MACQUARIE University
SYDNEY·AUSTRALIA

Yanomami Shaman, Amazonia—Sebastião Salgado

ANTH 202
Illness and Healing: Introduction to Medical Anthropology

Convenors: Kevin P. Groark, Ph.D. & Aaron Denham, Ph.D.

Unit Guide, Semester 2, 2017
Faculty of Arts, Department of Anthropology

Macquarie University
Department of Anthropology

ANTH 202
Illness and Healing: Introduction to Medical Anthropology

TEACHING STAFF

Unit Convenor

Name:	Dr. Kevin P. Groark
Phone:	I rarely check voice messages on the office phone) *Email is the fastest and my preferred method of contact.
Email:	kevin.groark@mq.edu.au
Office & Consultation Hours:	TBA - By appointment. I recommend setting an appointment or letting me know you are going to stop by to ensure I am available and that we have enough time. Please email in advance to schedule a meeting during office hours.

Name:	Dr. Aaron Denham
Phone:	I rarely check voice messages on the office phone) *Email is the fastest and my preferred method of contact.
Email:	aaron.denham@mq.edu.au
Office:	TBA - By appointment. I recommend setting an appointment or letting me know you are going to stop by to ensure I am available and that we have enough time. Please email in advance to schedule a meeting during office hours.

Tutors:

Name:	**Siobhan Irving**
Email:	Siobhan.irving@mq.edu.au
Name:	**Ken Finis**
Email:	kenneth.finis@hdr.mq.edu.au
Name:	**Pavithra Joseph**
Email:	antoinette.joseph@hdr.mq.edu.au

General Enquiries:

Name:	Payel Ray
Phone:	TBA
Email:	payel.ray@mq.edu.au
Office:	TBA

CLASSES AND TUTORIALS

For lecture and tutorial times and classrooms please consult the MQ Timetable website: http://www.timetables.mq.edu.au. This website will display up-to-date information on your classes and classroom locations. Tutorial locations sometimes change in the weeks before class. Be sure to check. Tutorials start on week 2. Have a bad tutorial time? See iLearn for a tutorial swap forum.

UNIT DESCRIPTION

This course provides an introduction to the anthropology of health, illness, and healing. We begin by reviewing the central concepts, methods, and theories of medical anthropology. The course proper begins with an examination of the evolutionary forces that have shaped the human experience of ill health, exploring the exciting new field of Darwinian Medicine. We then move on to an examination of the contrasts between Western biomedicine and traditional therapeutic systems. Next, we introduce a set of core readings and concepts exploring the nature of the illness experience, and the ways people attempt to manage affliction and uncertainty through narrative structures, therapeutic actions, and help-seeking behaviours. Throughout the course, we look at conditions of dis-ease as having social as well as psychological and biological origins, arguing that the experience of illness and the methods for restoring health are deeply rooted in cultural frameworks of meaning. We finish the course with an examination of macro-level determinant of human health, with a focus on global health, structural violence, and health as human right.

Accordingly, we treat healing practices—including biomedicine—as an inevitably hybrid phenomenon that is biological, psychological, and social (and is always predicated on cultural

systems of understanding that are embedded within larger structures of power). We will highlight some of the challenges that arise when biomedically inflected global health approaches confront radically different cultural understandings of what constitutes illness, suffering, and healing. How must biomedicine adapt to an increasingly cosmopolitan patient base? How can it adapt to respond to health crises across the globe? And how, in the final analysis, do we conceptualize the role of biomedicine in global health programs? We will challenge the biological reductionism of biomedicine through a sustained examination of the ways in which illness and suffering are produced at the level of the social—through poverty, disenfranchisement, pervasive structures of inequality, and limited access to resources.

The unit is structured as a reading-intensive lecture course. In tutorials, a strong emphasis will be placed on close reading and high-quality group discussion of the topics under consideration, which will include: evolutionary forces shaping human health and illness; the role of meaning, experience, and culture in the illness experience; the importance of illness narratives and "emplotment"; the puzzle of culture bound syndromes; the culture of biomedicine; issues relating to cultural competency; the cultural construction not only of "medical selves," but also local biologies; the indigenization of pharmaceuticals; and the role of structural violence and social suffering in human life. Throughout, we will attend to the ways health policies must adapt to the challenge of crafting effective cross-cultural interventions in the midst of significant cultural variations in medically-related belief and practice. By the end of the unit, students will have gained fluency in thinking though the social dimensions of health and illness, cultivating a balanced application of biomedical understandings of human illness and disease, as well as social scientific understandings of dis-ease, distress, structural violence, and social suffering.

Unit Learning Outcomes:

1. Introduce students to the scope of medical anthropology and to analyse and discus the literature and central theories related to medical anthropology and the broader study of illness and healing practices in their social and cultural contexts.

2. Understand how biology, culture, politics, and ecology interact to shape illness and health, health systems, and patterns.

3. Interview, analyse, and represent the illness experience of another person, emphasizing the integrative factors (culture, politics, social structure, etc.) influencing their condition.

4. Apply the theories and concepts of medical anthropology to critically evaluate one's own culture and determinants of illness and health.

