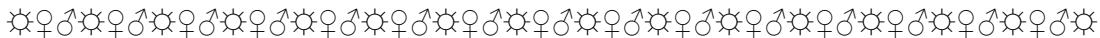


SOAN 262: Anthropology of Health and Illness
Winter 2013, Carleton College
T/Th 10:10-11:55
Leighton 330

Pamela Feldman-Savelsberg
Office: Leighton 233, x4113
Office Hours: T/Th 3:30-5:00,
W 11-12, and by appt.

ACE TA: Leah Eby (ebyl@carleton.edu); ACE Director: Adrienne Falcón (afalcon)



Anthropology of Health and Illness

Course Syllabus

I. COURSE DESCRIPTION

Disease may appear to be a simple matter of biological states and symptoms, but *health and illness* are culturally defined and socially conditioned. As such, they are vital to anthropological attempts to understand the human condition. In what ways are health, illness, and healing matters of interpretation and belief? How are ideas about well-being and affliction connected with other ideas in a meaningful cultural matrix? In what ways are health, illness and healing also matters of social relations and social organization? How do they involve social interactions among individuals and groups? How do they reflect and/or influence political and economic relations?

To answer such questions, this course takes an ethnographic approach to beliefs and practices regarding health and illness in numerous societies worldwide. Through a comparison of cases from the U.S. and other locales we will reach a deeper understanding of the North American version of allopathic medicine ("biomedicine") as well as other forms of medical knowledge. By examining patients, practitioners, and the social networks and contexts through which therapies are selected and applied, we aim to better understand medical systems as systems of thought and practice. We also aim to uncover the intellectual and practical significance of the anthropological study of misfortune. A theme tying together the diverse topics of the course is the production of medical knowledge in various settings-- as well as the production of anthropological knowledge about health, illness, and medicine. To best understand the production of knowledge and the production of health and illness in our own backyard, very early in the term we examine health and healthcare of uninsured in the rural Midwest, through a partnership with HealthFinders; we end the term with an examination of the ethics and social structuring of omissions, indirection, and secrets affecting HIV and cancer risk—in other words, with the production of “not knowing” about the *social* determinants of health.



II. COURSE REQUIREMENTS IN OVERVIEW

The requirements for this course include completion of reading assignments by the class meeting for which they are assigned, class attendance and participation, one four page response paper on a topical set of readings from the syllabus, leading discussion on a day's readings as part of a team, and a final research paper (including proposal, bibliography, and oral presentation). There are two options for the final paper: a library research paper on a topic of your choice, and a paper linked to the academic civic engagement opportunities at HealthFinders Collaborative. To make this class successful, there are some principles of positive behavior we must follow:

A. Attendance is important because your presence adds something to class. I understand that not everyone can make it to class for every session, but frequent absences will count against you. As a courtesy, please tell me why you were absent; for an “excused” absence, you must give me a legitimate and trustworthy reason *before* class. Make friends with classmates to share notes in case of absences, or if you feel you missed something even while attending. More importantly, ask questions, call me, or come to my office hours if anything is unclear to you or if you want to discuss something related to this class.

B. Listening: I assume and expect that we will all be enthusiastic and respectful participants in class, which means that we learn from our readings and from each other in courteous, constructive debate. We can only do this if we listen to each other.

C. There are many ways of participating: questioning, commenting, listening carefully when other students ask questions or propose a new or different way to think about the materials we are studying, eye contact, nodding, active note-taking.

D. Punctuality: Please hand in assignments and be prepared for oral presentations on time. *Deadlines are deadlines*, including presentations for which you have signed up. Nonetheless, if you talk to me *beforehand* about extenuating circumstances, I am not an ogre and will accommodate your needs within the realm of fairness. **Departmental policy is to subtract one letter grade for each day an assignment is late.** Final papers more than 3 days late will be accepted only if you have been granted an "EXT" by the Dean of Students Office (your class dean).

E. Academic honesty: Cite correctly and do not plagiarize. Please the College's policy on Academic Integrity, which can be found [here](#).

F. Citation norms: A brief description of anthropological citation style is found at the end of this syllabus. A more extensive style sheet is found on our departmental website at:

<http://apps.carleton.edu/curricular/soan/resources/citation/>. **You are required to follow anthropological citation style.** This is part of practicing writing like an anthropologist.

G. Writing portfolio: You may find one or more of the writing assignments in this course to be appropriate for your writing portfolio, which is due at the end of your sixth term. I will work with you to revise, if necessary. For more information on the portfolio, consult the folder you received as a first-year student, talk with your advisor, or read about it on the web at: <http://www.acad.carleton.edu/campus/wp/>.

H. Second-Language Writers: If you are a second language writer and believe you might benefit from working individually with a writing consultant on a regular basis this term, email Renata Fitzpatrick, [Second-Language Writing Coordinator](#), call her at x5998, or stop by her office in 201 Scoville. She can arrange once- or twice-a-week meetings between you and a specific writing consultant throughout the term.

I. Accommodations for Students with Disabilities: Carleton College is committed to providing reasonable accommodations to students with disabilities. Students seeking accommodations should contact the Coordinator of Disability Services, Andy Christensen, at 222-4464 or anchrist@carleton.edu, to begin the process. Carleton faculty are strongly encouraged to wait for official notification of accommodations before modifying course requirements for students. I appreciate it if you seek accommodations so I can be notified *early in the term*.

Students with any other concerns needing special consideration should also bring this to my attention *early in the term*.

These **principles of positive behavior** are strategies to help you learn and to help you do what anthropologists do: participate, observe, discuss, analyze, write, learn details, contextualize in the big picture, and make sense of things.



III. COURSE REQUIREMENTS IN DETAIL

A. Required Reading

Readings should be completed before the class session for which they are assigned. Think about the issues raised, how they relate to issues in previous readings, to your own life, and to the lives of those you know and care about. Jot down your questions and confusions, and use these to contribute to class discussions. See the "General guide to reading" at the end of this syllabus for a useful reading strategy.

Readings consist of book length ethnographic monographs (available in the bookstore), and scholarly articles. All assigned **articles** are on **e-reserve** via the library's website.

Required texts (available in the bookstore) are as follows:

Culhane-Pera, K., et al. (2003) Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers. Nashville:Vanderbilt U Pr.

Hirsch, J. et al. (2010) The Secret: Love, Marriage, and HIV. Nashville:Vanderbilt U Pr.

Sered, S. and R. Fernandopulle. (2007) Uninsured in America: Life and Death in the Land of Opportunity. Berkeley: U of California Pr.

Recommended readings are supplemental texts for those of you with special interest in a particular subject, to use in papers and/or class presentations, or for future perusal. Some are entire books, and some are articles. I do not expect you to read them for class. They are not on library/e-reserve, with a few exceptions. The references are for you to look up if you are interested, and I can lend private copies of selected works.

B. Class Participation (10% of grade)

This is a combination seminar/lecture class, focused around discussion of readings, films or slides, and concepts. Part of each class session will involve some lecture material, to provide background information or clarify terms, and part will be discussion guided by the professor. Twenty to thirty minutes of most class sessions, however, are yours; discussions will be led by student teams after consultation with the professor. Student participation in all discussions is essential both for your own learning and for that of the other students in class. This requires that you have read and thought about the readings for the day, and that you listen carefully when other students ask questions or propose a new or different way to think about the materials we are studying.

In **grading** class participation I will take into consideration class attendance, and most importantly, discussing readings and issues in a thoughtful and prepared way. If your final grade is "on the edge," thoughtful participation in a medical anthropological or community mental health blog, either individually or in small groups, will be looked upon favorably.

