

SOAN 262: Anthropology of Health and Illness

Carleton College
Winter 2018
T/Th 1:15-3:00, Leighton 236

Pamela Feldman-Savelberg

Office: Leighton 233, x4113
[Click here to sign up for OFFICE HOURS](#): M 1-3:00, T/Th 3:15-4:15,
and by appointment

ACE TA: Margot Radding
TA Office: SOAN lounge
TA Office Hours: M 11:00am-12:00,
Th 12:00-1:00pm, and by appointment.
Interim ACE Director: Emily Oliver

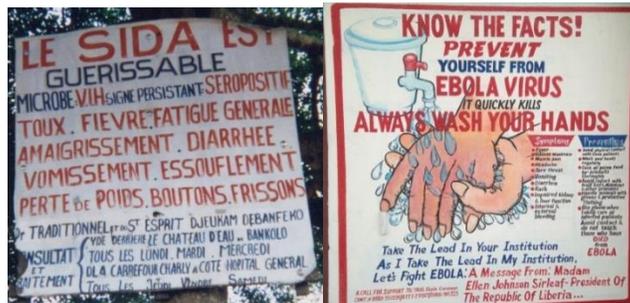


Anthropology of Health and Illness
Course Syllabus

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 understand best 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 un/under-insured as well as issues surrounding health and wellness on college campuses. You will have a chance to produce knowledge about health and illness through ACE partnerships on and beyond the Carleton campus. 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 paper linked to several academic civic engagement opportunities (the default), and a library research paper on a topic of your choice. 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. While not everyone can make it to class for every session, 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. Respect, including pronouns: I am dedicated to making our classroom a respectful environment where everyone can participate comfortably. One part of this is that we should all refer to everyone by their chosen name, the correct pronunciation of their name, and their chosen pronouns. Another aspect of respect is recognizing that this course necessarily deals with difficult topics, and that what might be an obvious trigger for you may not be so for others, and vice versa.

E. Punctuality: Please hand in assignments and be prepared for oral presentations on time. *Deadlines are deadlines.* 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).

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

G. Citation norms: The American Anthropological Association decided in September 2015 to move to the Chicago Manual of Style (CMOS)'s author-date option. A brief description of this 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 CMOS citation style.*** This is part of practicing writing like an anthropologist.

H. 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/>.

Please see the "Helpful Information" section below to find out about the Writing Center and Writing Assistance for Multilingual Writers.

I. Accommodations/Special Needs: Please see the "Helpful Information" section for a statement about accommodations for students with disabilities and how to contact Chris Dallager, Director of Disability Services (507-222-5250; cdallager@carleton.edu) to arrange a confidential discussion regarding equitable access and reasonable accommodations. 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** will be uploaded to or linked through **Moodle** (as the libe's e-reserve has been discontinued).

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. (Also available online, as a series of pdf files, at [Project Muse](#))

Hirsch, J. et al. 2010. *The Secret: Love, Marriage, and HIV*. Nashville: Vanderbilt U Pr. (also [Available online](#), as a series of pdf files, at Project Muse)

Richards, Paul. 2016. *Ebola: How a People's Science Helped End an Epidemic*. London: Zed Press. ISBN: 9781783608584

Sered, S. and R. Fernandopulle. 2007. *Uninsured in America: Life and Death in the Land of Opportunity*. Berkeley: U of California Pr (updated with a new afterword). ISBN: 9780520250062

Further &/or 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. The references are for you to look up if you are interested.

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. 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.

C. Response or "Think" Paper (30% 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* that cut across the readings 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 9:00 a.m. on the day following your assigned unit** (for example, if the topic is

discussed on a Tuesday, your paper is due 9:00 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. Final Term Project (total of four components: 60% of grade)

For the final term project, you may choose between two options: Option A consists of a paper linked to one of the academic civic engagement (ACE) opportunities, and Option B is a library research paper on a topic of your choice. **All options require an application**, due early in the term. Option A, participation in one of several ACE projects, is the “default” option, meaning that I assume and greatly encourage students to take one of the ACE options. For Option B, you must have a specific topic in mind that you are burning to investigate. I encourage everyone to come to office hours (of the prof as well as of the ACE TA) to explore their interests and the various final project options with us. Our ACE TA, Margot Radding, 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 A is attached to this syllabus.

Both of these options consist of four components: 1) A **Preliminary Annotated Bibliography (10% of grade)**; 2) a **Term Paper Proposal (10% of grade)**; 3) a **Final Term Paper (30% of grade)**; and 4) an **Oral Presentation (10% of grade)**.

Final Project Options A1, A2, A3 & A4 will result in a ten-page paper and oral-presentation based upon an academic civic engagement project with a variety of community partners (HealthFinders Collaborative, the Gender and Sexuality Center, the Office of Health Promotion, and the CCCE and members of BIOL 310). You can find descriptions of each project at the end of this syllabus. Most of these projects ask that you prepare some sort of write-up or project summary for the community partners in addition to the more academic term paper employing medical anthropological concepts that you will turn in for this class. The summary and/or any other materials made for the community partners will be considered in the grade of the final paper.

Final Project Option B 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!), and should have a good reason to choose this option over one of the many ACE options. 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.

The four components of the final project:

By Thursday **January 11, 5:00 pm** (Week II) *all* students should hand in their application indicating their preferences for final project options. Please hand your applications in **electronically** to pfeldman@carleton.edu, raddingm@carleton.edu, and eoliver@carleton.edu.

By Monday morning, **January 22, 9:00 am** (Week IV)] *all* students should hand in a preliminary annotated bibliography of 5 to 10 anthropological sources. In your bibliography, be sure to include *articles* from scholarly journals as well as *books*, cited in *the CMOS author-date citation style* now used by professional anthropologists. Annotations should be about two sentences long, indicating what the article or book is about and how it will contribute to your final project. For example, does it explore or illustrate a concept that you might use to interpret your findings, does it serve as a model for the type of work you plan to do, or does it give background data necessary for understanding the social and/or historical context of your topic? This annotated bibliography counts for 10% of your final grade. Please hand your bibliographies in **electronically** to pfeldman@carleton.edu and raddingm@carleton.edu.

By Saturday **February 3, 9:00 am** (Week V) *all* students, regardless of final term project option, should hand in a one page topic proposal and an additional page with a list of at least ten bibliographic sources (no need for annotations for this assignment). 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. Because 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. Use this proposal as a tool to sharpen the focus of your research projects and link them to medical anthropological concepts and literature. This proposal counts for 10% of your final grade. Please hand your topic proposals in **electronically** to pfeldman@carleton.edu and raddingm@carleton.edu.

