

Anthropology 425/525

# Perspectives in Medical Anthropology

Winter Quarter

Dr. Charles Klein

Tu/Th 12:00 – 1:50 p.m.

UTS 205

Office Hours and Contact Info:

Tu/Th 9 – 10:30

[Charles.klein@pdx.edu](mailto:Charles.klein@pdx.edu)

703-725-3316



The images to the left illustrate some of the terrains in which medical anthropology is practiced. Take a few seconds to unpack these scenes. How would make sense of what you see? What might help you figure things out? What would you want to learn, and toward what ends?

This course will explore how anthropological theories and methods can be applied to the study of health. As the first paragraph suggests, there is no “one” medical anthropology. In fact, many anthropologists working on health issues might think that this course’s title unnecessarily privileges bio-medicine as the organizing principle we affirm or contest in our work.

Seeking to capture this diversity – and indeed, conflict – of opinions, our readings will highlight a broad range of medical anthropology past and present, including critical, interpretative, ethnomedical, and biocultural approaches. By learning about different perspectives, you will be able to develop your own hybrid toolkit to meet your professional and personal needs.

Over the course of this quarter we will investigate a series of interrelated themes. First, we will look at the ways in which diverse cultures – and different individuals within given cultures – experience and talk about illness, health and healing. Next, we will analyze the political economy of health, using hunger, substance ab(use) and mental health as case studies of how structural factors affect the health of individual and social bodies.

Our third unit will examine global health, concentrating on HIV/AIDS and reproductive health. We will conclude by considering health-care and health policy in the US today, including questions of commodification, medical pluralism, and environmental health.

A hallmark of medical anthropology is an interest in alleviating suffering, improving well-being, and contributing to the development of health-care practices and public policies that reduce health disparities at local and global levels. We will accordingly place particular attention on the role medical anthropologists have played in responding to public policy issues. This focus on practicing anthropology will extend to the writing assignments for this course, which emphasize writing that has utility outside of the confines of the university.

### **Course Learning Objectives**

By the end of the course students will understand how to:

- Apply common theoretical and methodological approaches used in research and practice
- Analyze health & health-care provision in different cultural and political economic settings
- Negotiate political charged fields like reproductive health, substance use and global health
- Influence health care practices and public policies from an anthropological perspective
- Write critically and persuasively on health issues using a variety of practical writing styles

### **Course Readings**

All class materials are available on 2DL (see below). You may either read a digital version or print a copy – the choice is yours.

Students will also be required write a Critical Book Review (see Assignment 4 below) on a full-length, health-related ethnography or anthropologically grounded policy work. A list of possible books is posted on D2L. Students may also, with prior approval of the instructor, select a book not on my list. I recommend you talk to me about your book selection – it's a big time commitment, so I'd like to tailor the assignment to meet your specific interests and needs.

### **Expectations & Assignments**

#### **425/525 Participation, Classroom Facilitation & In-class Writing (30 points)**

##### Participation (20 points, 20%)

This course is a **discussion-based seminar**. You are responsible for reading the assigned materials before class and coming ready to discuss. **I repeat, you are expected to come to class having done the readings.** Given that this is a reading intensive course, you should read strategically. Focus on key concepts and arguments, and don't get bogged in all the details unless they interest you.

Everyone is expected to participate in classroom discussions. This doesn't just mean talking, but also active listening. If you are on the shy side, push yourself to talk; if you are on the talky side, consciously step back and let your classmates shine. Be prepared for me to call on you or ask you to let one of your classmates speak.

Each student will be allowed three unexcused absences without negatively affecting their participation grade. Any additional unexcused absences will result in a reduction of your participation grade, at the rate of 2 points per class you miss. After subtracting any points due to absence, I will assign a final score based on the quality of your classroom participation. And remember, simply coming to class will not get you all the participation points.

Should I notice that students are not completing the readings before class, I may begin giving pop quizzes on the readings. These quizzes would be scored on a credit/no credit basis. A no-credit score on

a pop-quiz will result in a subtraction of 2 points from the participation grade – the same result as not coming to class.