C. Response or "Think" Paper (25% of grade)

Each student is required to write a four-page "think" paper on *one class topic's set of readings*. Most often, this entails writing about the readings for one class session; a few topics, including each topic in which we read an entire book, however, will span two class sessions. This response paper should include a brief statement of the author(s)' goals and the main ideas of the readings. It should then concentrate on your *explication and critique of the theoretical significance* of the work or works and your assessment of how it fits in with other readings from this class. If critiquing theoretical significance sounds daunting, it may be helpful to reflect on class discussion and/or to refer to Janzen's "The Origins and Theories of Medical Anthropology" (Chapter 2 from The Social Fabric of Health: An Introduction to Medical Anthropology, NY: McGraw Hill, 2002), available on e-reserves. Please also consult the sheets on "Key Concepts" and "What is Medical Anthropology?" in this syllabus. If the reading assignment includes a collection of articles, think about how they relate together and reach for some synthesis in your paper. It is always more successful to choose one or two issues to discuss in depth rather than to treat each topic in each of the readings in a superficial manner. I will look for your intellectual reactions to specific points and/or general analyses, and your observations on how these readings have confirmed, augmented, or challenged your prior assumptions and experiences. I would be thrilled if you would *also* relate it to things you have explored in other classes, where appropriate. **Please remember to cite your sources, using anthropological citation style.** Response or "think" papers are always due at 8:30 a.m. on the day following your assigned unit (for example, if the topic is discussed on a Tuesday, your paper is due 8:30 Wednesday morning). If you send me your paper as an MS-Word e-mail attachment, **you must include your name in the document filename** (e.g. pfeldmanThinkpaper.docx).

D. Leading Class Discussion (25% of grade)

You and at least one other student will be responsible for leading class discussion for 20 to 30 (max!) minutes on a topic's set of readings. My aim is that you spark discussion that helps you and your fellow students to draw connections among the readings and to think about which aspects of the readings *you* find most compelling. The discussion activity or questions you develop should draw out the theoretical and comparative significance of the topical unit's readings. If there are many readings, it is better to concentrate on activities or questions that bridge two readings than to feel forced to "cover" the entire set; depth is better than breadth. You do not need to develop *many* questions; often one very *good* question (with some follow-ups up your sleeve!) that stimulate reflection and discussion is best. Variety is good—feel free to experiment with format, e.g. debates, role plays, or cases.

Leading class discussion has a number of components. Discussants are required to **meet with me one or two days before your discussion leading session**, preferably together, during office hours or by special appointment. Together, you should **develop a well-integrated discussion activity or question/s**, as well as a pedagogical plan. *A first draft of your discussion plan (including the wording of any questions) should be completed for this meeting.* This means you need to work ahead! We will use the meetings to chat about the topic, refine the questions, talk about discussion leading strategies, and coordinate your part and my part of the class session. You should e-mail your final draft of discussion questions/plan to me by **4:30 p.m.** the day before your discussion. You should distribute a "reflect on this question" before the class, or a brief preparatory exercise to focus your classmates' attention. Send this to me by **4:30 p.m.** so that I can distribute it by Moodle/e-mail to the class *no later than 5:00 p.m.* You should also bring *copies to class* of a handout with your discussion questions or plan on the day of your discussion leading.

I encourage and expect teams of discussants to cooperate and coordinate your **discussion leading**, and to give each team member a chance to shine.

If you write your response/think paper during the first half of the course, you should lead class discussion during the second half, and vice versa. A sign-up sheet will be passed around on the second day of class.

E. Final Term Project (total of three components: 40% of grade)

For the final term project, you may choose between two options: Option A is a library research paper on a topic of your choice, and Option B consists of a paper linked to an academic civic engagement (ACE) opportunity at HealthFinders Collaborative. For both of these options, there are three components: 1) a **Term Paper Proposal (10% of grade)**, 2) a **Final Term Paper (25% of grade)**, and 3) an **Oral Presentation (5% of grade)**. The "ACE Option" requires that you get started right at the beginning of term, and will be available by application only. Our ACE TA, Leah Eby, is happy to consult with you about the application process and about conceiving and carrying to fruition a successful ACE project. A further explanation of ACE Option B is attached to this syllabus.

Option A is a ten page library research paper on a topic of your choice within the area of medical anthropology. You should clear your topic with me (don't forget office hours!). The topic should allow you to make reference to concepts and readings we will have discussed in class; you will be expected to do so in the final paper.

Option B will result in a ten-page paper and oral-presentation based upon an academic civic engagement project with HealthFinders, a clinic offering primary health care to the uninsured population of Rice County. This option is available by application only, due **Thursday January 10**. Option B will involve asking patients the question, "What do you want your provider to know about your culture, religion or life?" Working in pairs, students will conduct interviews and hold focus group discussions with a target population of their choice: Somali Men, Somali Women, Latino Teens, Northfield Latino Adults, Faribault Latino Adults, or U.S.-Native White Adults.

Participants will share the information gathered from their Field/Research Project with the HealthFinders board and community in early March. Both English-only speakers and those proficient in Spanish and/or Somali are encouraged to apply.

By Friday **February 1** (Week V) *all* students, regardless of final term project option, should hand in (**electronically! by 4:00 pm**) a one page topic proposal and an additional page with a preliminary list of at least ten bibliographic sources. Paper proposals should include a description of your topic, its substantive significance for medical anthropology, its significance in terms of applying or developing

medical anthropological theory, and some sense of how you plan to structure your argument. They should also include a preliminary bibliography (about one page single spaced, with spaces between sources). Be sure to include *articles* from scholarly journals as well as *books* in your bibliography, cited in *anthropological citation style*. Since many paper topics will require you to use Minitex or other interlibrary loan services, I expect you to get started *weeks* before the proposal deadline. Students doing ACE projects with our community partners should use this proposal as a tool to sharpen the focus of their research projects and link them to medical anthropological concepts and literature. This proposal counts for 10% of your final grade.

The final paper is due Friday **March 8 by 4:00 p.m.** (*plan ahead: see conditions for late above*). Please save a copy for yourself for paper presentations, which will occur during the last three class meetings of term. These presentations will be conducted like presentations at professional academic meetings. We will organize a series of panels for the Carleton Society for Medical Anthropology, with time to discuss at the end of each panel. Presentations (which are graded) will be strictly timed; they may be read, but are much more effective when freely spoken from an organized outline. Refreshments included!

IV. COURSE OVERVIEW

A. Topics

1. **Medical Anthropology and Civic Engagement** (January 3-10)
2. **Birth, Death, Body and Mind** (January 15-29)
3. **Therapy Management, Medical Pluralism, and Cross-Cultural Medical Ethics** (January 31-February 12)
4. **Pathologies of Power: Social Risk, Social Management, Social Silence, Social Ethics** (February 14-26)
5. **Student Presentations** (February 28-March 7)

B. Due Dates

Application for final project Option B: January 10

Term paper proposals and bibliographies: February 1

Final term papers: March 8

Plus... one response/"think" paper and one discussion leading, each in a different half of the term (sign up)

C. Grading

Class Participation	10%
Reading/Thinking Paper	25%
Leading Class Discussion	25%
Term Paper Proposal	10%
Final Term Paper	25%
Oral Presentation of Term Paper	5%

D. Student Learning Objectives

In this course you will learn the following: SOAN departmental SLO #1. Connect information about historical and contemporary socio-cultural phenomena; #2. Formulate appropriate sociological and/or anthropological research questions about socio-cultural phenomena; #4. Apply sociological and anthropological theory to analyze socio-cultural phenomena; and #6. Draw upon your understanding of historical and contemporary socio-cultural phenomena to engage the world. Those of you working on academic civic engagement (ACE) projects will also practice SOAN departmental learning objective #3: Select appropriate sociological and/or anthropological research methods to study socio-cultural phenomena.



V. CLASS SCHEDULE: TOPICS AND ASSIGNMENTS

Part One: Medical Anthropology and Civic Engagement

WEEK I: GETTING STARTED

Th 1-3 Introduction

Hirsch, J. (2003) Anthropologists, migrants, and health research: Confronting cultural appropriateness. In: American Arrivals: Anthropology Engages the New Immigration. N. Foner, ed. Santa Fe: School of American Research Press, pp. 229-257.

Please also read: the course syllabus, including the sheets on “Key Concepts” and “What is medical anthropology?”