All Final Papers are due Friday **March 9** by **4:00 p.m.** (*plan ahead: see conditions for lates above*). Please save a copy for yourself for paper presentations, which will occur during the last two 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 4-16)
2. **Birth, Death, Body and Mind** (January 18-February 1)
3. **Therapy Management, Medical Pluralism, and Cross-Cultural Medical Ethics** (February 6-13)
4. **Pathologies of Power: Social Risk, Social Management, Social Silence, Social Ethics** (February 15-Mar 1)
5. **Student Presentations** (March 6-8)

B. Due Dates

Applications for final projects: January 11, 5:00 p.m.
 Preliminary annotated bibliographies: January 22, 9:00 a.m.
 Term paper proposals and expanded bibliographies: February 3, 9:00 a.m.
 Final term papers: March 9, 4:00 p.m.
 Plus... one response/"think" paper, due 9:00 a.m. the day following class on your "unit" (sign up)

C. Grading

Class Participation	10%
Reading/Thinking Paper	30%
Preliminary Annotated Bibliography	10%
Term Paper Proposal	10%
Final Term Paper	30%
Oral Presentation of Term Paper	10%

D. Student Learning Objectives

In this course you will learn the following: SOAN departmental SLO #1. *Articulate* the complexity of contemporary socio-cultural phenomenon in their many dimensions (e.g. temporal, structural, spatial and symbolic); #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. *Engage* the world by drawing upon your understanding of historical and contemporary socio-cultural phenomena. 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. HELPFUL INFORMATION

A. Office Hours

Please see me during my office hours at least once during the first two weeks of the term. After that, please continue to make use of my scheduled office hours. I'm there for you! [Click here to sign up for OFFICE HOURS](#). If you can't come during my normal office hours, please e-mail me about scheduling another time.

B. Ask a Librarian

Ask a librarian—especially our social science superhero specialist librarian Kristin Partlo—for help with your research in this class. You can drop by the library's [Research/IT desk](#) to ask any question you have, at any point in your process. Librarians help students find and evaluate articles, books, websites, statistics, data, government documents, and more. For more information on hours and librarians, visit the Gould Library website at go.carleton.edu/library. Don't forget to look at the course guide she has made specifically for our class: www.gouldguides.carleton.edu/soan262!

C. Accommodations for Students with Disabilities

Carleton College is committed to providing equitable access to learning opportunities for all students. The Disability Services office (Burton Hall 03) is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations. If you have, or think you may have, a disability (e.g., mental health, attentional, learning, autism spectrum disorders, chronic health, traumatic brain injury and concussions, sensory, or physical), please contact Chris Dallager, Director of Disability Services (507-222-5250; cdallager@carleton.edu) to arrange a confidential discussion regarding equitable access and reasonable accommodations.

D. The Writing Center

I urge all students to utilize **The Writing Center**, located in 420 4th Libe; it has peer writing consultants who can work with you during any stage of the writing process (brainstorming to final proofreading). Hours and more information can be found on the [writing center website](#). You can reserve specific times for conferences in 420 4th Libe by using their [online appointment system](#). Walk-ins are welcome, though writers with appointments have priority.

E. Writing Assistance for Multilingual 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, [Multilingual Writing Coordinator](#), call her at x5998, or stop by her office in 420D 4th Libe. She can arrange once- or twice-a-week meetings between you and a specific writing consultant throughout the term.

F. Public Speaking (think ahead to oral presentations)

Speech coaching is a student-staffed resource designed to assist you with class presentations, comps talks, and other speech-related events. Your coach can assist you with speech & communication skills including clarity, organization, articulation, projection, body language, eye contact, and effective use of aids (e.g., notes, PowerPoint, Keynote). Depending on your goals, your coach can also work with you on the content of the presentation: organization, voice, clarity, and, ultimately, persuasive impact. Individuals and groups are welcome to request a speech coach by completing a [brief, online form](#). The speech coach will meet you at a mutually convenient time and place. For more information, visit go.carleton.edu/speakeasy.

G. Time Management

All Residential Life Area Directors are trained to work with you to improve your time management and academic skills. Their goals are to heighten your awareness of your personal strengths and skills and to offer different ways you can approach your academic work so you're more efficient and effective. Meetings are by appointment; you simply need to email one of them to arrange a visit. For details and resources: [Academic Skills Coaching website](#).

H. On-Campus Public Health Resources

Carleton College maintains two public health web pages of interest: the [Academic Public Health page](#), and the [Public Health Pathways page](#). You might also be interested in the [Pre-Health Advising page](#).



VI. CLASS SCHEDULE: TOPICS AND ASSIGNMENTS

Part One: Medical Anthropology and Civic Engagement

WEEK I: GETTING STARTED

Th 1-4 Introduction

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

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

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

T 1-9 Medical Humanitarianism and Engaged Medical Anthropology

Guest speakers: Debby Walser-Kuntz (Biology), Laura Haave (Gender and Sexuality Center), Janet Lewis Muth (Office of Health Promotion), Natalie Marfleet (HealthFinders Collaborative), Emily Oliver (Interim ACE Director)

(N.B. Read the Dilger et al. article to discern themes in ethical considerations of practicing “engaged medical anthropology.” You can skip the “contributions” section on pp. 6-7. Read the Tiedje/Plevak and Huschke articles as case studies in engaged medical anthropology. If you have time, read the Carney article to think about the effect “projects” [such as Carleton’s own Food to Family project] can have on health care access.)

Re-read the ACE project descriptions (pp. 19-24 of syllabus) and come to class prepared with questions for the community partners.

Dilger, H., S. Huschke, and D. Mattes. 2015. “Ethics, Epistemology, and Engagement: Encountering Values in Medical Anthropology.” *Medical Anthropology* 34(1):1-10. Accessed 24 November 2014. doi: 10.1080/01459740.2014.960565.

Tiedje, K. and D.J. Plevak. 2014. “Medical Humanitarianism in the United States: Alternative Healthcare, Spirituality, and Political Advocacy in the Case of Our Lady Guadalupe Free Clinic.” *Social Science and Medicine* 120: 360-367.

Huschke, S. 2015. “Giving Back: Activist Research with Undocumented Migrants in Berlin.” *Medical Anthropology* 34 (1): 54-69.