#### Classroom Activity Facilitation (5 points, 5%)

For 12 of our classes, groups of two or three students will develop and lead a classroom activity that grows out of the day's readings. There is no required format for these activities, other than that they should take about 20 to 30 minutes. Possible activities include watching and discussing a short video from YouTube, having small or large group discussions based on questions you develop, or enacting a dramatic exercise (e.g. a talk show or debate). Be creative – this is your chance to take the class in new directions and keep us from getting into a rut in which we do the same routine every class.

Each discussion leading team will be required to submit their planned activity to me by 5 p.m. the day before class so I can incorporate the activity into the overall plan for that day. On the first day of class I will distribute a sign-up sheet where students will select the class for which they will facilitate an activity. Classroom facilitation will be evaluated on a 5 point scale. Failure to submit a brief description of your planned activity by the 5 p.m. deadline will result in a loss of 2 points.

#### In-Class Writing (5 points, 5%)

Over the course of the quarter we will have seven in-class writing exercises. Exercises will be scored on a credit/no credit basis. Students will receive 1 point for each complete in-class writing exercise, for a maximum of 5 points.

### **425 (Undergraduate) Writing Assignments (70%)**

All assignments will be graded on a 100 point scale. Formatting should follow any additional assignment instructions posted on D2L.

#### Assignment 1: First-Hand Account (10%)

For this assignment you will submit a first-hand account describing an episode dealing with health, illness and healing which you experienced, participated in, or witnessed first-hand. When choosing your episode please consider that we will be sharing these accounts in class. Write your account without thinking about other sources – try to simply and accurately describe the situation as you experienced it. Your reflection should be two to three, double spaced, pages in length.

**Due: Thursday, January 17**

#### Assignment 2: Health, Healing and Illness in Context (15%)

For this assignment you will read three academic articles – one each addressing the sociocultural, ecological/environmental, and political economic contexts of the topic of your first-hand account. Based on these readings, write a three page, double-spaced paper analyzing how these forces shape the situation you described in your first-hand account.

Your discussion should move beyond your own situation and consider how these forces affect US and/or global communities more generally. Be sure to provide an overview of the health issue (e.g., the ways in which it is conceptualized, causes, treatments, stigma) *and* the ways it is socially situated (e.g., does it affect certain groups of people more than others? Do social relationships tend to change as a result of the health condition? How does it relate to cultural, ecological/environmental, and political economic factors?).

Possible sources of academic articles include Medical Anthropology, Medical Anthropology Quarterly, Anthropology and Health Journal, Anthropology and Medicine; Social Science and Medicine; Studies in Medical Anthropology; Culture, Medicine, and Psychiatry; Global Change and Human Health; and the Journal of Ethnobiology and Ethnomedicine.

**Draft 1 Due: Thursday, January 31**

**Final Draft Due: Tuesday, February 12**

Assignment 3: Interview and Ethnographic Writing (15%)

For this assignment you will interview a health practitioner about their work and report your findings. If you wish you may also conduct some ethnographic participant observation of the practitioner in action. By “health practitioner” I mean anyone who works on health-related issues. This could be an alternative/non-biomedical practitioner (e.g., naturopathy, acupuncture, American Indian healer, a *curandera/o*), a bio-medical practitioner (e.g. MD, nurse, PA, pharmacist, medical assistant, nutritionist), a public health practitioner (e.g., a community health worker), or wellness/well-being practitioners (e.g., a yoga instructor, a trainer, a religious/spiritual leader). Should you have difficulty finding someone to interview, come and talk to me and we can strategize on how to find a practitioner and make the arrangements for your interview.

Your write-up should be four pages long and combine ethnographic representation and critical analysis. By this time in the quarter you’ll have read a wide range of writing by medical anthropologists and you should be able to find a style that works for you. The assignment should be double-spaced, but interview quotes and field notes may be single-spaced.

**Due: Thursday, February 21**

Assignment 4: Critical Book Review (10%)

The critical book review will be three double-spaced pages long and should: (1) concisely set forth the book’s topic and intentions; and (2) evaluate the book through the lens of some of our readings and classroom discussions. It is not a thumbs up/thumbs down exercise, but rather a critical examination of the key themes and concepts explored in the book. Additional instructions will be posted D2L.