5. To understand how healing systems often cut across categories of religion, medicine, and social organization.

6. To understand how illness and health (and normality) are constructed within particular social, cultural, political, and environmental contexts.

7. Understand and identify how inequality, social hierarchy, and structural violence generate unequal and often unique health determinants in the global and transnational context.

Macquarie Learning Outcomes

All academic programmes at Macquarie seek to develop graduate capabilities. These are:

COGNITIVE CAPABILITIES

1. Discipline Specific Knowledge and Skills
Our graduates will take with them the intellectual development, depth and breadth of knowledge, scholarly understanding, and specific subject content in their chosen fields to make them competent and confident in their subject or profession. They will be able to demonstrate, where relevant, professional technical competence and meet professional standards. They will be able to articulate the structure of knowledge of their discipline, be able to adapt discipline-specific knowledge to novel situations, and be able to contribute from their discipline to inter-disciplinary solutions to problems.

2. Critical, Analytical and Integrative Thinking
We want our graduates to be capable of reasoning, questioning and analysing, and to integrate and synthesise learning and knowledge from a range of sources and environments; to be able to critique constraints, assumptions and limitations; to be able to think independently and systemically in relation to scholarly activity, in the workplace, and in the world. We want them to have a level of scientific and information technology literacy.

3. Problem Solving and Research Capability
Our graduates should be capable of researching; of analysing, and interpreting and assessing data and information in various forms; of drawing connections across fields of knowledge; and they should be able to relate their knowledge to complex situations at work or in the world, in order to diagnose and solve problems. We want them to have the confidence to take the initiative in doing so, within an awareness of their own limitations.

4. Creative and Innovative
Our graduates will also be capable of creative thinking and of creating knowledge. They will be imaginative and open to experience and capable of innovation at work and in the community. We want them to be engaged in applying their critical, creative thinking.

INTERPERSONAL OR SOCIAL CAPABILITIES

5. Effective Communication
We want to develop in our students the ability to communicate and convey their views in forms effective with different audiences. We want our graduates to take with them the capability to read, listen, question, gather and evaluate information resources in a variety of formats, assess, write clearly, speak effectively, and to use visual communication and communication technologies as appropriate.

6. Engaged and Ethical Local and Global citizens
As local citizens our graduates will be aware of indigenous perspectives and of the nation's historical context. They will be engaged with the challenges of contemporary society and with knowledge and ideas. We want our graduates to have respect for diversity, to be open-minded, sensitive to others and inclusive, and to be open to other cultures and perspectives: they should have a level of cultural literacy. Our graduates should be aware of disadvantage and social justice, and be willing to participate to help create a wiser and better society.

7. Socially and Environmentally Active and Responsible
We want our graduates to be aware of and have respect for self and others; to be able to work with others as a leader and a team player; to have a sense of connectedness with others and country; and to have a sense of mutual obligation. Our graduates should be informed and active participants in moving society towards sustainability.

PERSONAL CAPABILITIES

8. Capable of Professional and Personal Judgment and Initiative
We want our graduates to have emotional intelligence and sound interpersonal skills and to demonstrate discernment and common sense in their professional and personal judgement. They will exercise initiative as needed. They will be

capable of risk assessment, and be able to handle ambiguity and complexity, enabling them to be adaptable in diverse and changing environments.

9. Commitment to Continuous Learning

Our graduates will have enquiring minds and a literate curiosity which will lead them to pursue knowledge for its own sake. They will continue to pursue learning in their careers and as they participate in the world. They will be capable of reflecting on their experiences and relationships with others and the environment, learning from them, and growing - personally, professionally and socially.

REQUIRED READINGS

All required readings will be available electronically on iLearn. There is no book or reader for purchase.

UNIT WEBPAGE AND TECHNOLOGY USED AND REQUIRED

The iLearn system will be used in this unit: http://ilearn.mq.edu.au/

UNIT REQUIREMENTS AND EXPECTATIONS

Assessments at a glance

Task	Weight	Due Date	Linked Unit Outcomes	Linked Graduate Capabilities	Brief Description
Tutorial Participation and Discussion Guide	15%	Weekly (in tutorial)	1, 2, 4, 5, 6	1, 2, 4, 5, 6	Active attendance and engagement with lecture, tutorial materials, and discussions. Completion of 10 tutorial discussion guides.
Midterm Exam (on-line)	25%	~15 Sep	1, 2, 3, 4, 5, 7	1, 2, 3, 6	A midterm exam (multiple choice and/or short answer) that will be completed on-line.
Final Exam (on-line)	25%	~15 Nov	1, 2, 3, 4, 5, 6, 7	1, 2, 3, 6	A final exam (multiple choice and/or short answer) that will be completed on-line.
Illness Narratives Online Community Analysis	35%	~21 Oct	1, 4, 5, 7	1, 2, 3, 5, 6, 7	Essay of ~2000 words (additional details will be provided)