Recommended reading (on medical anthropological concepts and theory): Janzen, J.M. (2002) Introducing Medical Anthropology (Ch. 1, pp. 1-19), and The Origins and Theories of Medical Anthropology (Ch. 2, pp. 21-49) in *The Social Fabric of Health*; Singer, M. and H. Baer (2007) *Introducing Medical Anthropology* (especially Ch. 1-3); Young, A. (1982) The anthropologies of illness and sickness. *Annual Review of Anthropology* 11:257-285; Csordas, T. & A. Kleinman (1996) The Therapeutic Process. In C.F. Sargent and T.M. Johnson, eds. *Handbook of Medical Anthropology*. Westport: Greenwood pp. 3-20; Kleinman, A. (1995) *Writing at the Margin: Discourse Between Anthropology and Medicine*. Berkeley: U California Press; Good, B.J. (1994) *Medicine, Rationality, and Experience: An Anthropological Perspective*. Cambridge: Cambridge U. Press; Erickson, P.I. (2008) *Ethnomedicine*. Long Grove: Waveland Press.

WEEK II: THE PHYSICAL, THE SOCIAL, AND THE CULTURAL IN HEALTH—HERE IN OUR BACKYARD

T 1-8 Health and Illness in our Backyard: Civic Engagement (en)counters Health Inequalities

Guest speakers: Charlie Mandile, Director of HealthFinders Collaborative; Sameena Ahmed, AmeriCorps VISTA at HealthFinders Collaborative; Adrienne Falcón, Director of Academic Civic Engagement, and Leah Eby, ACE Student TA

Sered, S.S. and R. Fernandopulle (2007) Uninsured in America: Life and Death in the Land of Opportunity. Berkeley: University of California Press. Read: Prologue, Introduction, Chapter 1 (From Working Class to Working Poor), Chapter 10 (Descent through the Death Spiral), Chapter 11 (Moving Forward), and Appendix I (A Primer on the U.S. Health Care System and the Safety Net), pp. xv-xxiii, 1-39, 163-194, 217-226.

Recommended reading (on Latino and farmworker health care in the Midwest): Blewett, L., S. Smaida, C. Fuentes, and E. Zuehlke. (2003) Health Care Needs of the Growing Latino Population in Rural America: Focus Group Findings in One Midwestern State. *Journal of Rural Health* 19:33-41. Blewett, L.A., M. Casey, and K.T. Call (2004) Improving Access to Primary Care for a Growing Latino Population: The Role of Safety Net Providers in the Rural Midwest. *Journal of Rural Health* 20(3):237-245; National Center for Farmworker Health (n.d.) Facts about Farmworkers; Migrant and Seasonal Farmworker Demographics Fact Sheet; HIV/AIDS Farmworker Fact Sheet; Maternal and Child Health Fact Sheet. Buda, TX: National Center for Farmworker Health, <https://secure.mintcommerce.com/~ncfh/factsheets.php> (accessed 12/8/2006); Heuer, Hess, and Klug (2004) Meeting the Health Care Needs of a Rural Hispanic Migrant Population with Diabetes. *Journal of Rural Health* 20(3):265-270; Arendale, E. (2002) Medicaid and the State Children's Health Insurance Program. *Migrant Health Issues*, Monograph No. 3. Buda, TX: National Advisory Council on Migrant Health, National Center for Farmworker Health. <https://secure.mintcommerce.com/~ncfh/monograph.php>; Casey, M., L. Blewett, and K. Hall. (2004) Providing Health Care to Latino Immigrants: Community-Based Efforts in the Rural Midwest. *American Journal of Public Health* 94(10):1709-1711; Larson, A. (2002) Environmental/Occupational Safety and Health. *Migrant Health Issues*, Monograph No. 2. Buda, TX: National Advisory Council on Migrant Health, National Center for Farmworker Health. <https://secure.mintcommerce.com/~ncfh/monograph.php>.

Th 1-10 Health and Illness in our Backyard: Contexts and Consequences of Access Denied

Sered, S.S. and R. Fernandopulle (2007) Uninsured in America: Life and Death in the Land of Opportunity. Berkeley: University of California Press. Read: Chapters 2 through 9, Afterword (pp. 40-162, 195-216).

Recommended reading (on being uninsured): Huber, Sonya [Carl '93] (2010) *Cover Me: A Health Insurance Memoir*. Lincoln: University of Nebraska Press; **(on health inequalities and the concept of "community" in public health)**: Chapman, R.R. and J.R. Bergren (2005) Radical Contextualization: Contributions to an anthropology of racial/ethnic health disparities. *Health* 9(2):145-167; Singer, M. and H. Baer (2007) Ch. 6

Health Disparity, Health Inequality. Pp 151-180 In Introducing Medical Anthropology: A Discipline in Action. Lanham: AltaMira Press; Wayland, C. and J. Crowder (2002) Disparate views of community in primary health care: Understanding how perceptions influence success. Medical Anthropology Quarterly 16(2):230-247; Israel, B.A., A.J. Schulz, E.A. Parker, and A.B. Becker (1998) Review of Community-Based Research: Assessing Partnership Approaches of Improve Public Health. Annual Review of Public Health 19:173-202. **Please also see the bibliography at the Access Denied blog, <http://accessdeniedblog.wordpress.com/>**

Part Two: Birth, Death, Body and Mind

WEEK III: THE BOOKENDS OF LIFE: BIRTH

T 1-15 Pregnancy and Birth in our Backyard

Guest speaker: Leah Eby, SoAn Senior

Film: *Hope Reborn: Empowering Families in the South Bronx (15 min)* (in class)

Essén, B., P. Binder, and S. Johnsdotter. (2011) An Anthrpological Analysis of the Perspectives of Somali Women in the West and their Obstetric Care Providers on Caesarean Birth. Journal of Psychosomatic Obstetrics and Gynecology 32(1):10-18.

Lazarus, E.S. (1997) What Do Women Want? Issues of Choice, Control, and Class in American Pregnancy and Childbirth. In Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives. R. Davis-Floyd and C. Sargent, eds., pp. 132-158.

Browner, C.H. (2007) Can Gender "Equity" in Prenatal Genetic Services Unintentionally Reinforce Male Authority? Pp. 147-164 In M.C. Inhorn, ed. Reproductive Disruptions: Gender, Technology and Biopolitics in the New Millennium. New York: Berghahn Books.

Homework Film: *Nyamakuta: "The One Who Receives"-- An African Midwife (32 min)*

<http://www.aspresolver.com.ezproxy.carleton.edu/aspresolver.asp?VASC;1650456>

(*When viewing this film, available via library reserves, take notes on your observations regarding the following questions: 1) Who has authoritative knowledge and how is it established in various situations? 2) who might serve as gatekeepers between pregnant/birthing Shona women and their midwives, such as Mai Mafuta? 3) How do the midwives handle the information they are given at midwife training in the capital city, Harare; what is the quality of interaction between the nurse-midwife and the lay midwives?*)

Recommended reading: Browner, C.H. (n.d.) Lessons from California on the Implementation of State-Mandated Fetal Diagnosis In the Context of Globalization. In Globalization, Reproduction, and the State, C.H. Browner and C. F. Sargent, eds., Chapel Hill: Duke University Press (forthcoming 2009) (focuses on the role of interpreters); Browner, C.H. and H.M. Preloran (2000) Interpreting Low-Income Latinas Amniocentesis Refusals. Hispanic Journal of Behavioral Sciences 22(3):346-368; Browner, C.H. and H.M. Preloran (2006) Culture and Communication in the Realm of Fetal Diagnosis: Unique Considerations for Latino Patients. Pp. 31-44 In Sharpe, N.F. and R.F. Carter. Genetic Testing: Care, Consent, and Liability. NY: Wiley-Liss.

Th 1-17 Authoritative Knowledge and Birth

Guest speaker: Natalee Johnson, Certified Nurse Midwife

Jordan, B. (1997) Authoritative Knowledge and its Construction. In Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives. R. Davis-Floyd and C. Sargent, eds., pp. 55-79.