Carney, Megan A. 2015. “Eating and Feeding at the Margins of the State: Barriers to Health Care for Undocumented Migrant Women and the ‘Clinical’ Aspects of Food Assistance.” *Medical Anthropology Quarterly* 29(2):196-215.

Th 1-11 Health and Illness in our Backyard: Civic Engagement (en)counters Health Inequalities

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.

Final Project Applications Due, 5:00 p.m. Please send simultaneously to Pamela Feldman-Savelsberg (pfeldman@carleton.edu), Emily Oliver (eoliver@carleton.edu), and Margot Radding (raddingm@carleton.edu).

WEEK III: FROM ACCESS DENIED TO GIVING BIRTH

T 1-16 Health and Illness in our Backyard: Contexts and Consequences of Access Denied

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

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). (*I will assign specific chapters to different groups of students.*)

Part Two: Birth, Death, Body and Mind

Th 1-18 Authoritative Knowledge and Birth

Jordan, B. 1997. "Authoritative Knowledge and its Construction." In *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives*. Edited by R. Davis-Floyd and C. Sargent, 55-79. Berkeley: University of California Press.

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*. Edited by R. Davis-Floyd and C. Sargent, 132-158. Berkeley: University of California Press.

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*. Edited by R. Davis-Floyd and C. Sargent, 421-440. Berkeley: University of California Press.

WEEK IV: DEATH AND THE BODY

M 1-22 Annotated Bibliography due 9:00 a.m

T 1-23 Death: Social Determinants and Medical/Ritual Management

Wendland, Claire. 2016. "Estimating Death: A Close Reading of Maternal Mortality Metrics in Malawi." In *Metrics: What Counts in Global Health*. Edited by Vincanne Adams, 57-81. Durham: Duke University Press.

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." In *Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers*, 253-294. Nashville: Vanderbilt University Press (*cases will be split up among class members; assignment TBA*).

Th 1-25 The Sentient 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. 2015. "Senses." In *Keywords in Disability Studies*. Edited by David Serlin, Rachel Adams, and Benjamin Reiss, 161-163. New York: NYU Press.

Geurts, K.L and Sefakor G.M.A. Komabu-Pomeyie. 2016. "From 'Sensing Disability' to Seselelame: Non-Dualistic Activist Orientations in 21st Century Accra." In *Disability in the Global South: The Critical Handbook*, edited by Karen Soldatic and Shaun Grech, 85-98. Cham: Springer International Publishing Switzerland.

WEEK V: THE EMBODIED MIND AND THERAPY MANAGEMENT

T 1-30 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.

Culhane-Pera, K.A., D.E. Vawter, P. Xiong, B. Babbitt, and M.M. Solberg, eds. 2003. *Healing by Heart: Clinical and Ethical 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*]).

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

Th 2-1 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.

§a 2-3 HAND IN PAPER PROPOSAL (for all options: 1 page text + 1 page bibliography)
(please hand in electronically to pfeldman@carleton.edu by 9:00 a.m.)

Midterm Break



Checking for fever, 2014 (CDC)



Ebola Treatment Unit in Liberia, 2014 (CDC)

WEEK VI: THERAPY MANAGEMENT IN AN EPIDEMIC— TECHNOLOGIES OF CARE, LOCAL KNOWLEDGE & ETHICS

T 2-6 Ebola: Therapy Management, and Epidemiology as a People’s Science

Richards, P. 2016. *Ebola: How a People’s Science Helped End an Epidemic*. London: Zed Books, pp. 1-94 (through chapter 4)

Please also read: NYT Reporting on Ebola (a series of articles by Onishi, Gettleman, and Cooper, reported from Liberia at the height of the 2014-15 epidemic), uploaded along with a set of questions on Moodle.

Th 2-8 Ebola: Social Intimacy, Epidemiology, and Community Response

Richards, P. 2016. *Ebola: How a People’s Science Helped End an Epidemic*. London: Zed Books, pp. 95-159 (through Appendices)

WEEK VII: CROSS-CULTURAL MEDICAL ETHICS

T 2-13 Hmong Metaphors and Medical Metaphors: Explanatory Models and Ethics

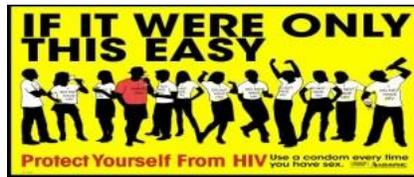
Culhane-Pera, K.A., D.E. Vawter, P. Xiong, B. Babbitt, and M.M. Solberg, eds. 2003. *Healing by Heart: Clinical and Ethnical Case Stories of Hmong Families and Western Providers*. Nashville: Vanderbilt University Press, pp. 1-68 (Introduction and Part I). ****Read ahead if you can!****

Film: Split Horn

Th 2-15 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 [cases will be split up among class members; assignment TBA], and Culturally Responsive Health Care).

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



WEEK VIII: HIV/AIDS—SOCIAL RISK, OPPORTUNITY STRUCTURES AND PUBLIC SECRETS
T 2-20 Loud Silences: Pathologies of Power from Health Policy to Whispered Explanations and Polite Indirection: Haiti, Cuba, Nigeria, and South Africa

Guest Speaker: Drewallyn Riley ('05), Continuous Quality Improvement Coordinator, Maternal and Child Health Section, Public Health Division, Oregon Health Authority

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.

Smith, D.J. 2014. "Feeding Fat on AIDS": NGOs, Inequality, and Corruption." Chapter 4 in *AIDS Doesn't Show Its Face: Inequality, Morality, and Social Change in Nigeria*. Chicago: University of Chicago Press, pp. 103-120.

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.

Th 2-22 : Marriage And HIV Transmission: Keeping and Exposing "The Secret"

Hirsch et al. 2010. *The Secret: Love, Marriage, and HIV*. Nashville: Vanderbilt University Press, through Chapter 2.

WEEK IX: ETHICS OF APPLIED MEDICAL ANTHROPOLOGY

T 2-27 Concepts and Comparative Projects in new HIV Research

Hirsch et al. 2010. *The Secret: Love, Marriage, and HIV*, Chapter 3 to end.

Th 3-1 Ethics of Applied Anthropology: Cancer, Health Education, and Cultural Appropriateness

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," In *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic*, 85-92. Durham: Duke University Press.

Revisit: Hirsch, J. 2003. "Anthropologists, Migrants, and Health Research: Confronting Cultural Appropriateness." In *American Arrivals: Anthropology Engages the New Immigration*. Edited by N. Foner, 229-257. Santa Fe: School of American Research Press.