A Note on Lecture Attendance

The lectures will be one of your primary sources of material for this unit. I bring together a range of concepts from various sources, present the central theories and ideas, model anthropological thinking, adapt the material to your background, integrate contemporary events, and provide a framework to help make sense of the readings. *You will not pass this class if you neglect lecture content and focus on the readings and tutorials alone (and vice versa).*

Although physical attendance is not required in lecture, I strongly encourage everyone to attend the lectures in person. And although the ECHO system records most lectures, ECHO has been known to fail, and I will not offer notes or repeat lectures due to a system failure. For those of you who are not External students, the best approach to ensure you master the lecture material is to attend lecture in person. Use the ECHO system only when unavoidable circumstances arise. I attempt to make lectures as dynamic as possible and interact with students. You will also have the opportunity to share experiences and ask questions during and after the lecture. Attending in person is a unique and engaging experience. Moreover, the unit as a whole becomes much more engaging if people are actually present for the lectures, and engaged in the discussion.

ASSESSMENT TASKS

1. Tutorial Participation and Discussion Guide

Weight: 15%
Due: Weekly

Details: Tutorial attendance is mandatory. Participation in tutorials involves more than just showing up. ***We expect students to be active participants and demonstrate that they have attended/listened to the lecture and have completed the readings prior to the tutorial for that week***. Participation also means contributing to a general atmosphere of scholarly enquiry, showing respect for the opinions of others, and listening well. It is important that you learn to engage respectfully with your peers. Do not mock anyone's contributions. If you don't understand or agree with something someone says, ask them to clarify, or explain respectfully why you disagree. Everyone should feel free to speak up—this forum is designed to help you explore the ideas in a more one-on-one setting, clarify misunderstandings or confusions, and begin the work of integrating the lectures and readings. If you are having trouble speaking up, please come to speak with your tutor or the course convenor privately and together we can strategize ways to facilitate your contribution. You will not receive full credit simply for attending.

You will also **complete a Tutorial Discussion Guide before each tutorial** and turn in a physical copy of this discussion guide at the beginning of class. The discussion guide focused on the week's assigned readings, not lecture. Please bring two copies—one to turn in, and one to refer to during discussion. We will not accept emailed copies unless you have a University approved excuse. The discussion guide template is available on iLearn. Use the discussion guide to help you formulate questions and examples to discuss during the tutorial. Make a note of lecture or reading concepts that you don't understand or wish to expand upon.

Each discussion guide will receive a mark of acceptable or unacceptable. Discussion guides prepared during the tutorial will receive no credit. Discussion guides **cannot** be turned in if you miss the tutorial without prior notification and documentation.

Failure to attend tutorials without a medical certificate or another form of 'unavoidable disruption' (see Student Handbook) will lower your mark or result in failing. In addition, your final tutorial grade will be modified in the following manner, based on your attendance in tutorials:

1. There are 11 tutes during the semester. The tutes are worth 15% of your final grade. You are allowed one unexcused absence during the semester without penalty (but your discussion guide must be submitted to your tutor for credit). After that, missing one tute will lead to a loss of 1/10th of your total tute grade.

2. If you miss more than 5 tutes, your final grade will be reduced an additional 10% (thus, a 58% unit grade can turn into a 48%).

3. If you miss 6 or more tutes, we will look at your overall performance and assign a final grade of P or F, depending on your overall performance.

Tutorials for External Students: These will be conducted online. You are required to submit the same Discussion Guide as other students, but your "Attendance and Participation" will be assessed based on posting to weekly online forums, in which I will pose one of more questions on the week's lecture or readings, to which you must post a thoughtful and considered written response. These are assessed as either acceptable or unaccaptable.

2. Midterm Online Exam (Exam 1)

Weight: 25%
Due: 15 Sep; Exam will open at 6am and close at 11:59pm.

Details: You will complete a short midterm exam via iLearn. This exam will draw upon both the readings and the lecture material from weeks 1-6, so be sure to take quality notes and keep up on the readings. The exam will consist of multiple choice and/or short answer questions. We will announce further details in the lecture and your tutorials.

3: Essay

Weight: 35%
Due: Essay: 20 Oct at 5pm (via Turnitin)

Details: Essay of approximately 2000 words. Specific Details on assignment and word count be provided in lecture and tutorial

4: Final Online Exam (Exam II)

Weight: 25%
Due: 15 Nov; Exam will open at 6am and close at 11:59pm.

Details: You will complete a short final exam via iLearn. This exam will draw upon both the readings and the lecture material, so be sure to take quality notes and keep up on the readings. Most of the exam (80% of it) will draw on material from the second half of the semester (weeks 8-13). There will likely be several questions drawing on key material from the first half of the semester. The exam will consist of multiple choice and/or short answer questions. We will announce further details in the lecture and your tutorials.