Jambai, A. and C. MacCormack. (1997) Maternal Health, War, and Religious Tradition: Authoritative Knowledge in Pujehun District, Sierra Leone. In Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives. R. Davis-Floyd and C. Sargent, eds., pp. 421-440.

Recommended reading: Jordan, B. (1993) Birth in Four Cultures (4th edition) (esp Ch. 1, 2, 3, 6); Martin, E. (1987) The Woman in the Body, pp. 54-67, 139-155; R. Davis-Floyd and C. Sargent, eds. (1997) Childbirth and Authoritative Knowledge: Cross-Perspectives; Kettler, S. K. (2000) Preparing for motherhood: Authoritative knowledge and the undercurrents of shared experience in two childbirth education courses in Cagliari, Italy. Medical Anthropology Quarterly 14(2):138-158; Obermeyer, C.M. (2000) Pluralism and pragmatism: Knowledge and practice of birth in Morocco. Medical Anthropology Quarterly 14(2):180-201; Gerber, E. G. (2002) Deconstructing pregnancy: RU486, seeing "eggs," and the ambiguity of very early conceptions. Medical Anthropology Quarterly 16(1):92-108; Rapp, R. (1993) Accounting for amniocentesis. In *Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life*, S. Lindenbaum and M. Lock, eds., pp. 55-76; Geurts, K. (2001) Childbirth and Pragmatic Midwifery in Rural Ghana. Medical Anthropology 20(2-3):379-408.

WEEK IV: DEATH AND THE SENTIENT BODY

T 1-22 Defining Death through Technology and Ritual

Guest speaker: Kristin Partlo, Liason Librarian to the Social Sciences & Data

Lock, M. (1996) Death in technological time: Locating the end of meaningful life. *Medical Anthropology Quarterly* (N.S.) 10(4):575-600.

Shepard, G.H. (2002) Three days for weeping: Dreams, emotions, and death in the Peruvian Amazon. *Medical Anthropology Quarterly* 16(2):200-229.

Culhane-Pera, K. et al. (2003) Part IV. End-of-Life Care: Case Stories and Commentaries. Pp. 253-294 In *Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers*. Nashville: Vanderbilt University Press (*cases will be split up among class members; assignment TBA*).

Recommended reading: **On death and end of life care:** Wolf, Z.R. (1988) *Nurses' Work, the Sacred and the Profane*. Philadelphia: University of Pennsylvania Press, pp. 68-139 (on post-mortem care); Bloch, M. and J. Parry, eds. (1982) *Death and the Regeneration of Life*. Cambridge U Press; Weiner, A. (1987) Death and the work of mourning. Chapter 2 In *The Trobrianders of Papua New Guinea*, pp. 33-50; Frank, G., L.J. Blackhall, V. Michel, S.T. Murphy, S.P. Azen, and K. Park. (1998) A Discourse of Relationships in Bioethics: Patient Autonomy and End-of-Life Decision Making among Elderly Korean Americans. *Medical Anthropology Quarterly* 12(4):403-413.

On infant death and pregnancy loss: Cecil, R. ed. (1996) *The Anthropology of Pregnancy Loss*. Oxford: Berg; Einarsdóttir, J. (2004) *Tired of Weeping: Mother Love, Child Death, and Poverty in Guinea-Bissau*. Madison: U Wisconsin Pr; Levi-Strauss, C. (1963) The effectiveness of symbols. In *Structural Anthropology*, pp. 186-205; Layne, L.L. (1992) Of fetuses and angels: fragmentation and integration in narratives of pregnancy loss. *Knowledge and Society: The Anthropology of Science and Technology* 9:29-58; Feldman-Savelsberg, P., F.T. Ndonko and S. Yang (2006) The Social Management of Fetal and Infant Death: Dual Disruptions to Reproductive Lives and Discourses. *Curare* 29(1):7-15; Scheper-Hughes, 1992, *Death Without Weeping: The Violence of Everyday Life in Brazil*. Berkeley: U of California Press [614 p.]; Scheper-Hughes, N. (1989) Death without weeping. *Natural History* (Oct.): 8, 10, 12, 14, 16; Layne, L. (2007) Designing a Woman-Centered Health Care Approach to Pregnancy Loss: Lessons from Feminist Models of Childbirth. Pp. 79-97 In *Reproductive Disruptions: Gender, Technology, and Biopolitics in the New Millennium*. Marcia C. Inhorn, ed. New York: Berghahn Books.

Th 1-24 The Mindful Body

Guest speaker: Kathryn L. Geurts, Department of Anthropology, Hamline University

Scheper-Hughes, N. and M. Lock (1987) The mindful body: a prolegomenon to future work in medical anthropology. *Medical Anthropology Quarterly* (N.S.) 1(1):6-41.

Geurts, K.L. (2009) When You Cannot Headload: Balance, Mobility, and the Disabling of Sensibilities in Metropolitan Accra, pp. 97-106 In R. Schönhammer, ed. *Körper, Dinge und Bewegung: Der Gleichgewichtssinn in materieller Kultur und Ästhetik*. Vienna: Facultas Verlag.

Recommended reading: Greenhalgh, S. (2012) Weighty Subjects: The Biopolitics of the U.S. War on Fat. *American Ethnologist* 39(3):471-487; Strathern, A. (1996) *Body Thoughts*. Ann Arbor: University of Michigan Press; Lambek, M. (1998) Body and mind in mind, body and mind in body: some anthropological interventions in a long conversation. In Lambek and Strathern, eds. Pp. 103-123, *Bodies and persons*. Cambridge University Press; Blacking, J. (ed.) *The Anthropology of the Body*; Geurts, K.L. (2002) Culture and the Senses: Bodily Ways of Knowing in an African Community. Berkeley: University of California Press; Geurts, K.L. (2005) Consciousness as 'Feeling in the Body': A West African Theory of Embodiment, Emotion and the Making of Mind. In: D. Howes, ed., *Empire of the Senses: The Sensual Culture Reader*. Oxford: Berg, pp. 164-178; Weiss, M. (2001) The Children of Yemen: Bodies, Medicalization, and Nation-Building. *Medical Anthropology Quarterly* 15(2):206-221; Chrysanthou, M. (2002) Transparency and selfhood: Utopia and the informed body. *Social Science and Medicine* 54:469-479; Comaroff, Jean (1993) The diseased heart of Africa: medicine, colonialism, and the black body. In *Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life*, S. Lindenbaum and M. Lock, eds., pp. 305-329; Csordas, T. (ed.) (1994) *Embodiment and Experience*; Desjarlais, R. (1992) *Body and Emotion: The Aesthetics of Illness and Healing in the Nepal Himalayas*; Douglas, M. *Natural Symbols*; Wikan, U. (1989) Managing the heart to brighten face and soul: Emotions in Balinese morality and health care. *American Ethnologist* 16:294-312; Winkler and Cole (eds.) (1994) *The Good Body*; Nicther, M. and M. Nicther (1991) Hype and weight. *Medical Anthropology* 13:249-284; Lester, R.J. (2007) Critical Therapeutics: Cultural Politics and Clinical Reality in Two Eating Disorder Treatment Centers. *Medical Anthropology Quarterly* 21(4):369-387.

WEEK V: THE EMBODIED MIND AND THE SOCIAL RELATIONS OF HEALING

T 1-29 The Embodied Mind: “Somatization” and Trauma

Hinton, D.E., A.L. Hinton, K-T. Eng, and S. Choung. (2012) PTSD and Key Somatic Complaints and Cultural Syndromes among Rural Cambodians: The Results of a Needs Assessment Survey. *Medical Anthropology Quarterly* 26(3):383-407. [N.B. read this if your last name is in the first ½ of the alphabet]

Abramowitz, S.A. (2010) Trauma and Humanitarian Translation in Liberia: The Tale of Open Mole. *Culture, Medicine and Psychiatry* 34:353-379 (*2011 winner of the Virchow Prize*). [N.B. read this if your last name is in the second ½ of the alphabet]

Culhane-Pera, K.A., D.E. Vawter, P. Xiong, B. Babbitt, and M.M. Solberg, eds. (2003) *Healing by Heart: Clinical and Ethnical Case Stories of Hmong Families and Western Providers*. Nashville: Vanderbilt University Press, pp. 207-221 (Chapter 10-War Veteran with Depression and Post-Traumatic Stress Disorder: A Case Story *[with commentaries]*).