**Due: Anytime in the quarter, up to Thursday, March 7**

Assignment 5: Public Policy Research Grant (20%)

For this assignment you will write the overview, background and significance, and methodology sections) for a grant to conduct policy-oriented, ethnographic research on an issue related to either global health or health disparities. The grant should be no more than three, single-spaced pages in length. Additional instructions will be posted on D2L.

Draft 1 Due: **Thursday, February 28**

Final Draft Due: **Thursday, March 14**

**525 (Graduate) Writing Assignments (70%)**

1. One critical book review (10%; see Assignment 4 above) and *either*
- 2a. One, 20 page long research paper or white paper (60%)
- 2b. Three, 6 page long papers or policy briefs (20% each) on one or more health issues.
- 2c. A more in-depth version of the 425 assignments listed above.

Each graduate student will be required to meet with me during Week 1 or Week 2 to discuss how they will satisfy their writing requirement and the topical focus of this work. We will then finalize this agreement in a written document.

### **Policies**

It is normal to get sick, and each year flus such as H1N1 spread through colleges and universities. If you feel ill (e.g. fever, sore throat, runny nose, headache, cough, aches), please stay home until you have been without fever for 24 hours without the use of fever-reducing medication. Please inform me of your illness. You will not be penalized for illness-related absences, and you will have the opportunity to make up missed assignments.

*Late papers and exams* will lose one letter grade for each day past due except in cases of severe illness or emergency. Requests for deadline extensions should be made in writing ahead of the due date. All work must be completed for students to receive a passing grade. Please retain for your records a copy of all the work you submit. *Students with a documented disability* needing accommodations in the course should immediately inform me.

*Plagiarism* (intellectual theft) is a very serious academic offense. You are responsible for reading and understanding the department handout on plagiarism, which is available on D2L and on the Anthropology Department web site at <http://www.anthropology.pdx.edu/docs/plagiarism.pdf>. Please ask me if you have any questions about this information. Any assignment containing plagiarized material will receive a failing grade, and cases of academic dishonesty will be reported to the Office of the Dean of Student Life.

*Grading and Rewrites.* If you would like to have the grade for an assignment reconsidered, you must submit a written re-evaluation request in an email, at least 24 hours after the graded assignment was returned. This email should state why you think your grade should be reconsidered. Assignments 1, 3 and 4 may also be rewritten and resubmitted. Rewrites for these three assignments are due one week after the day the graded assignments were returned. The new grade will be an average of the new grade and the old grade. As a first draft is required for Assignments 2 and 5, there will be no additional rewrites for these assignments.

### **D2L (Desire to Learn)**

The course syllabus and additional assignment instruction will be available on D2L. All students can access D2L with their Odin account. Use your Odin username and password to login to D2L at <https://d2l.pdx.edu>. Use of D2L will be demonstrated on the first day of class. Please feel free to contact me if you encounter difficulties in accessing this resource.

## **Course Outline and Readings**

### Introduction

January 8: Course overview

January 10: Introducing Medical Anthropology

Scheper-Hughes, N. Introduction: Tropical sadness. In *Death Without Weeping: The Violence of Everyday Life in Brazil*. Berkeley and Los Angeles: University of California Press, 1-30.

### Unit 1: Understanding Health, Healing & Illness

#### *Part 1 – Rationality & Belief*

January 15

Evans-Pritchard, E.E. (2010) [1937]. The notion of witchcraft explains unfortunate events. In B. Good, M. Fischer, S. Willen & M.J. Good (Eds.), *A Reader in Medical Anthropology*. Malden, MA: Wiley-Blackwell, 18-25.

Good, B. (1994). Medical anthropology and the problem of belief. In B. Good, M. Fischer, S. Willen & M.J. Good (Eds.), *A Reader in Medical Anthropology* Malden, MA: Wiley-Blackwell, 64-76.

Kendall, C., Foote, D. & R. Martorell. (1984). Ethnomedicine and oral rehydration therapy: A case study of ethnomedical investigation and program planning. *Social Science and Medicine* 19(3), 253-260.

January 17

Pigg, S. (1996). The credible and the credulous: The question of "villagers' beliefs" in Nepal. *Cultural Anthropology*, 11(2), 160-201.