WEEK X: CARLETON SOCIETY FOR MEDICAL ANTHROPOLOGY

T 3-6 Student presentations: Annual Meeting of the Carleton Society for Medical Anthropology

Th 3-8 Student presentations: Annual Meeting of the Carleton Society for Medical Anthropology

F 3-9 TERM PAPERS DUE no later than 4:00 p.m.

Enjoy your spring break!



FURTHER READINGS

For future reference, organized by class topics & weeks

Week 1

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 2 & 3

On medical humanitarianism: Mulligan, Jessica M. and Heide Castañeda, eds. 2017. *Unequal Coverage: The Experience of Health Care Reform in the United States*. New York: NYU Press; Wutich, Amber, et al. 2014. "Stigmatized Neighborhoods, Social Bonding, and Health." *Medical Anthropology Quarterly* 28(4):556-577; Seligman, Rebecca, et al. 2015. "Self-care and Subjectivity among Mexican Diabetes Patients in the United States." *Medical Anthropology Quarterly* 29(1):61-79; Maes, Kenneth. 2015. "Volunteers Are Not Paid Because They are Priceless'...." *Medical Anthropology Quarterly* 29(1):97-115; Abramowitz, Sharon et al. 2015. "Medical Humanitarianism: Anthropologists Speak Out on Policy and Practice." *Medical Anthropology Quarterly* 29(1):1-23; Quesada, James, Laurie Kain Hart & Phillippe Bourgois. 2011. Structural vulnerability and health: Latino migrant laborers in the United States. In: *Medical Anthropology* 30 (4):339-362; World Health Organization, Commission on Social Determinants of Health. 2008. Closing the Gap in a Generation. Health Equity Through Action on the Social Determinants of Health. Geneva: WHO; Pigg, Stacy Leigh. 2013. On Sitting and Doing: Ethnography as Action in Global health. *Social Science & Medicine* 99:127-134; Bochow, Astrid. 2015. "We Are Only Helping!" Volunteering and Social Media in Germany's New "Welcome Culture." In: *Blog Medizinethnologie: Körper, Gesundheit und Heilung in einer globalisierten Welt*. <http://www.medizinethnologie.net/volunteering-and-social-media-in-germanys-new-welcome-culture/>. Accessed December 14, 2015; Castañeda, Heide, Seth Holmes, Daniel Madrigal, Maria-Elena De Trinidad Young, Naomi Beyeler & James Quesada. 2015. Immigration as a Social Determinant of Health. *Annual Review of Public Health* 36:375-392.

On Latino and farmworker health care in the Midwest: Blewett, L., S. Smalda, 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.mintecommerce.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.mintecommerce.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.mintecommerce.com/~ncfh/monograph.php>.

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 to 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/>**

On childbirth (just a smattering!): Jordan, B. (1993) *Birth in Four Cultures* (4th edition); 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*; 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*, 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; Browner, C.H. (2009) 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; 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; Tiilikainen, M. (2012) It’s Just Like the Internet: Transnational Healing Practices between Somaliland and the Somali Diaspora. *In Medicine, Mobility, and Power in Global Africa*. H. Dilger, A. Kane, and S.A. Langwick, eds., pp. 271-294. Bloomington: Indiana University Press; Launiala, Annika and Marja-Liisa Honkasalo (2010) Malaria, Danger, and Risk Perceptions among the Yao in Rural Malawi. *Medical Anthropology Quarterly* 24(3):399-420. **Please consult handout for recommended readings on Zika.**

Week 4

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* 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*. Marcia C. Inhorn, ed. New York: Berghahn Books.

On the body, senses, and disability: Geurts, K.L. (2009) When You Cannot Headload: Balance, Mobility, and the Dis/abling 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; 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. *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; 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*; Nichter, M. and M. Nichter (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 5

On the embodied mind (trauma & mental health): Acarturk C., M. Cetinkaya, I. Senay, B. Gulen, T. Aker, and D.E. Hinton (2017) “Prevalence and Predictors of Posttraumatic Stress and Depression Symptoms Among Syrian Refugees in a Refugee Camp.” *The Journal of nervous and mental disease*, June 19, 2017; Hinton, D.E., R. Reis, and J. de Jong (2015) The “Thinking a Lot” Idiom of Distress and PTSD: An Examination of Their Relationship among Traumatized Cambodian Refugees Using the “Thinking a Lot” Questionnaire. *Medical Anthropological Quarterly* 29(3):357-380; 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); 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.

On therapy management: Sargent, C. and S. Larchanché. (2016) "Transnational Healthcare Circuits: Managing Therapy Among Immigrants in France and Kinship Networks in West Africa," In *Affective Circuits: African Migrations to Europe and the Pursuit of Social Regeneration*, edited by Jennifer Cole and Christian Groes-Green. Chicago: University of Chicago Press; 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.