Recommended reading: McKay, R. (2012) Documentary Disorders: Managing Medical Multiplicity in Maputo, Mozambique. *American Ethnologist* 39(3):545-561; Young, A. (1993) A Description of How Ideology Shapes Knowledge of a Mental Disorder (Posttraumatic Stress Disorder). In *Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life*, S. Lindenbaum and M. Lock, eds., pp. 108-128; Poss, J. and M.A. Jezewski (2002) The Role and Meaning of Susto in Mexican Americans’ Explanatory Models of Type-2 Diabetes. *Medical Anthropology Quarterly* 16(3):360-377; Kermayer, L.J. and A. Young. (1998) Culture and Somatization. *Psychosomatic Medicine* 60:420-430; Lester, R.J. (2009) Brokering Authenticity: Borderline Personality Disorder and the Ethics of Care in an American Eating Disorder Clinic. *Current Anthropology* 50(3):281-302; Carroll, J.K. (2004) *Murug, Waali, and Gini*: Expressions of Distress in Refugees From Somalia. *Journal of Clinical Psychiatry* 6:119-125.

Part Three: Therapy Management, Medical Pluralism, and Cross-Cultural Medical Ethics

Th 1-31 Managing Therapies and Medical Pluralism

Janzen, J. (1987) Therapy management: Concept, reality, process. *Medical Anthropology Quarterly* (N.S.) 1(1):68-84.

Bossart, R. (2003) “In the city, everybody only cares for himself”: Social Relations and Illness in Abidjan, Côte d’Ivoire. *Anthropology and Medicine* 10(3):343-360.

Krause, K. (2008) Transnational Therapy Networks among Ghanaians in London. *Journal of Ethnic and Migration Studies* 34(2): 235-251.

Recommended reading: Janzen, J.M. *The Quest for Therapy: Medical Pluralism in Lower Zaire*. Berkeley: University of California Press; Spitzer, D., A. Neufeld, M. Harrison, K. Hughes, and M. Stewart. (2003) Caregiving in Transnational Context: “My Wings Have Been Cut; Where Can I Fly?” *Gender and Society* 17(2):267-286; Foley, E. (2008) Neoliberal Reform and Health Dilemmas: Social Hierarchy and Therapeutic Decision Making in Senegal. *Medical Anthropology Quarterly* 22(3):257-273.

Fr 2-1 HAND IN PAPER PROPOSAL (for all options: 1 page text + 1 page bibliography) (please hand in electronically by 4:00 pm)

Midterm Break



WEEK VI: PLURAL MEDICINE, AND CROSS-CULTURAL MEDICAL ETHICS IN ASIA AND THE U.S.

T 2-5 TCM: Medical Pluralism, Plural Medicine, and South-South Globalization

Farquhar, J. (1994) *Knowing Practice: The Clinical Encounter of Chinese Medicine*. Boulder: Westview Press. (Ch. 1, “Chinese Medicine as Institutional Object and Historical Moment,” pp. 9-22; excerpt from Ch. 3, “The Clinical Encounter Observed,” pp. 41-44, 56; “Glossary of Chinese Terms,” pp. 237-244).

Scheid, V. (2002) *Chinese Medicine in contemporary China: Plurality and Synthesis*. Durham: Duke University Press. (Ch. 4, “Dilemmas and Tactical Agency: Patients and the Transformation of Chinese Medicine,” pp. 105-133; Timeline, p. xv; Map, p. xx).

Hsu, E. (2002) ‘The medicine from China has rapid effects’: Chinese Medicine Patients in Tanzania. *Anthropology and Medicine* 9(3):291-313.

Zhou, Chuncai and Han Yazhou. (1997) *The Illustrated Yellow Emperor's Canon of Medicine*. Beijing: Dolphin Books (selections on e-reserve).

Recommended reading: White, S.D. (1999) Deciphering 'Integrated Chinese and Western Medicine' in the Rural Lijiang Basin: State Policy and Local Practice(s) in Socialist China. *Social Science and Medicine* 49:1333-1347; Hare, M.L. (1993) The Emergence of an Urban U.S. Chinese Medicine. *Medical Anthropology Quarterly* 7(1):30-49; Janes, C.R. (2002) Buddhism, science, and market: the globalization of Tibetan medicine. *Anthropology and Medicine* 9 (3): 267-289; Frank, R. and G. Stollberg (2002) Ayurvedic patients in Germany. *Anthropology and Medicine* 9 (3):223-244; Hsu, E. (2005) Time Inscribed in Space, and the Process of Diagnosis in African and Chinese Medical Practices. Ch. 8 In James, W. and D. Mills, eds. *The Qualities of Time: Anthropological Approaches*. Oxford: Berg.

Th 2-7 Hmong Metaphors and Medical Metaphors: Explanatory Models and Ethics

Culhane-Pera, K.A., D.E. Vawter, P. Xiong, B. Babbitt, and M.M. Solberg, eds. (2003) *Healing by Heart: Clinical and Ethnical Case Stories of Hmong Families and Western Providers*. Nashville: Vanderbilt University Press, pp. 1-68 (Introduction and Part I). ****Read ahead!****

Film: Split Horn

Recommended readings: Taylor, J.S. (2003) "The Story Catches You and You Fall Down: Tragedy, Ethnography, and 'Cultural Competence'." *Medical Anthropology Quarterly* 17(2):159-181; Lee, M.N.M. n.d. Book Review: The Spirit Catches You and You Fall Down. http://www.hmongnet.org/publications/spirit_review.html, accessed 11/9/2006; Fox, R. C. (2005) Cultural Competence and the Culture of Medicine; and Malina, D. (2005) Compliance, Caricature, and Culturally Aware Care. both in: *New England Journal of Medicine* 353(13):1316-1318; Fadiman, A. (1997) *The Spirit Catches You and You Fall Down*. NY: Farrar, Strauss, & Giroux.

Recommended films: *Between Two Worlds: The Hmong Shaman in America; Threads of Life*.

WEEK VII: MEDICAL ETHICS AND THE PATHOLOGIES OF POWER

T 2-12 Cross-Cultural Medical Ethics: Hmong Models and Metaphors

Culhane-Pera, K.A., D.E. Vawter, P. Xiong, B. Babbitt, and M.M. Solberg, eds. (2003) *Healing by Heart: Clinical and Ethnical Case Stories of Hmong Families and Western Providers*. Nashville: Vanderbilt University Press, pp. 71-204, 222--252; 297-356 (Parts II, III, IV, V [selection], & VII, Women's Health, Children's Health, Chronic Disease, Mental Illness, and Culturally Responsive Health Care) (*cases will be split up among class members; assignment TBA*).

Recommended readings: Henry, R. (1999) Measles, Hmong, and Metaphor: Culture Change and Illness Management under Conditions of Immigration. *Medical Anthropology Quarterly* 13(1):32-50; Thao, Paja and Dwight Conquergood (1986) *I am a shaman: A Hmong Life Story with Ethnographic Commentary*. Southeast Asian Refugee Studies, 8. (introduction and chapter on "cosmology and community", pp. 42-46); Chiu, M. (2004-05) Medical, Racist, and Colonial Constructions of Power: Creating the Asian American Patient and the Cultural Citizen in Anne Fadiman's *The Spirit Catches You and You Fall Down*. *Hmong Studies Journal* 5:1-36; Yang, Y. (1998) Practicing Modern Medicine: 'A little medicine, a little neeb.' Review of *The Spritit Catches You...* *Hmong Studies Journal* 2(2):1-7. http://members.aol.com/hmongstudiesjrn/HSJ-v2n2_Yang.html, accessed 5/21/2004.