DETAILS FOR EXTERNAL STUDENTS

External students largely have the same lectures and assignments as internal students. There are just a few differences:

Lectures: If you are an external student, you will be expected to listen to all lectures on Echo360 / iLecture. These are made available (via is a link on the unit's iLearn page) usually within 24 hours of the lecture being recorded. The slide presentations that accompany the lecture will also be uploaded to iLearn after the lecture (lecture notes will *not* be uploaded, so be sure to take careful and complete lecture notes). Both of these resources are available to both internal and external students. However, in addition to the Echo360 recordings (which can be streamed or downloaded over the web), the Centre for Open Education also mails a CD of the audio recording of the weekly lecture to all external students (though it can take a week or two for this CD to be burned and mailed out). This CD does not include the powerpoint presentation that accompanies that lecture. By the way, external students are always welcome to attend lectures in person, providing there are seats available in the lecture theatre (there usually are).

Essay: The essay will be submitted the same way that internal students submit these (i.e. through Turnitin).

Midterm and Final Exams: Both internal and external students will have the same final midterm and final exam, which will be delivered online through iLearn.

Tutorial Attendance & Participation: In lieu of attending a weekly tutorial, external students will participate in an online tutorial discussion on iLearn (there will be a dedicated discussion forum for each week's tutorial). Each week, Dr. Kevin Groark and Dr. Aaron Denham will create a discussion topic around that week's readings. Each external student is responsible for submitting at least 500 words of written discussion around that topic. The 500 words can be spread out as an initial post (say 300 words) and several responses to comments that others have made on discussion board (totaling 200 words). Your contributions will be assessed as acceptable or unacceptable—this will constitute the "Attendance & Participation" portion of your tutorial grade. The discussion board will only be open for 1 week on each topic and after that will be closed. The forum will generally open on the Saturday following lecture, and will close 7 days later (the next Friday)—in other words, the online discussion "tute" happens the week following the lecture. This ensures that all of you will have had time to view the online lecture and read assigned materials prior to participating in the online discussion section.

Weekly Discussion Guides: External students are also responsible for submitting their weekly Discussion Guides via TurnItIn. The discussion guides focus on the week's assigned

readings. As with the online forum, your responses are marked as acceptable or unacceptable. Note that the same penalties apply for missed sections across both in-person and on-line tutorials (see above). As with the discussion form, a TurnItIn link will go live on the Sat following lecture, and you must upload your discussion guide during the one-week open period). Late submission will not be accepted.

Extensions, Penalties, and Special Consideration

Late submissions on any assignment will incur a penalty, unless the university has granted an extension due to certificated medical problems or to "unavoidable disruption" (see Undergraduate Student Handbook). All petitions for "Disruption of Studies" must be submitted through Ask.mq, the new University system for processing medical certificates (http://ask.mq.edu.au).

Exceeding the word limit
You will be deducted 1 percentage point for each 20 words you exceed the word limit on your essay. Please take the word limit very seriously and try to make your argument concisely and clearly. It is unfair to fellow students if one person has much more space to argue their case while another student sticks firmly to the length guidelines. The word limit is designed to level the essay-writing field, so to speak. You must provide a word count beneath the title when you submit your work. If you fail to provide a word count, you will be deducted 1 percentage point and the assessor will estimate length and mark accordingly. The word limit excludes end-of-text references but it includes footnotes and in-text citations.

No consideration for lost work
It is the student's responsibility to keep a copy (electronic or otherwise) of all written work submitted for each unit. No consideration will be given to claims of 'lost work', no matter what the circumstances.

Returning assignments
Student work will usually be marked and returned within two weeks of receipt. Early submissions will not be accepted.

Extensions and Special Consideration:
The University recognises that at times an event or set of circumstances may occur that:

- Could not have reasonably been anticipated, avoided or guarded against by, AND
- Was beyond the student's control, AND
- Caused substantial disruption to the student's capacity for effective study and/or completion of required work, AND
- Substantially interfered with the otherwise satisfactory fulfilment of unit or program requirements, AND
- Was of at least three (3) consecutive days duration within a study period and/or prevented completion of a formal examination.

In such circumstances, students may apply for Special Consideration. Special Consideration applications must be supported by evidence to demonstrate the severity of the circumstance(s) and that substantial disruption has been caused to the student's capacity for effective study.

All petitions for "Disruption of Studies" must be submitted through Ask.mq, the new University system for processing medical certificates (http://ask.mq.edu.au). All accompanying documentation must be submitted through this portal, NOT directly to your Unit Convenor. The Student Enquiry Service will process your application and communicate it to your Unit Convenor.

Special Consideration applications must include specific details of how the unavoidable disruption affected previously satisfactory work by the student. The University has determined that some circumstances routinely encountered by students are *not acceptable* grounds for claiming Special Consideration. These grounds include, but are not limited, to:

- Routine demands of employment
- Routine family problems such as tension with or between parents, spouses, and other people closely involved with the student
- Difficulties adjusting to university life, to the self-discipline needed to study effectively, and the demands of academic work
- Stress or anxiety associated with examinations, required assignments or any aspect of academic work
- Routine need for financial support
- Routine demands of sport, clubs and social or extra-curricular activities

Conditions existing prior to commencing a unit of study are not grounds for Special Consideration. The student is responsible for managing their workload in light of any known or anticipated problems. The student is responsible for contacting Student Support Services if they have a chronic condition. For more information, see http://mq.edu.au/policy/docs/special_consideration/policy.html.