Week 6

Therapy Management in an Epidemic (Ebola): Brown, H. and A.H. Kelly. (2014) Material Proximities and Hotspots: Toward an Anthropology of Viral Hemorrhagic Fevers. *Medical Anthropology Quarterly* 28(2):280-303; Leach, M., and B. Hewlett (2010) Haemorrhagic Fevers: Narratives, Politics and Pathways. In *Epidemics: Science, Governance and Social Justice*. S. Dry and M. Leach, eds. Pp. 43-70. London: Earthscan Publications; Mitman, G. (2014) Ebola in a Stew of Fear. *New England Journal of Medicine* 371:1763-1765. DOI: 10.1056/NEJMp1411244. <http://www.nejm.org/doi/full/10.1056/NEJMp1411244> (accessed 12/15/2014); *Ebola Response Anthropology Platform*, <http://www.ebola-anthropology.net/>; Arwady, M.A. et al. (2014) Reintegration of Ebola Survivors into Their Communities — Firestone District, Liberia, 2014. *CDC Morbidity and Mortality Weekly Report* 63:1-4, Dec. 12, 2014; WHO (2014) *Ebola Response Roadmap Situation Report*, Dec 3, 2014; Beisel, Uli. 2014. On gloves, rubber and the spatio-temporal logics of global health. <http://somatosphere.net/2014/10/rubber-gloves-global-health.html>; Farmer, Paul & Mukherjee, Joia. 2014. Ebola: Countries Need Staff, Stuff, and Systems. <http://www.pih.org/blog/for-ebola-countries-need-tools-to-treat-patients-in-their-communities>; Hewlett, Barry & Bonnie Hewlett. 2007. *Ebola, Culture and Politics: The Anthropology of an Emerging Disease*. Belmont: Thompson & Wadsworth; Janzen, John M. 2012. Afri-global Medicine: New Perspectives on Epidemics, Drugs, War, Migrations and Healing Rituals. In *Medicine, Mobility, and Power in Global Africa: Transnational Health and Healing*, edited by Hansjörg Dilger, Abdoulaye Kane & Stacey A. Langwick, 115-137 (see especially pp. 115-112. Bloomington: Indiana University Press); Mitman, Gregg & Paul Erickson. 2010. Latex and Blood Science, Markets, and American Empire. *Radical History Review* 107:45-73; Schroven, Anita. 2014. Ebola in Guinea: Revealing the State of the State. <http://www.culanth.org/fieldsights/587-ebola-in-guinea-revealing-the-state-of-the-state>; Wesley, Patricia Jabbeh. 2014. Liberia's Ebola Epidemic: Did the Government Fall Asleep at the Wheel? <http://www.culanth.org/fieldsights/602-liberia-s-ebola-epidemic-did-the-government-fall-asleep-at-the-wheel>; Harper & Parker (2014) "The Politics and Anti-Politics of Infectious Disease Control." *Medical Anthropology: Cross Cultural Studies in Health and Illness*; De Roo et al. (1998) "Survey among Survivors of the 1995 Ebola Epidemic in Kikwit, Democratic Republic of the Congo: Their Feelings and Experiences." *Tropical Medicine and International Health*; Guimard et al. (1999) "Organization of Patient Care during the Ebola Hemorrhagic Fever Epidemic in Kikwit, Democratic Republic of the Congo" *The Journal of Infectious Diseases*; Kelly et al. (2013) "Housing Equity for Health Equity: a Rights-Based Approach to the Control of Lassa Fever in Post-War Sierra Leone" *International Health and Human Rights*; King. (2002) "Security, Disease, Commerce: Ideologies of Postcolonial Global Health" *Social Studies of Science*; [author?] (2004) "Containing a Haemorrhagic Fever Epidemic: the Ebola Experience in Uganda" *International Journal of Infectious Diseases*; Porrut et al. 2005. "The Natural History of Ebola Virus in Africa" *Microbes and Infection*; There are some interesting journalistic reports on Ebola, especially by the science writer Erika Check Hayden, plus the following: ; Frankfurter. "The Danger in Losing Sight of Ebola Victims' Humanity" (The Atlantic); Preston. "The Ebola Wars" (The New Yorker - October 27, 2014); Lang. "Ebola in the Maternity Ward" (The New Yorker - October 29, 2014). On vaccine development: here is the link to the story of the [Canadian Ebola vaccine](#); Annette Rid, MD, and Franklin G. Miller, PhD. 2016. "Ethical Rationale for the Ebola 'Ring Vaccination' Trial Design" *American Journal of Public Health* 106(3):432-435; Fallah, Mosoka P., Laura A. Skrip, Shai Gertler, Dan Yamin, Alison P. Galvani. 2015. "Quantifying Poverty as a Driver of Ebola Transmission." *PLoS: Neglected Tropical Diseases* 9(12): e0004260. doi:10.1371/journal.pntd.0004260.

Week 7

On cross-cultural medical ethics, and the Hmong: 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; 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 Spirit Catches You...* *Hmong Studies Journal* 2(2):1-7. http://members.aol.com/hmongstudiesjrnl/HSJ-v2n2_Yang.html, accessed 5/21/2004.

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

Week 7 & 8

On HIV/AIDS and inequities of Global Health: Hanna, Bridget & Arthur Kleinman. 2013. *Unpacking Global Health: Theory and Critique*. In *Reimagining Global Health. An Introduction*. edited by Paul Farmer, Jim Yong Kim, Arthur Kleinman & Matthew Basilio. Berkeley: University of California Press, 15-32; Keshavjee, Salmaan. 2014. *Blind Spot. How Neoliberalism Infiltrated Global Health*. Oakland: University of California Press; Kleinman, Arthur. 2010. *Four social theories for global health*. *The Lancet* 375 (9725), 1518–1519; Biehl, J. (2007) *Will to Live: AIDS Therapies and the Politics of Survival*; Farmer, P. (1992) *AIDS and Accusation*; special issues of *Social Science and Medicine* 33(7) (1991) and *Medical Anthropology Quarterly* 11(4) (1997); Jamie Feldman, (1995) *Plague Doctors*; E. Green 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; 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. (1990) *Sending sickness: sorcery, politics, and changing concepts of AIDS in rural Haiti*. *Medical Anthropology Quarterly (N.S.)* 4(1):6-27; 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 9

Ethics of applied medical anthropology (and cancer): 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 to 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; Balshem, M. (1991) *Cancer, Control, and Causality: Talking about Cancer in a Working Class Community*. *American Ethnologist* 18(1): 152-172.



RELEVANT STUDY SKILLS AND MECHANICS

Guidelines for Reading and Preparation for General Class 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)? Reading in this way will make you prepared to participate actively and meaningfully in class discussions.

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 **(Chicago Manual of Style *Author-Date* Version)**

In papers for this and other anthropology classes, you should use the correct citation style, following the major anthropological professional journals. 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. The various journals published by the American Anthropological Association use the author-date style in the *Chicago Manual of Style*, which can be located [on their website](#). (Remember to use the **author-date** tab!)

In the course of your text, you should cite authors whose ideas you use with their last name and the date of publication; you 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, includes only publications 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. The layout should be as follows:

1a) 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.

1b) If you find and read/download the **journal article from an online source**, include the DOI (Digital Object Identifier) if the journal lists one. A DOI is a permanent ID that, when appended to <http://dx.doi.org/> in the address bar of an Internet browser, will lead to the source. If no DOI is available, list a URL. Include an access date.

Kossinets, Gueorgi, and Duncan J. Watts. 2009. “Origins of Homophily in an Evolving Social Network.” *American Journal of Sociology* 115:405–50. Accessed February 28, 2010. doi:10.1086/599247.