Part Four: Pathologies of Power: Social Risk, Social Management, Social Silence, Social Ethics

Th 2-14 Loud Silences: Pathologies of Power from Health Policy to Whispered Explanations and Polite Indirection: Haiti, Cuba, and South Africa

Guest speaker: Drewallyn Riley, MPH, HIV Prevention, Pre-Risk Youth Advisor, CTS Global Farmer, P. (2003) *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press. Read: Ch 2 (Pestilence and Restraint), and Ch 8 (New Malaise: Medical Ethics...), pp. 51-90, 196-212.

Wood, K and H. Lambert (2008) Coded Talk, Scripted Omissions: The Micropolitics of AIDS Talk in an Affected Community in South Africa. *Medical Anthropology Quarterly* 22(3):213-233.

DiClemente, R.J., L.F. Salazar, R.A. Crosby, and S.L. Rosenthal (2005) Prevention and control of sexually transmitted infections among adolescents: the importance of a socio-ecological perspective--a commentary. *Public Health* 119(9):825-836.

Recommended readings: Biehl, J. (2007) *Will to Live: AIDS Therapies and the Politics of Survival*. Read: Introduction (A New World of Health) and Lives, pp. 3-49; Farmer, P. (1992) *AIDS and Accusation*; Articles by R. Packard and P. Epstein (pp. 771-794) and B.G. Schoepf (pp. 749-763) on AIDS research in Africa in issue 7 of *Social Science and Medicine* 33 (1991); articles in *Medical Anthropology Quarterly* 11(4) (1997), including one on metaphors of AIDS and cancer; Jamie Feldman, (1995) *Plague Doctors*; E. Green on AIDS prevention and S. African traditional healers in *Social Science and Medicine* 40 (1995): 503-15; Jewkes, R.K. et al. (2003) Gender inequalities, intimate partner violence and HIV preventive practices: Findings of a South African cross-sectional

study. Social Science and Medicine 56(1):125-134; Eaton, L. et al. (2003) Unsafe sexual behavior in South African youth. Social Science and Medicine 56(1):149-165; Lyttleton, C. and A. Amarapibal (2002) Sister cities and easy passage: HIV, mobility and economics of desire in a Thai/Lao border zone. Social Science and Medicine 54:505-518; Zegeye, A. et al. (2002) Transforming Culture: Streetlife in an Apartheid City. Social Identities 8(3):393-430 (for the photos); Lockhart, D. (2002) *Kuyenga*, "Real Sex," and Survival: Assessing the Risk of HIV Infection among Urban Street Boys in Tanzania. Medical Anthropology Quarterly 16(3):294-311; Hunter, S. (2003) Black Death: AIDS in Africa. NY: Palgrave; Leclerc-Madlala, S. (2001) Virginity Testing: Managing Sexuality in a Maturing HIV/AIDS Epidemic. Medical Anthropology Quarterly 15(4):533-552; Dilger, H. (2006) The power of AIDS: Kinship, mobility and the valuing of social and ritual relationships in Tanzania. African Journal of AIDS Research 5(2):109-121; Swart-Kruger, J. (1997) AIDS related knowledge, attitudes and behaviour among South African street youth. Social Science and Medicine 45(6):957-66; Whitehead, T.L. (1997) Urban Low-Income African American Men, HIV/AIDS, and Gender Identity. Medical Anthropology Quarterly (N.S.) 11(4):411-477. Farmer, P. (2003) Pathologies of Power: Health, Human Rights, and the New War on the Poor. Berkeley: University of California Press., Ch 1 (On Suffering and Structural Violence), pp. 29-50; Farmer, P. (1990) Sending sickness: sorcery, politics, and changing concepts of AIDS in rural Haiti. Medical Anthropology Quarterly (N.S.) 4(1):6-27 (in special issue on AIDS); Biehl, J. with D. Coutinho and A.L. Outeiro. (2001) Technology and Affect: HIV/AIDS Testing in Brazil. Culture, Medicine and Psychiatry 25:87-129.

WEEK VIII: SOCIAL RISK, OPPORTUNITY STRUCTURES AND PUBLIC SECRETS: MARRIAGE AND HIV TRANSMISSION

T 2-19 Concepts and Comparative Projects in new HIV Research

Hirsch et al. (2010) *The Secret: Love, Marriage, and HIV*, through Chapter 3.

Th 2-21 Keeping and Exposing "The Secret"

Hirsch et al. (2010) *The Secret: Love, Marriage, and HIV*, Chapter 4 to end.

WEEK IX: ETHICS OF APPLIED MEDICAL ANTHROPOLOGY and STUDENT PRESENTATIONS

T 2-26 Ethics of Applied Anthropology: Cancer, Health Education, and Cultural Appropriateness

Balshem, M. (1991) Cancer, Control, and Causality: Talking about Cancer in a Working Class Community. American Ethnologist 18(1): 152-172.

Balshem, M. (1993) Cancer in the Community: Class and Medical Authority. Washington: Smithsonian Institution Press, pp. 125-147 (Chapters 5 & 6, Meaning for the Anthropologist, & Changing the Victim).

Livingston, J. (2012) "Amputation Day at Princess Marina Hospital," pp. 85-92 in *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic*. Durham: Duke University Press.

Revisit: Hirsch, J. (2003) Anthropologists, migrants, and health research: Confronting cultural appropriateness. In: American Arrivals: Anthropology Engages the New Immigration. N. Foner, ed. Santa Fe: School of American Research Press, pp. 229-257.

Recommended readings: Wayland, C. and J. Crowder (2002) Disparate views of community in primary health care: Understanding how perceptions influence success. Medical Anthropology Quarterly 16(2):230-247 (on "community" in PHC and health education); look back at Farmer's chapter on ethics; Israel, B.A., A.J. Schulz, E.A. Parker, and A.B. Becker (1998) Review of Community-Based Research: Assessing Partnership Approaches of Improve Public Health. Annual Review of Public Health 19:173-202; Joseph, G. and D. Dohan (2012) Recruitment Practices and the Politics of Inclusion in Cancer Clinical Trials. Medical Anthropology Quarterly 26(3):338-360.

Th 2-28 Student presentations: Annual Meeting of the Carleton Society for Medical Anthropology

WEEK X: STUDENT PRESENTATIONS

T 3-5 Student presentations: Annual Meeting of the Carleton Society for Medical Anthropology

Th 3-7 Student presentations: Annual Meeting of the Carleton Society for Medical Anthropology

F 3-8 TERM PAPERS DUE no later than 4:00 p.m. Enjoy your spring break! ☺

RELEVANT STUDY SKILLS AND MECHANICS

Guidelines for Reading and Discussion

A. Pre-reading

Look at the book or article reference. Ask yourself: What does the title tell me? Do I recognize the author? What other knowledge do I have about this topic or author? Looking at the date of publication, can I place this piece in the recent history of ideas (this is hard to do, especially early in the term)?

B. Reading

Your first goal is to understand what the article or monograph is about, what the author is trying to say, and how s/he goes about doing so. What questions does the author investigate? Is the article mainly theoretical or descriptive? What theories does the author propose or rely upon, with what implications? What data or evidence does the author use to make his or her argument? Are these well-suited to the questions posed?

C. Post-reading

Evaluate how this reading relates to our discussion topic, and to other readings or discussion topics. How could we analyze this further? What is your reaction to this reading (e.g. intellectually, emotionally)?

Guidelines for Writing Papers

Goals for college-level writing include attention to: Audience and purpose; Clarity of prose; Clear organization; Effective use of evidence; Appropriate attribution and citation; Effective use of Standard English. Papers you write in this course will give you practice in reading, writing, and analysis. Use feedback from one paper to improve your approach and writing in the next paper. While you cannot re-write a paper for a better grade, I will read and comment on a draft of a particularly thorny *section* of a paper, before it is due, if you give me sufficient time. Office hours are good for this.

Each paper should have a title page, with an interesting and descriptive title, your name, the date, and the course number and title. Papers should be 12 font with 1-inch margins, with the text section double spaced. (Think papers are 4 pages. In your final paper, aim for 10 pages. I will stop reading after 12 pages.) The text should be followed by a “references cited” section (the bibliography of works you cite in the paper) in anthropological citation style (see below). Make sure you have an introduction, a logically organized body of the paper, and a conclusion. Section headings provide useful guideposts to the way you organize your thoughts, and are particularly important for longer papers.