#### **Writing Assignment 1 – Health/Illness Narrative Due @ 12 Noon**

#### *Part 2 – Health and Illness Narratives*

January 22

Kleinman, A. (1988). The vulnerability of pain and the pain of vulnerability. In *The Illness Narratives: Suffering, Healing & the Human Condition*. US: Basic Books, 56-74.

Hunt, L. M. (2000). Strategic suffering: Illness narratives as social empowerment among Mexican cancer patients. In Mattingly, C. & Garro, C. (Eds.), *Narrative and the Cultural Construction of Illness and Healing*, 88-107.

January 24

Rouse, C. (2004). "If she's a vegetable, we'll be her garden": Embodiment, transcendence, and citations of competing cultural metaphors in the case of a dying child. *American Ethnologist*, 31(4), 514-529.

Billings, M. E., Engelberg, R., Curtis, J., Block, S., & Sullivan, A. M. (2010). Determinants of medical students' perceived preparation to perform end-of-life care, quality of end-of-life care education, and attitudes toward end-of-life care. *Journal of Palliative Medicine*, 13(3), 319-326.

#### *Part 3 –Thinking about “The Body”*

January 29

Lock, M and Kauffert, P. (2001). Menopause, local biologies and cultures of aging. *American Journal of Human Biology* 13, 494-504.

McElroy, A. (1990). Biocultural models in studies of human health and adaptation. *Medical Anthropology Quarterly*, 4(3), 243-265.

Agdal, Rita. 2005. Diverse and Changing Perceptions of the Body: Communicating Illness, Health, and Risk in an Age of Medical Pluralism. *The Journal of Alternative and Complementary Medicine*, 11(supplement 1), s67-s75.

January 31

Edmonds, A. (2007). 'The poor have the right to be beautiful': Cosmetic surgery in neoliberal Brazil. *Journal of the Royal Anthropological Institute*, 13(2), 363-381.

Bell, K. (2005). Genital cutting and western discourses on sexuality. *Medical Anthropology Quarterly*, 19(2), 125-148.

### **Assignment 2 – Draft 1 Due @ 12 noon**

#### Unit 2: The Political Economy of Health

##### *Part 1 - Structural Violence, Embodied Consequences*

February 5

Farmer, P. (2005). On suffering and structural violence: Social and economic rights in the global era. In *Pathologies of Power: Health, human rights, and the new war on the poor*. Berkeley, CA: University of CA Press, 29-50.

Piaseu, N. (2004). Less money less food: Voices from women in urban poor families in Thailand. *Health Care for Women International*, 25(7), 604-619.

February 7

Scheper-Hughes, N. (1993). *Delirio de fome: The madness of hunger*. In *Death Without Weeping: The Violence of Everyday Life in Brazil*. Berkeley: University of California Press, 128-166.

February 12

Bourgois, P. (2011) *Everyday addicts*. In *Righteous Dopefiend*. Berkeley, Los Angeles and London: University of California Press, 271-290.

Garcia, A. (2008). The elegiac addict: History, chronicity, and the melancholic subject. *Cultural Anthropology*, 23, 718–746.

### **Assignment 2 – Final Draft Due @ 12 noon**

#### *Part 2- Constructing Mental Health and Illness*

February 14

Timimi S. (2009). The commercialization of children's mental health in the era of globalization. *International Journal of Mental Health* 38(3), 5-27.

Garro, L. E. (2009). "A massive long way": Interconnecting histories, a "special child," ADHD, and everyday family life. *Culture, Medicine & Psychiatry*, 33(4), 559-607.

*Browse Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (at library)*

### Unit 3: Global Health

February 19 – Global Health Today

Farmer, P. & A. Sen. (2004). Rethinking health and human rights: Time for a paradigm shift. In *Pathologies of Power*. Berkeley and Los Angeles, CA: University of California Press, 213-249.

February 21 – HIV Prevention

#### **Assignment 3 Due @ 12 Noon**

Delisle, H., Roberts, J., Munro, M., Jones, L., & Gyorkos, T. W. (2005). The role of NGOs in global health research for development. *Health Research Policy & Systems* 3, 3-21.

Evans, Catrin. (2008). Implementing community interventions for HIV prevention: Insights from project ethnography. *Social Science & Medicine* 66(2), 467-478.