2) for a **chapter in a book of collected essays** (Author. date. “chapter title.” In *Book Title*, edited by Editors, pages. Place of Publication: Publisher.):

Kelly, John D. 2010. “Seeing Red: Mao Fetishism, Pax Americana, and the Moral Economy of War.” In *Anthropology and Global Counterinsurgency*, edited by John D. Kelly, Beatrice Jauregui, Sean T. Mitchell, and Jeremy Walton, 67–83. Chicago: University of Chicago 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 an **article in a newspaper or popular magazine**:

Stolberg, Sheryl Gay, and Robert Pear. 2010. “Wary Centrists Posing Challenge in Health Care Vote.” *New York Times*, February 27. Accessed February 28, 2010.
<http://www.nytimes.com/2010/02/28/us/politics/28health.html>.

5) for **website content**, include as much of the information you’d need for a printed publication’s citation as possible (including author’s name, date of publication, title, publisher), followed by the URL of the site you are citing. Because such content is subject to change, include an access date or, if available, a date that the site was last modified. In the absence of a date of publication, use the access date or last-modified date as the basis of the citation.:

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. 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](http://accessdeniedblog.wordpress.com/): A Conversation on Unauthorized Im/migration and Health,
<http://accessdeniedblog.wordpress.com/>

Voices from Medical Anthropology (SMA), <http://socmedanthro.wordpress.com/>

Somatosphere: Science, Medicine and Anthropology collaborative website: <http://somatosphere.net/>

Ebola Response Anthropology Platform, <http://www.ebola-anthropology.net/>

Growing Up Healthy: Connecting the Families of Rice County, Minnesota, <http://growinguphealthy.org/>

HealthFinders Collaborative, <http://healthfindersmn.org/>

Rural Immigration Network, <http://ruralimmigration.net/>

Carleton Gould Library Course Guide, www.gouldguides.carleton.edu/soan262



ACADEMIC CIVIC ENGAGEMENT OPTIONS



Students in Anthropology of Health and Illness have the opportunity to choose from a number of Academic Civic Engagement (ACE) projects with local community partners. This year, each of our projects has some link—direct or oblique—to mental health, and three out of four of our community partners are part of Carleton College. Despite their local character, several of our ACE projects have international connections. Your work employing anthropological concepts and methods to understand the issues at hand—the lives of Carleton students, of immigrant, refugee, and/or un(der) insured families living in Rice county and their providers, and of communities and scientists dealing with the persistent aftermath of the 2014-15 Ebola epidemic—can help our partner organizations to improve living conditions and well-being. Each of these ACE final projects will result in a ten-page paper and oral presentation. Please read the following descriptions carefully before applying for these ACE projects.



A1: Carleton College Public Health Lunch: Lessons Learned from Epidemics Past and Present—Ebola (with BIOL 310)

Background:

For several years, professors Debby Walser-Kuntz and Pamela Feldman-Savelsberg have noticed that many students take both our courses, either simultaneously or in subsequent years. As co-curators of Carleton's Public Health Pathways page, they were interested in providing further opportunities for collaboration (see https://apps.carleton.edu/pathways/health_wellness/public_health/). With support from CCCE, in 2015 they decided to turn the winter term Public Health Lunch into a public teach-in, organized and presented by students from their Immunology and Anthropology of Health and Illness courses. The theme that year was "Ebola: An Interdisciplinary Conversation," focusing on various ideas of self and not-self in the biology and social relations of the 2014-15 Ebola outbreak. In 2016, students focused on the cultural and social dimensions of vaccines and vaccine refusal, and in 2017 on "pathologies of power" in the Zika outbreak. With a new book out, and a new Ebola vaccine developed, this year we revisit the topic of the Ebola virus to investigate "Lessons Learned from Epidemics Past and Present."

The Project:

SOAN 262 students who choose this option will write their ten page term paper on an aspect of the social and cultural dimensions of the Ebola outbreak (and what we've learned since) that allows you to apply medical-anthropological concepts. The ACE portion of this project results in a panel discussion in the context of a "Public Health Lunch," informing the Carleton public about new research on vaccination. This Public Health Lunch will allow anthropology students and biology students to exchange insights from their respective projects and engage the audience in public health thinking.

Key Responsibilities:

The Immunology and Anthropology Ebola teams will meet together twice with both professors-- on Monday or Wednesday of Week 3, and during Week 6. We will conduct a Doodle Poll to set these meetings once the two sub-teams have been set up. We will provide short readings for these meetings to help you think across our two disciplines for an interdisciplinary public health collaboration. The final, public presentation will be during Common Hour on Tuesday February 27 in the Library Athenaeum.

In addition to meeting with the professors, the anthropology and immunology teams will meet both separately and together as many times as they see fit to prepare the Public Health Lunch, an exercise

in health education, one of the main sub-disciplines of Public Health. In SOAN262, the entire class will address research related to the social relations surrounding the 2014-15 Ebola outbreak in Guinea, Liberia, and Sierra Leone (during Week 6). Classroom discussions will focus on concepts of therapy management, community response, and culturally-situated medical ethics. Students working on this project are expected to read beyond assigned works, and to do so sooner than Week 6.

Learning objectives and give-backs:

- Understand key medical anthropological and public health concepts (e.g. the socio-ecological model, therapy management, explanatory models, ritual) that inform the intertwining of physical health, mental health, and the social determinants of health during an epidemic and its aftermath.
- Collaborate across disciplines to deepen understanding of the interdisciplinary nature of public health, and to practice team learning.
- Translate for a broader audience the research completed as a team as well as the research each student completes for their term paper.

Final paper: Students are required to write a ten-page paper for the class on an Ebola-related topic, based on library research using primarily medical-anthropological sources.



A2: HealthFinders Mental Health Inquiry Project

Background:

HealthFinders Collaborative (HFC) has been providing primary healthcare to underserved (uninsured or on state Medical Assistance [MA] programs) in Rice County since 2005. Based on feedback from community members, HFC has since added dental, advocacy and wellness programs, including nutrition, diabetes education, Somali Health Series, cooking, exercise and weight management. The Medtronic Foundation HealthRise grant allowed HFC to add Community Health Workers (CHWs) and expand our Care Coordination model.

One major underdeveloped area of HFC’s healthcare mission is mental health. Our volunteer primary care providers frequently diagnose conditions such as anxiety and depression. HFC’s referral options are limited, as we know of few organizations who provide free or sliding fee mental health services. To be blunt, we don’t know what we don’t know about how best to support our patients’ mental wellness and to intervene when a patient presents with mental illness. We need to find out from our staff and providers what they think HFC can and should do in the area of mental health.