Here are some tips on writing well:

- Write from the top down. Start with your most important point, then develop it. Don’t keep your reader guessing. Don’t save the punch line for the end!
- Use good topic sentences. Topic sentences should tell your reader the point of the paragraph. New thoughts generally require new paragraphs. Use transition sentences for flow between paragraphs and sections. When you turn to a new thought, be sure your reader can connect backward and forward to other parts of the text.
- Use your topic paragraph effectively. Good titles are nice. So are zippy first sentences.
- Eschew the passive voice. “Jenny wrote the book” is better than “The book was written by Jenny.” This is particularly important in the social sciences, because use of passive voice masks agency.
- Vary sentence structure to enliven your writing. Avoid run-on sentences.
- Watch your spelling, grammar, and punctuation. Look out for singular/plural agreement. (Note: the word “data” is plural.) Use semicolons appropriately (that is, to separate complete sentences).
- Avoid unclear referents (like “it” without an obvious connection to what “it” is). Also avoid indirect wording. As much as possible, eradicate the phrases “there are,” “it is,” and the like from your writing.
- Watch for dangling clauses. The sentence, “Hot from the oven, I ate the pizza,” implies that I (not the pizza) am hot from the oven.
- Use parallel phrases. “I like to swim, read, and eat” is better than “I like swimming, to read, and food.”
- Learn the difference between “because” and “since.” “Since” refers to time: “Since 1940, women’s hemlines have crept up.” Know the difference between “that” and “which.” Generally, if you can use “that,” do so. Master the correct usage of “affect” and “effect,” whose meanings as nouns differ from their meanings as verbs!
- Plain English is best. Don’t be wordy. For example, you rarely need to use the term “in order to.”
- Cite your sources with author, date, and page number for quotations, as well as for specific ideas or any short, paraphrased segments. When in doubt, cite it! See section on “Anthropological Citation Style” below.
- Consider your audience. Use the appropriate tone and style; above all, don’t be boring!
- Rewriting is the key to writing well.

Anthropological Citation Style

In papers for this and other anthropology classes, you should use the correct citation style, following the major professional journals, American Anthropologist and American Ethnologist. This means you need to cite, both in the text and in a section titled "References Cited" following the text, works from which you have drawn ideas as well as works you quote.

In the course of your text, you should cite authors whose ideas you use with their last name and the date of publication, and can even include more than one citation if you got the idea from more than one source (Ginsburg 1989; Ginsburg and Rapp 1991). If you quote an author, e.g. that "the powers of village women... [do not] provide women with the last word," (Harding 1975:308), you include the page number(s). Note the placement of punctuation, and that the citation and period/comma are outside of the quotation marks.

References Cited (please, *not* "Bibliography" or "Works Cited"), placed starting on a new page at the end of your text, does not include any publication not cited in the text. All entries must be listed alphabetically by last name of author, and chronologically arranged for two or more titles by the same author. Nothing, except "in," is underlined in References Cited. The layout should be as follows:

1) for a **journal article**, showing the volume and issue numbers, and page numbers:

Becker, Gay

1994 Metaphors in Disrupted Lives. *Medical Anthropology Quarterly* 8(4):383-410.

[N.B.: Journal articles found through and downloaded from scholarly internet search engines, such as JSTOR and ProQuest, should be cited exactly as if they came from the print journal. There is no need to include a URL.]

2) for an **article in a book of collected essays** (Except for first words and proper nouns, article title is lower case, book title is capitalized):

Harding, Susan

1975 Women and words in a Spanish village. In *Toward an Anthropology of Women*. Rayna R. Reiter, ed. Pp.283-308. New York: Monthly Review Press.

3) for a **book** (title is capitalized; date, place of publication [use the first one listed], and publisher all included):
Riedmann, Agnes

1993 Science That Colonizes: A Critique of Fertility Studies in Africa. Philadelphia: Temple University Press.

4) for articles taken from websites, cite as closely as you can to a printed publication (including author's name, date of publication, title, publisher), followed by the URL of the site you are citing.
United Nations.

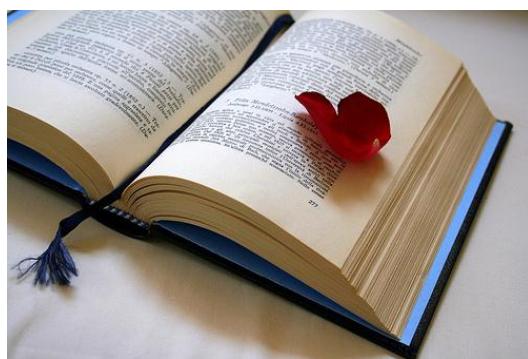
2011 World Population Prospects, the 2010 Revision. Standard variants: Migration. United Nations, Department of Economic and Social Affairs, Population Division, Population Estimates and Projections Section (updated 28 June 2011). <http://esa.un.org/wpp/Excel-Data/migration.htm> (accessed 27 December 2011).

Following this style is a requirement. More details @ SOAN website:

<http://apps.carleton.edu/curricular/soan/resources/citation/>, for American Ethnologist style.

An even more complete guide is available from the American Anthropological Association:

http://www.aaanet.org/publications/style_guide.pdf. Reference style is on pp. 10-14 of the AAA document.
Ask if you have questions.



KEY CONCEPTS IN MEDICAL ANTHROPOLOGY

- **disease-illness-sickness** is the widely used tripartite scheme of anthropologist Allan Young; disease is the Western biomedical practitioner's category, and refers to biological states and symptoms. Illness is the lived experience of sufferers and their families and significant others, and involves the cultural ways in which we define signs as "symptoms." Sickness is the category that links illnesses and diseases to large-scale economic, political, and social matters, shaping who gets sick as well as healer-patient interactions. **Medicalization** is a related term referring to the process whereby conditions come to be viewed and interpreted as diseases and hence as amenable to biomedical intervention.
- **the social context of healing** is the social setting in which healing takes place and the consequent social ramifications. Social relations are often made and unmade, strengthened and weakened, maintained and changed in the course of healing.
- **the cultural construction of the human body** is the culturally-specific ways in which the human body is made meaningful in given human communities and linked to other domains of social life, such as religion and politics, often by means of metaphors and other symbols. Recent anthropological work relates ideas about the body to anthropologies of emotions and the senses. Related terms include **somatization** and **psychosomatic illness**.
- **ritual and symbolism** are key fields of study more broadly in anthropology, and crucial to understanding culturally-specific ideas about health and illness as well as forms of healing.
- **explanatory models** include folk models (e.g. Kongo "disease of man," Haitian "sent sickness" or Latin American *nervos*), popular models (e.g. lay American models of hypertension or cancer), or, strictly speaking, **biomedical** (allopathic medicine) models of health and illness conditions. In each healer-patient interaction, each person brings their own explanatory model to the encounter, and consultation is often a negotiation among these models. This concept was particularly developed by Arthur Kleinman. A somewhat distantly related concept is that of **culture-bound syndromes**.
- **authoritative knowledge** is the knowledge that counts in a particular situation. Decisions, such as when to push during childbirth or whether or not a feverish child needs a spinal tap to check for meningitis, are made by those with authoritative knowledge. Whose knowledge gains authority may change from situation to situation (e.g. a hospital vs. a home setting). This concept was particularly developed by Brigitte Jordan.
- **medical pluralism** is a mixture of different types of health care institutions, each with their own ideas and practices, co-existing in a particular locale. Sometimes these different institutions compete with each other, and sometimes they cooperate. This common state of affairs is affected by history and by power relations within society. Colonial and postcolonial policies, for example, often recognize, legitimate, and professionalize certain types of traditional practitioners and not others, while introducing new forms of medical and spiritual healing. A related concept is **plural medicine**, which refers to a mixture of types of diagnoses, therapies, and practitioners within a particular type of medicine (such as "Traditional Chinese Medicine").
- **therapy management** is a social process that pulls significant others in the lives of sufferers into the processes of interpreting affliction and of taking therapeutic action on the basis of these interpretations. Dissension within the therapy management group leads to consultation of multiple healers. The therapy management group helps to interpret the type of illness, decide on the timing, type and sequencing of therapies, and to escort and support the sufferer. This concept was particularly developed by John Janzen.
- **cross-cultural medical ethics** is a growing field that deals with bridging possible misunderstandings and differences in explanatory models and assumptions about who should be involved in therapy management. It is particularly important in situations of cultural pluralism, for example when immigrant or refugee populations interact with the biomedical health care system in the United States. Related concepts include **cultural competence** and **cultural responsiveness**.
- **the social determinants of health**, as defined by the World Health Organization, are "the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics" (WHO 2011:n.p.).
- **social inequality** is a key concept in the social sciences, with enormous impact on health care inequities, on the interaction between patients and healers, and on illness models and health education efforts that blame the victim. It affects each of the ideas and processes mentioned above.
- **the socio-ecological model** is utilized in public health to understand the dynamic interrelations and interactions of personal and environmental factors; modeled as a series of concentric circles, working outward from individual to interpersonal, community, institutional, and macro-/public policy levels.