Simmons, David. (2011). The role of ethnography in STI and HIV AIDS education and promotion with traditional healers in Zimbabwe. *Health Promotion International*, 26(4), 476-483.

February 26 Reproductive Health I

Inhorn, M.C. (2010)[2006]. Quest for conception: Gender, infertility, and Egyptian medical traditions. In B. Good, M. Fischer, S. Willen & M.J. Good (Eds.), *A Reader in Medical Anthropology*. Malden, MA: Wiley-Blackwell, 319-326.

Anagnost, A. (1995). A surfeit of bodies: Population and the rationality of the state on post-Mao China. In F. Ginsberg & R. Rapp (Eds.), *Conceiving the New World Order: The Global Politics of Reproduction*. Berkeley: University of California Press, 22-41.

February 28 Reproductive Health II

De Bessa, G.H. 2006. Medicalization, reproductive agency, and the desire for surgical sterilization among low-income women in urban Brazil. *Medical Anthropology*, 25(3), 221-263.

#### **Assignment 5 – Draft 1 @ 12 Noon**

### Unit 4: Health-care and Health Disparities in the US

March 5

Rivkin-Fish, M. (January 01, 2011). Learning the Moral Economy of Commodified Health Care: "Community Education," Failed Consumers, and the Shaping of Ethical Clinician-Citizens. *Culture, Medicine and Psychiatry*, 35(2), 183-208.

Greenhalgh, S. 2012. Weighty subjects: The biopolitics of the U.S. war on fat. *American Ethnologist*, 39 (3), 471-487.

March 7

Shea, Jeanne L. 2006. Applying Evidence-Based Medicine to Traditional Chinese Medicine: Debate and Strategy". *Journal of Alternative and Complementary Medicine*, 12(3), 255-263.

Kaptchuck, T. J., & Eisenberg, D. M. (2001). Varieties of healing. 1: Medical pluralism in the United States. *Annals of Internal Medicine*, 135(3), 189-195.

Dumit, J. (2006). Illnesses you have to fight to get: Facts as forces in uncertain, emergent illnesses. *Social Science & Medicine*. 62(3), 577-590.

#### **Assignment 4 (Book Review) Due @ 12 Noon**



March 12

Collins, T. W. et al. (2010). Understanding environmental health inequalities through comparative intracategorical analysis: Racial/ethnic disparities in cancer risks from air toxics in El Paso County, Texas. *Health and Place* 17: 335-344.

Jackson, D. (2011). Scents of place: The displacement of a First Nations community in Canada. *American Anthropologist*, 113(4), 606-618.

March 14

No readings

**Assignment 5 – Final Draft Due @ 12 Noon**

Week	Day	Date	Month	Readings, assignments due
<b>1</b>	Tu	8	Jan	Syllabus
	Th	10	Jan	Scheper-Hughes
<b>2</b>	Tu	15	Jan	Evans-Pritchard, Kendall, Good
	Th	17	Jan	Pigg; <b>Assignment 1</b>
<b>3</b>	Tu	22	Jan	Kleinman, Hunt
	Th	24	Jan	Rouse, Billings
<b>4</b>	Tu	29	Jan	Lock/Kauffert, McElroy, Agdal
	Th	31	Jan	Bell, Edmunds; <b>Assignment 2 – Draft 1</b>
<b>5</b>	Tu	5	Feb	Farmer, Piaseu
	Th	7	Feb	Scheper-Hughes
<b>6</b>	Tu	12	Feb	Bourgois, Garcia; <b>Assignment 2 – Rewrite</b>
	Th	14	Feb	Timimi, Garro, DSM-IV
<b>7</b>	Tu	19	Feb	Farmer
	Th	21	Feb	Delisle, Evans, Simmons; <b>Assignment 3</b>
<b>8</b>	Tu	26	Feb	Inhorn, Anangost
	Th	28	Feb	DeBessa; <b>Assignment 5 – Draft 1</b>
<b>9</b>	Tu	5	Mar	Rivkin-Fish, Greenhalgh
	Th	7	Mar	Kaptchuk/Eisenberg, Shea, Dumit; <b>Assignment 4</b>
<b>10</b>	Tu	12	Mar	Collins, Jackson
	Th	14	Mar	<b>Assignment 5 – Final Draft</b>