We have learned more about underlying factors – “social determinants” – of health as our CHWs interacts with patients 1:1, frequently at the patient’s home. HFC recognizes both its limitations and its partners’ expertise, using referrals to partners to support patients with housing, education, childcare, and so forth – the social determinants of health. That said, we have observed that the links among physical health, mental health and social determinants are so intertwined that addressing only one or two of these generally results in lack of on-going success in improving patient health.

The Project:

HealthFinders Collaborative seeks input and knowledge from staff and volunteers to inform us of what our mental health program should become. (In the future, we will engage our patients to ask them their views of HFC’s role in supporting mental wellness and addressing mental illness. The myriad difficulties with interviewing our patients about mental health and wellness – language barriers and the stigma and cultural resistance to acknowledging mental health issues included – necessitate further strategizing prior to commencing such interviews.)

HFC’s approach with staff and providers includes posing three questions, with the appropriate follow-ups of “tell me more about that”, “please explain that further” and “what other thoughts do you have?” to elicit comprehensive responses.

1. What have you observed about our patients’ mental wellbeing?
2. What do you think our patients’ greatest needs are when it comes to their mental wellbeing?
3. What can and should HealthFinders do to help meet those needs?

Learning objectives and give-backs:

- Understand key medical anthropological and public health concepts (e.g. the socio-ecological model) that inform the intertwining of physical health, mental health, and the social determinants of health

- Develop research questions and methods designed to evaluate the experiences and viewpoints of staff and providers of a community-based, low cost clinic
- Consider HFC staff and providers as part of a therapy management group, and as actors in the negotiation of explanatory models
- Discover HFC staff's and providers' perceived breadth and depth of mental health issues in our patient population
- Inform HFC what the priorities our staff and providers have for providing mental health and wellness services

Key responsibilities:

- Attend an orientation session with HealthFinders leadership. Leadership will guide the students on approach and “introduce” the staff and providers to the students.
- Work closely with Natalie Marfleet, HealthRise Project Lead, and read paperwork associated with this project (IRB proposal; HFC research submission form).
- Arrange interviews preferably in-person. A total of 24 staff and providers are available; if not all can be interviewed due to time constraints, HFC leadership will prioritize the interview targets
- Report on findings from interviews, including identification of themes, in the form of a research brief with HFC staff as the target audience.

Contacts:

Natalie Marfleet, HealthRise Project Lead, HealthFinders Collaborative
marfleet.natalie@healthfindersmn.org, 507-646-8974

Charlie Mandile, Executive Director, HealthFinders Collaborative mandile.charlie@healthfindersmn.org
 Emily Carroll, Clinical Director, HealthFinders Collaborative carroll.emily@healthfindersmn.org

Final paper:

Students are required to write a ten-page paper for the class based on their fieldwork with HFC staff as well as on library research using primarily medical-anthropological sources and concepts.



A3: Green Dot Bystander Intervention Program Project

Background:

Carleton, like many schools, is in the process of implementing enhanced responses to and prevention of sexual violence on our campus. Sexual violence is a serious public health issue, affecting an array of concerns regarding physical health, mental health, and equality of access. National attention to this issue has resulted in new best practices to address sexual assault, intimate partner violence, and stalking at colleges and universities. Bystander intervention programs, which train campus community members to safely take action if they witness behaviors that could cause harm, are one type of program that have the potential to not only reduce incidents of violence, but increase engagement, responsibility, and respect for others among students, faculty and staff. Green Dot is a nationally recognized, evidence-based bystander intervention program with preliminary evaluation results that support its effectiveness.

One significant aspect of Green Dot is its focus on going beyond simply preventing individual acts of violence, to change campus culture to increase students' safety. While Green Dot gives students the skills to intervene “in the moment” when they see warning signs of violence, the program also asks them to develop a shared set of values that violence is not acceptable and all community members must do their part to create an environment where healthy and respectful relationships are the norm.

In 2014, four Carleton staff attended a Green Dot trainer certification workshop. In 2015-16, Carleton adapted the curriculum to be more relevant to a small liberal arts college, held three six-hour pilot trainings that were attended by 100 students, and certified four additional staff trainers. In 2017, 25 Carleton staff and faculty attended a Green Dot trainer certification workshop, expanding our capacity to offer programs. To date, 313 Carleton students have completed the six-hour Green Dot bystander intervention training.

The Project:

Alteristic, the national organization that trains and supports staff who are implementing the Green Dot program on college campuses, places a heavy emphasis on the “deliberate distribution” of Green Dot to specific groups of students, faculty and staff. Green Dot Etcetera asks campuses to identify sub-groups

of students who form distinct social networks and then to identify “early adopters” within those networks to invite to six-hour bystander intervention trainings. These early adopters are then responsible for diffusing the principles of Green Dot within their social networks, eventually leading to culture change across campus and a reduction in sexual violence.

Last year’s SOAN 262 Green Dot team conducted valuable research that indicated that Green Dot principles were not being diffused across campus and that certain groups of students, especially peer leaders and athletes, were more likely to complete Green Dot training. Research questions for this year’s Green Dot team should build on this research to explore the following areas:

- What are the barriers to participating in the Green Dot six-hour bystander intervention training program for students who are not peer leaders or athletes? Student researchers will identify people in social networks other than peer leaders and athletes. Then, they will interview those people about what they see as the barriers to participating in the Green Dot six-hour bystander intervention training program for students. We encourage students to look beyond the commonly-given reasons of “I don’t have time” or “The training is too long” to find more actionable information, as students choose to make time for activities that seem relevant or meaningful to them.
- To address last year’s finding regarding a culture of non-intervention in “ambiguous” situations, this year’s student researchers, as a team, could collect descriptions of ambiguous situations, and then follow up with “what would you most like to know to deal with this difficult/ambiguous situation?”
- What are the barriers to diffusing Green Dot principles throughout campus? How can we encourage Green Dot-trained students to talk about preventing power-based personal violence not only with other students who have completed Green Dot, but also with everyone on campus? How can we ensure that students who have not completed the 6-hour training understand the fundamental principles of Green Dot? Student researchers could interview students who have already completed the Green Dot training about what they see as the barriers to diffusing Green Dot principles throughout campus.
- An additional *sub-project possibility* would be to analyze quantitative data collected by the Green Dot Steering Committee, and conduct related qualitative research that adds to our knowledge about how students are using the skills gained in Green Dot. The quantitative data collected since fall term aims to measure the impact of participating in Green Dot training on students’ ability to intervene in potentially harmful situations and/or work to proactively change campus culture.
- Ideally, students who chose this project will be able to attend a Green Dot six-hour bystander intervention training during winter term.