DEFINING MEDICAL ANTHROPOLOGY

The Society for Medical Anthropology website (<http://www.medanthro.net/definition.html>) poses the definitorial question, “what is medical anthropology?” Here is their answer:

What is medical anthropology?

- Medical Anthropology is a subfield of anthropology that draws upon social, cultural, biological, and linguistic anthropology to better understand those factors which influence health and well being (broadly defined), the experience and distribution of illness, the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems. The discipline of medical anthropology draws upon many different theoretical approaches. It is as attentive to popular health culture as bioscientific epidemiology, and the social construction of knowledge and politics of science as scientific discovery and hypothesis testing. Medical anthropologists examine how the health of individuals, larger social formations, and the environment are affected by interrelationships between humans and other species; cultural norms and social institutions; micro and macro politics; and forces of globalization as each of these affects local worlds.

Medical anthropologists study such issues as:

- Health ramifications of ecological "adaptation and maladaptation"
- Popular health culture and domestic health care practices
- Local interpretations of bodily processes
- Changing body projects and valued bodily attributes
- Perceptions of risk, vulnerability and responsibility for illness and health care
- Risk and protective dimensions of human behavior, cultural norms and social institutions
- Preventative health and harm reduction practices
- The experience of illness and the social relations of sickness
- The range of factors driving health, nutrition and health care transitions
- Ethnomedicine, pluralistic healing modalities, and healing processes
- The social organization of clinical interactions
- The cultural and historical conditions shaping medical practices and policies
- Medical practices in the context of modernity, colonial, and post-colonial social formations
- The use and interpretation of pharmaceuticals and forms of biotechnology
- The commercialization and commodification of health and medicine
- Disease distribution and health disparity
- Differential use and availability of government and private health care resources
- The political economy of health care provision.

SOME MEDICAL ANTHROPOLOGICAL BLOGS

ACCESS DENIED: A Conversation on Unauthorized Im/migration and Health

<http://accessdeniedblog.wordpress.com/>

Voices from Medical Anthropology (SMA)

<http://socmedanthro.wordpress.com/>

Growing Up Healthy: Connecting the families of Rice County, Minnesota



ACADEMIC CIVIC ENGAGEMENT OPTION
with
HEALTHFINDERS COLLABORATIVE

This term, students in Anthropology of Health and Illness have the opportunity to conduct an Academic Civic Engagement project in partnership with a local community non-profit organization, HealthFinders Collaborative. Our partner organization for this term seeks to improve health care and health care access for low-income residents of Rice County. Many of these residents are relatively recent immigrants working in agriculture-related and plastics industries in our rural/small-town environment. In addition to their low income and often their lack of health insurance, this population faces a number of challenges affecting their health and general well-being. Your work employing anthropological concepts and methods to understand their lives can help our partner organization improve conditions for our neighbors here in Rice County.

Final project **Option B** combines field and library research in partnership with HealthFinders Collaborative, and will result in a ten-page paper and oral-presentation

HealthFinders Collaborative

HealthFinders Collaborative is a free health center that serves the un- and underinsured of Rice County and the surrounding area. In addition to the primary care clinic, HealthFinders offers extensive advocacy services as well as wellness programming that focuses on diabetes, healthy lifestyles, and teen reproductive health – all with a strong emphasis on community engagement and leadership. It operates a clinic in Dundas with volunteer medical staff, open Tuesdays and Thursdays 5:30 pm to 8:30 pm. HealthFinders has also opened a new clinic in Faribault. Charlie Mandile, the Director, is a Carleton alum, as is the Wellness Coordination and Community Leadership VISTA, Sameena Ahmed. Since the clinic's establishment, HealthFinders has been an active supporter of off-site learning for both Carleton and St. Olaf students. Please see healthfindersmn.org for more information.

HealthFinders is currently in the process of implementing the HealthFinders Collaborative Wellness Model which aims to facilitate open and structured communication and to encourage participant-centered, community-driven care. Under this model, it is important that there is good communication between the wellness staff, clinical providers and participants or patients. In order to provide appropriate individualized care, providers and wellness staff need to understand the context in which their participants live.

This project involves asking patients the question, “What do you want your provider to know about your culture, religion or life?” Depending on individuals’ responses and follow-up questions, conversations could include beliefs, values, priorities, attitudes, social norms, habits, and social practices among other things. They may also include discussion of social support networks and health care decision-making. Working in pairs, students will conduct interviews and hold focus group discussions with a target population of their choice: Somali Men, Somali Women, Latino Teens, Northfield Latino Adults, Faribault Latino Adults, or U.S.-Native White Adults.

To ground these conversations students will be required to read the HealthFinders literature review (available on the website as of January 2013) and to read any previous student projects that are relevant to their chosen target population.

Once students have gathered information from their interviews with patients, a crucial part of this project will be developing the means to convey this information to clinical providers and wellness staff. Students are encouraged to think about the provider perspective and to think about the best way to present this information in a way that will encourage the providers to reflect on this information and to incorporate it into their practice. This may require some additional research into current best practices in cultural responsiveness training for medical providers.

Students will work in close collaboration with Sameena Ahmed, Wellness Coordination and Community Leadership VISTA. She can be contacted at [507-330-1982](tel:507-330-1982) and ahmed.sameena@healthfindersmn.org.

Application Process

Students proficient in English only as well as Spanish or Somali speaking students are both highly encouraged to sign up. Applications, due **Thursday January 10**, should include a paragraph each on your motivation to undertake this project, what key concepts from medical anthropology you anticipate being most relevant to your research (based upon your initial reading), how the project fits with your academic, career, and/or personal goals, your previous experience conducting ethnographic research (or anything akin to it), and your previous volunteer experience. Please also mention if you have a preference for the target population with which you would like to work; we will assign you to groups depending upon language ability, gender, and your stated preferences. Applications should be submitted via e-mail attachment to ACE Director Prof. Adrienne Falcón, ACE TA Leah Eby, **and** Prof. Feldman-Savelsberg, at: afalcon@carleton.edu , ebyl@carleton.edu, and pfeldman@carleton.edu.

Preferred student qualifications for the ACE projects in this class are as follows:

- ability to work across cultures to foster a safe and trusting environment
- ability to collaborate with community members and local professionals
- independent worker
- flexibility
- highly motivated
- highly organized
- previous volunteer experience
- research experience, especially with ethnographic observation and interviewing (ability to do this with little guidance)
- Student Driver qualification (see <http://apps.carleton.edu/campus/fleet/drivers/> and car accessibility (e.g. via the ACT office) (helpful but not necessary to participate in the ACE options)
- availability on Tuesday and/or Thursday evenings from 5-9pm (for clinic visits)
- availability on Tuesday and Thursday evenings for those conducting focus groups with Latino/as
- availability on Saturday afternoons for those conducting focus groups/interviews with Somali men and women