Academic or personal difficulties
Macquarie University provides a range of Academic Student Support Services. Details of these services can be accessed at http://www.student.mq.edu.au.

Students experiencing academic difficulty should approach the unit convenor in the first instance. On other academic matters you should see the Dean of Students of the University Health and Counselling Service (Ph: 9850 7497/98). On matters pertaining to regulations you should seek information from the Registrar or seek advice from the Arts Student Centre.

PLAGIARISM

The University defines plagiarism in its rules: "Plagiarism involves using the work of another person and presenting it as one's own." Plagiarism is a serious breach of the University's rules and carries significant penalties. You must read the University's definition of plagiarism and its academic honesty policy. These can be found in the Handbook of Undergraduate studies or on the web at: http://www.mq.edu.au/policy/docs/academic_honesty/policy.htm The policies and procedures explain what plagiarism is, how to avoid it, the procedures that will be taken in cases of suspected plagiarism, and the penalties if you are found guilty.

Please note that the availability of online materials has made plagiarism easier for students, but it has also made discovery of plagiarism even easier for convenors of units. We now have specialized databases that can quickly identify the source of particular phrases in a student's work, if not original, and evaluate how much is taken from sources in inappropriate ways. My best advice to you is to become familiar with the guidelines about plagiarism and then 'quarantine' the files that you are actually planning on turning in; that is, do *not* cut and paste materials directly into any work file that you plan to submit, because it is too easy to later on forget which is your original writing and which has come from other sources. It's so easy to avoid plagiarism: all you have to do is make sure you (a) put in quotes any words taken from another source, and (b) scrupulously reference all quotes and all statements of fact. It's always better to cite than to use someone else's words without citation.

In this class I use Turnitin to detect plagiarism and we take it very, very seriously. Plagiarism will result in a mark of zero for that assignment and, depending on the severity of the plagiarism, may also result in failing the unit and/or referral to the University Discipline Committee.

ACADEMIC HONESTY

Academic honesty is an integral part of the core values and principles contained in the Macquarie University Ethics Statement: http://www.mq.edu.au/ethics/ethic-statement-final.html.

Its fundamental principle is that all staff and students act with integrity in the creation, development, application and use of ideas and information. This means that:
*All academic work claimed as original is the work of the author making the claim.
*All academic collaborations are acknowledged.
*Academic work is not falsified in any way
*When the ideas of others are used, these ideas are acknowledged appropriately.

The link below has more details about the policy, procedure and schedule of penalties that will apply to breaches of the Academic Honesty Policy which can be viewed at:
http://www.mq.edu.au/policy/docs/academic_honesty/policy.html

STUDENT SUPPORT SERVICES

Macquarie University provides a range of Student Support Services. Details of these services can be accessed at: http://www.deanofstudents.mq.edu.au/ or http://www.campuslife.mq.edu.au/campuswellbeing. Another useful support service is provided by the Learning Skills unit which you can find at: http://www.mq.edu.au/learningskills/.

Arts Student Centre

Phone:	+61 2 9850 6783
Email:	artsenquiries@mq.edu.au
Office:	W6A/Foyer

UNIVERSITY POLICY ON GRADING

University Grading Policy
http://www.mq.edu.au/policy/docs/grading/policy.html

The grade a student receives will signify their overall performance in meeting the learning outcomes of a unit of study. Grades will not be awarded by reference to the achievement of other students nor allocated to fit a predetermined distribution. In determining a grade, due weight will be given to the learning outcomes and level of a unit (ie 100, 200, 300, 800 etc). Graded units will use the following grades:

HD	High Distinction	85-100
D	Distinction	75-84
Cr	Credit	65-74
P	Pass	50-64
F	Fail	0-49

SCHEDULE AT A GLANCE AND KEY DATES

Week	Date	Lecture	Assessment
1	2 Aug	Introduction to the Course - Medical Anthropology	
2	9 Aug	Why We Get Sick I: Evolutionary Perspectives	
3	16 Aug	Why We Get Sick II: Diseases of Affluence	
4	23 Aug	Disease Interpreted	
5	30 Sep	Cultural Construction of Illness and Healing 1: Meaning and Metaphor	
6	6 Sep	Cultural Construction of Illness and Healing 1I: Experience and Narrative	
7	13 Sep	Reading Week - No Class Meeting	Exam 1 (15 Sep)
Semester Break: 18 Sep - 29 Sep			
8	4 Oct	Critical Perspectives and the Social Determents of Illness	
9	11 Oct	The Culture of Biomedicine	
10	18 Oct	Governing Bodies and Populations	Essay (20 Oct, 5pm)
11	25 Oct	Gender Diversity, Sexualities and Health	
12	1 Nov	Culture and Mental Health	
13	8 Nov	Global Health and Applying Medical Anthropology	Exam 2 (15 Nov)

Note: Unless otherwise indicated, you are responsible for downloading all assigned readings directly from their online source via MQ Multisearch (multisearch.mq.edu.au).