Learning objectives:

- Understand research and theory behind bystander intervention, including barriers to intervening
- Understand key public health concepts that inform Green Dot, including the socio-ecological model and the diffusion of innovation theory, and combine them with medical anthropological concepts
- Develop research questions and methods designed to evaluate the impact of a public health program on campus

Key responsibilities:

- Submit a consent form and completed research protocol to Charlotte Whited of the IRB by January 16 (to complete IRB approval for this project)
- Attend six-hour Green Dot bystander intervention training
- Review research about bystander behavior
- Identify research questions and methods
- Conduct interviews or focus groups with Green Dot Steering Committee members, students who have completed Green Dot training, and students who have not completed Green Dot training to gather data
- Talk with your community partners to discuss give-backs (e.g. writing a research brief)

Contacts:

Laura Haave, Director, Carleton College Gender & Sexuality Center, lhaave@carleton.edu

Pat Gordon, Assistant Director of Health Promotion at Carleton College, pgordon@carleton.edu

Claudia Lange, Visiting Instructor in Spanish at Carleton College, clange@carleton.edu

Final paper:

Students are required to write a ten-page paper for the class, simultaneously based upon their fieldwork and library research, and utilizing medical anthropological concepts.

**A4: Office of Health Promotion Mental Well-Being Project****Background:**

Mental health is a growing concern on campuses across the nation. Trends indicate that more students arrive on campus with histories of significant mental health challenges and that more students are developing mental health challenges while on campus. This is leading to increased pressure on counseling centers that are unable to keep pace with the growing need for services. In addition, there is growing evidence that students of color and students who identify as LGBTQA+ experience higher levels of mental health challenges than their peers while simultaneously feeling like programs and services are not designed to meet their needs. This fall, the Steve Fund and the JED Foundation released a joint project called the “Equity in Mental Health Framework” with specific recommendations for colleges to support the emotional well-being of students of color.

In September of 2017, Carleton College began implementation of a Garrett Lee Smith Suicide Prevention grant on campus. The grant is focused on increasing programs and educational information to promote the overall mental health and well-being of all students, but with a particular emphasis on students whose lived experience and/or marginalized identities may put them at additional risk for experiencing high levels of depression, anxiety, and suicidal thoughts. The Office of Health Promotion is leading the implementation of this grant and is very interested in collecting information from students on campus about their conceptions of mental health and well-being, their attitudes toward help-seeking, and their experiences of stigma related to mental health challenges.

The Project:

The GLS Suicide Prevention grant states, “At present, Carleton College offers very few educational opportunities for students, faculty, and staff to learn about risk and protective factors related to mental health and suicide prevention. In addition, the opportunities that do exist tend to address the issue in general terms, without providing information that is culturally and socially relevant and appropriate.” A specific goal of the grant is that 100% of students, faculty and staff will have *access* to educational seminars on suicide prevention, protective factors, and mental health promotion. While the grant does not expect that 100% of the Carleton community will take advantage of the opportunities, we still need to create them so that access is universal. This means that we need to have a much better understanding of what kinds of opportunities are needed, what makes certain opportunities feel inaccessible to sectors of the Carleton community, and how can we ensure that everyone knows about the existing opportunities.

Students engaged in this project will conduct interviews and/or focus groups to collect information from diverse perspectives on campus. Specific research questions include:

- **Conceptions of Mental Well-Being:** What is emotional well-being? What does it look like? What are your needs in pursuing mental/emotional well-being? What challenges do you face?
- **Attitudes toward Help-Seeking:** What are effective resources for your mental well-being? What else is needed? Why would someone seek help? What are the challenges to seeking help? Who might encourage someone to seek help, or aid them in overcoming the challenges of help-seeking?
- **Issues Related to Stigma Reduction:** What stigma (if any) exists related to mental health for you? What messages did you receive growing up? How have those messages helped your own mental well-being? In what way have those messages created challenges for your mental well-being?

Learning Objectives

- Understand key theoretical concepts in the promotion of mental well-being – including cultural differences
- Understand the role of identity, and social relationships, in conceptions of mental health and well-being and help-seeking
- Identify themes and trends from qualitative research data
- Apply medical anthropological concepts to a public health issue affecting students at Carleton

Key Responsibilities

- Develop research questions and methodology
- Review research about culturally informed mental health and well-being
- Conduct interviews/focus groups with a variety of students
- Analyze qualitative data to identify trends/themes for development of future programming and/or message campaigns
- Talk with your community partners to discuss give-backs (e.g. writing a research brief)

Contacts:

Janet Lewis Muth, Director of Health Promotion at Carleton College, jlewis@carleton.edu

Pat Gordon, Assistant Director of Health Promotion at Carleton College, pgordon@carleton.edu

Jenny Ortiz, G.L.S. Coordinator, Office of Health Promotion, jortiz@carleton.edu

Final paper:

Students are required to write a ten-page paper for the class, simultaneously based upon their fieldwork and library research, and utilizing medical anthropological concepts.

ACE Student Learning Outcomes

Participating in these projects will allow you to gain the following ACE Program SLOs *directly*: a) understanding issues in their real world complexity; b) recognizing and honoring different forms of knowledge that may reside in/with community partners; c) doing—taking your course content to do something with it beyond the classroom while learning in the process. Indirectly, and depending upon how you approach the project and what may grow out of it beyond this term, you may *indirectly*: d) enhance awareness of your positionality, or who you are as you seek to do civic engagement efforts (such as gender, race, and/or socio economic background); e) develop your leadership skills; and f) nurture a commitment to life-long civic engagement.

ACE TA and nitty-gritty details

Margot Radding, our wonderful SOAN 262 ACE TA, will help you with nitty-gritty details that emerge, as well as with conceptual issues regarding your projects. Margot is a SOAN senior, has taken this class before, and has participated in an ACE project with Growing Up Healthy. In addition, she has completed challenging medical anthropological and public health related research in India. She will reserve common hour times for meeting with groups, and will hold individual office hours in the SOAN lounge (Leighton 226) on Mondays 11:00am-noon, Thursdays noon-1:00pm, and by appointment. Other ACE-specific resources include Interim Director of Academic Civic Engagement Emily Oliver (eoliver@carleton.edu), and Briannon Carlsen '17, Educational Associate for Public Arts and Humanities, Community and Civic Engagement (bcarlsen@carleton.edu).

