation as sociological evidence within the context of a Medical Sociology classroom.

Pedagogical Reflections and Lessons Learned

From an instructional perspective, photovoice appeared to provide an accessible entry point for participation. Anchoring discussion in shared visual materials allowed students to begin with observation before moving toward analysis, reducing pressure for personal disclosure. Photographs served as common reference points that supported discussion across students with different levels of personal proximity to course material. This approach aligns with critically reflective teaching frameworks that emphasize iterative refinement over formal measurement alone (Brookfield, 2017).

During post-assignment debrief, several students described initial uncertainty about what to photograph, often assuming the image needed to be dramatic or exceptional. Many later reported a shift in perspective as they began to recognize health-related issues embedded in ordinary environments. During the classroom discussion a student explained that photographing a dusty fan in her bedroom helped her see environmental conditions as a health concern "staring me in the face every day" (ID008). This moment illustrates how experiential learning can prompt recognition of structural issues in everyday life (Kolb, 1984; Mezirow, 1997).

Implementation challenges also emerged. Some students struggled with symbolic representation and required additional examples to distinguish between documenting an object and using an image as sociological evidence. Ethical guidance around photographing public or semi-public spaces requires reinforcement, particularly regarding identifiable individuals and vulnerable populations. Because no formal assessment measures were used, claims regarding engagement and learning remain observational. Future iterations could incorporate structured reflection prompts or informal pre/post concept checks to more directly document changes in participation and conceptual understanding.

Conclusion

This case study illustrates how photovoice can be adapted within an undergraduate Medical Sociology course to support experiential learning and ethically attentive engagement with health inequality. By emphasizing symbolic representation, anonymization, and collective thematic analysis, the assignment allowed students to connect everyday observation to sociological analysis without requiring personal disclosure. While findings are limited to a single course context, this case offers a

practical model for instructors seeking to balance engagement, equity, and care when teaching sensitive health-related content.

References

Brookfield, S. D. (2017). *Becoming a critically reflective teacher* (2nd ed.). Jossey-Bass.

Freire, P. (1970). *Pedagogy of the oppressed*. Continuum.

hooks, b. (1994). *Teaching to transgress: Education as the practice of freedom*. Routledge.

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Prentice Hall.

Mezirow, J. (1997). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education*, 1997(74), 5–12.

Mills, C. W. (1959). *The sociological imagination*. Oxford University Press.

Mitchell, C., DeLange, N., & Moletsane, R. (2017). *Participatory visual methodologies: Social change, community and policy*. Sage.

Tatum, B. D. (1997). *Why are all the Black kids sitting together in the cafeteria?* Basic Books.

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, 24(3), 369–387. https://doi.org/10.1177/109019819702400309

Author Bio:

JoAnna Boudreaux is an Assistant Professor of Teaching and Internship Coordinator in the Department of Sociology at the University of Memphis. Her teaching and scholarship focus on medical sociology, health inequality, race and ethnicity, and experiential learning. She is particularly interested in pedagogical approaches that support ethical engagement with sensitive social issues and foster sociological imagination among undergraduate students. Dr. Boudreaux's work emphasizes equity-minded teaching, participatory methods, and the integration of theory with lived and observed experience in the classroom. Across the various classes she teaches, she mentors students in community-engaged research and applied learning projects related to health, education, and social justice. She holds a PhD in Communication and a master's degree in Sociology, and her interdisciplinary background informs her approach to teaching, research, and curriculum design.