Direct links are not provided on iLearn—you will need to use the search function to locate and download the article. If you've never done this, it will be good research experience…

LECTURE AND TUTORIAL OUTLINE

Please note that minor modifications to the readings might occur during the semester. Adequate warning will always precede these adjustments

Week 1: Medical Anthropology: An Overview and Key Concepts

After an introduction to the course and other necessary preliminaries, we will discuss the topic of the unit: Medical Anthropology (aka "Illness and Healing" in cross-cultural perspective). Medical anthropology is a rapidly-growing sub-discipline of anthropology, but what is it? Why does it attract so much attention from both anthropologists and non-anthropologists alike? This lecture will introduce some of the key issues in the field—what do we study, and why? What can we learn from researching health, illness, and healing across cultural contexts? And what are the implications on social, political, and historical contexts for the health of individuals and groups? Come prepared for an open discussion!

Required Readings:

* No assigned readings for this week's lecture.

* Tutorials do not meet this week—first meeting will be Week 2. Be sure to bring a hard copy of your completed discussion guide for the Week 2 readings to your tutorial.

Optional Readings (Recommended as an Introduction and Foundation):

Brown, P.J. et al. 1998. Medical Anthropology: An Introduction to the Fields. In: Understanding and Applying Medical Anthropology (Peter J. Brown, ed), pp. 10-19. Mountain View: Mayfield Publishing Company.

Singer, M. And H. Baer. 2007. Ch. 1 - Why Have a Medical Anthropology? In: Introducing Medical Anthropology: A Discipline in Action, pp. 1-34. New York: Altamira Press.

Week 2: Why We Get Sick I: Evolutionary Perspectives on Human Disease and Healing

Evolutionary Medical Anthropology is an important and foundational component in a full understanding of the human experience of disease and health. In today's lecture, we will learn how the application of evolutionary thinking can transform our understanding of "why we get sick" and how we, as a species, have learned to restore health. We will explore the basics of how evolution through natural selection has shaped not only our bodies, but also the pathogens which threaten us.

Required Readings:

*Nesse, R.M. and G.C. Williams. 1998. Evolution and the Origins of Disease. Scientific American: 86-93. (MQ Multisearch)

*Nesse, R.M. and S.C. Stearns. 2008. The Great Opportunity: Evolutionary Application to Medicine and Public Health. Evolutionary Applications 1(1):28-48. (MQ Multisearch)

Optional Readings:

Nesse, R.M. 2011. Ten questions for evolutionary studies of disease vulnerability. Evolutionary Applications 4(2): 264-277.

Singer, M. 2009. Pathogens Gone Wild? Medical Anthropology and the 'Swine Flu' Pandemic. Medical Anthropology 28(3):199-206.

Williams, G.C. And R.M. Nesse. 1991. The Dawn of Darwinian Medicine. The Quarterly Review of Biology 66(1):1-22

Week 3: Why We Get Sick II: Darwinian Perspectives on Diseases of Affluence and the Life Course

Today we continue our exploration of the evolutionary dimensions of human health and illness. In this lecture, we will focus on the ways in which sociocultural changes have shaped the disease profiles of different populations. What happens to a population's health status when people transition from small-scale hunter-gathers to farmers and herders? This discussion will be illustrated through a case study of the health effects of "first contact" situations, in which Europeans (with a history of farming and animal domestication) encounter previously isolated populations during colonial expansion. As we will learn, natural selection has shaped both the immune systems as well as the diseases typical of people living in "developed nations." We will also explore the ways in which an understanding of evolutionary theory sheds light on the human life course, with an emphasis on senescence, aging, and death. Questions we will explore, include: Why are the disease profiles of "developed" nations so different from those of less developed countries? Why do we suffer from diabetes, hypertension, obesity, heart disease, cancer, lower back pain, and cancer? And more generally, why has natural selection engineered a body that ages, declines, sickens, and dies?

Required Readings:

*Gluckman, P.D. Et al. 2011. How evolutionary principles improve the understanding of human health and disease. Evolutionary Applications 4(2): 249-263. (MQ Multisearch)

*Wolfe, N.D. et al. 2007. Origins of Major Human Infectious Diseases. Nature 447:279-283. (MQ Multisearch)

Optional Readings:

Lieberman, D. 2013. The Story of the Human Body. New York: Pantheon Books.

Week 4: Disease Interpreted — The Cultural Framing of Biopsychosocial Distress

In today's lecture, we shift from an evolutionary understanding of disease to the cultural interpretation of disease. What is the difference between a disease, an illness, and a sickness? Can you have a disease without being ill? Can you be ill without being sick? And can you have an illness in the absence of disease? What does it mean to say that illness is an experience? Drawing on classic works in the sociology of medicine and medical anthropology, we will explore the complex interface between the experience of biological disorder and its cultural interpretation as a specific kind of malady. Crucially, we come to see the ways in which the experience of dis-ease or "unwellness" is highly culturally-constructed and shaped, and is therefore not reducible to the simple presence or absence of disease. This discussion lays the groundwork for the rest of the course, providing essential tools necessary for understanding human health and well-being as bio-psycho-social; that is, as simultaneously biological, psychological, and socioculturally constituted.

Required Readings:

*Hahn, R. A. 1984. Rethinking "illness" and "disease." Contributions to Asian Studies 18:1-18. (MQ Multisearch)

*Nichter, M. 2010. Idioms of Distress Revisited. *Culture, Medicine and Psychiatry* 34:401-416. (MQ Multisearch)

The following paper is not required for this lecture, however it is required background reading for your Illness Narrative Online Community essay due later in the course. Begin reading, and complete prior to beginning your project. It will give you ideas of themes to look for and address in your paper:

*M. D. Groleau, Young, A. and Kirmayer, L. 2006. The McGill Illness Narrative Interview (MINI). Transcultural Psychiatry, 43(4): 671-691. (Begin reading in preparation for your Illness Narrative Essay) (MQ Multisearch)

Optional Readings:

Conrad, P. and K. K. Barker. 2010. The Social Construction of Illness: Key Insights and Policy Implications. *Journal of Health and Social Behavior* 51(S):S67-S79.

Eisenberg, L. 1977. Disease and Illness: Distinctions Between Professional and Popular Ideas of Sickness. Culture, Medicine and Psychiatry 1(1): 9-24

Mechanic, D. 1962. The Concept of Illness Behavior. Journal of Chronic Diseases 15: 189-194.

Mechanic, D. 1995. Sociological Dimensions of Illness Behavior. Social Science & Medicine 41(9):1207-1216.

Week 5: Cultural Construction of Illness and Healing I: Meaning and Metaphor

This week, we begin to explore the illness experience as conceptualized within medical anthropology. As we have learned, the experience of illness is quite distinct from that of disease in that it is shaped in significant ways by the personal and social meanings that attach to these disvalued biopsychosocial states. In today's seminar, we will discuss how to understand the patient's experience of ill health within its broader social, historical, political, and economic contexts—none of which the patient may be aware of, but which profoundly shape his or her experience. How do people "learn" to be sick? How can symptoms be viewed as a form of "communication"? What is the role of meaning and stigma in the illness experience? And in what ways might culturally provided "idioms of distress" shape our experience of illness, and the ways we inhabit the sick role?

Required Readings:

*Waxler, N.E. 1981. Learning to Be a Leper: A Case Study in the Social Construction of Illness. In Social Contexts in Health, Illness, and Patient Care. Cambridge: Cambridge University Press.

* Low, S. M, 'Embodied Metaphors: Nerves as Lived Experience', Embodiment and Experience: The Existential Ground of Culture and Self, 1994, 139–162.

Optional Readings:

Ware, Norma C. 1992. Suffering and the Social Construction of Illness: The Delegitimization of Illness Experience in Chronic Fatigue Syndrome. Medical Anthropology Quarterly 6(4):347-361.

Nichter, M. 1981. Idioms of Distress—Alternatives in the Expression of Psychosocial Distress: A Case Study from South India. Culture, Medicine and Psychiatry 5(4):379-408.

Good, B. J. 1994. 'Illness Representations in Medical Anthropology: A Reading of the Field', in Medicine, Rationality, and Experience. Cambridge: Cambridge University Press

Blumhagen, D. (1980). Hyper-tension: A folk illness with a medical name. Culture, Medicine, and Psychiatry 4:197-227

Kirmayer, L. 1992. The Body's Insistence on Meaning: Metaphor as Presentation and Representation in Illness Experience. Medical Anthropology Quarterly, 6(4), pp. 323-46.

Week 6: Cultural Construction of Illness and Healing II: Experience and Narrative

People externalize their experiences of ill health and healing processes through illness narratives. These narratives are significantly shaped by one's social, cultural, historical, and political-economic context, and drawn from a repertoire of idiom, metaphor, imagery, and sometimes myth. Continuing from last week, this seminar will introduce us to the narrative process. We will discuss how to elicit and analyse illness narratives from a variety of perspectives and emphasize the role that the narratives play in the construction of personal frames of meaning and sense-giving. This seminar is essential to the completion of the illness experience project.

Required Readings:

*Kleinman, A. 1988. The Personal and Social Meanings of Illness. Pp. 31-55 in *The Illness Narratives: Suffering, Healing & The Human Condition.* New York: Basic Books.

*Mattingly, C. 1994. The Concept of Therapeutic Emplotment. *Social Science and Medicine* 38(6):811-822. (MQ Multisearch)

Optional Readings:

Desjarlais, R. 1994. Struggling Along: The Possibilities for Experience among the Homeless Mentally Ill. *American Anthropologist* 96: 886-901.

Good, B. 1994. "The narrative representation of illness," in *Medicine, Rationality and Experience* (ch 6). Cambridge: Cambridge University Press.

Hunt, L.M. 2000. Strategic Suffering: Illness Narratives as Social Empowerment Among Mexican Cancer Patients. In *Narrative and the Cultural Construction of Illness and Healing.* Cheryl Mattingly and Linda C. Garro, eds. Pp. 88-107. Berkeley: University of California Press.

Kirmayer, L.J. 2000. Broken Narratives: Clinical Encounters and the Poetics of Illness Experience. In *Narrative and the Cultural Construction of Illness and Healing (*Cheryl Mattingly and Linda C. Garro, eds.). Pp. 153-180. Berkeley: University of California Press.

Throop, C.J. (2003) "Articulating Experience." *Anthropological Theory* 3(2):219- 241.

Week 7: Reading Week (Midterm Week!)

This week has been assigned as a reading week. We will not meet for lecture, nor for tutorials. This period is intended to allow you to study in preparation for the midterm, to begin thinking about your illness narrative project, and begin reading some of the interview protocols that will be used in that project. You should have identified one or more possible interviewees by the beginning of recess, and plan to conduct the interviews shortly afterward.

MIDTERM: 15 Sep
Exam available online via iLearn Unit Website
Opens 6am and closes at 11:55pm sharp

Note: You must be finished with the exam by 11:55pm. Otherwise, the system will simply shut down in the middle of the exam. If that happens, there will be no takeover. You are responsible for starting early enough to finish before the closing time.

Mid-Semester Recess: 18 Sep - 29 Sep

Dr. Aaron Denham will be your lecturer for the second half of the unit. Please direct any concerns or questions to him from this point on.

Week 8: Critical Perspectives and the Social Determinants of Illness

Common biomedical assumptions for sickness and healing place responsibility solely on the individual, using language that invokes notions of personal choice and compliance in health decision-making and treatment. However, larger macro processes play a significant role in structuring the epidemiology of disease and health and, in many respects, leave little or no individual choice as to whether one remains healthy. This seminar introduces the political-economic and social explanations for disease, questioning the relationship between structure and agency and, specifically, how society can make you sick. Additionally, we will discuss why this theoretical perspective often elicits a significant applied and activist approach by medical anthropologists. In the last part of the seminar, we will consider the works of notable applied anthropologist and physician, Paul Farmer, and his argument about the central role that social inequalities play in the geography of disease. We will direct specific attention to his applied approach and the practical elements that can be used within our own anthropological, social service, and/or development interests and work.

Required Readings:

*Farmer, Paul. 2004. "On Suffering and Structural Violence." In Pathologies of Power: Health, Human Rights, and the New War on the Poor. Berkeley: University of California Press, pp.29-50.

*Singer, M. 2004. "Why Is It Easier to Get Drugs Than Drug Treatment in the United States?" In Castro, A. and Singer, M. (eds.) Unhealthy Health Policy: A Critical Anthropological Examination, pp. 94-100. Walnut Creek, CA: Altamira Press. *Read page 94 (to the heading "Anatomy of the War on Drugs"). Then read from bottom of page 96 (from Global Designs) to end.*

*Singer, M., et al. 2011. "Syndemics in Global Health." Pp. 159-178 in *A Companion to Medical Anthropology*. London: Wiley-Blackwell.

Optional Readings:

Kidder, Tracy. "The Good Doctor." The New Yorker, July 10, 2000, pp. 40-57.

Virchow, R. (1985) [1879]. "The Charity Physician." In Collected Essays on Public Health and Epidemiology, pp. 33-36. Canton, MA: Science History Publications.

Farmer, P. 1999. "Rethinking Emerging Infectious Diseases." In Infection and Inequalities: The Modern Plagues, pp. 37-58. Berkeley: University of California Press.

Leatherman, T. 2005. "A Space of Vulnerability in Poverty and Health: Political-Ecology and Biocultural Analysis." Ethos 33(1):46-70.

Singer, M. 1995. "Beyond the Ivory Tower: Critical Praxis in Medical Anthropology." Medical Anthropology Quarterly 9:1.

Singer, M. et al. 1992. "Why does Juan Garcia have a Drinking Problem?" Medical Anthropology 14(1):77-108.

Nichter, M. and Cartwright, E. 1991. "Saving the Children for the Tobacco Industry." Medical Anthropology Quarterly 5(3):236– 256.

Week 9: The Culture of Biomedicine

The development of biomedicine has led to enormous changes in our understanding of the human body and its functions. As the body was made increasingly legible through scientific investigation, it has also been subject to increased surveillance, control, commodification and medicalization. This seminar turns a critical lens towards biomedicine, examining its origins and underlying assumptions. Central questions include: How does biomedicine define normality? How do medical practices contribute to the medicalization of the human body and its functions? How does culture inform the practice of medicine and the ways that biological processes are represented? And, finally, in what ways does biomedicine (and the clinical experience) a distinct cultural realm?

Required Readings:

*Kleinman, Arthur. 1995. What is Specific to Biomedicine? In Writing at the Margin: Discourse between Anthropology and Medicine. Berkeley: University of California Press, pp. 21-40.

*Good, B. 1994. "How Medicine Constructs its Objects." Pp 65-87. In *Medicine, Rationality, Experience*, Cambridge: Cambridge University Press. *Read from page 65 to page 67 (Medicine as Symbolic Form). Then read from page 70 (Entering the Body) to end.*

*Taylor, J. 2003. "Confronting Culture in Medicine's Culture of No Culture." *Academic Medicine,* 78(6):555–559.

Optional Readings:

Gawande, A. 2002. Education of a Knife. In Complications: A Surgeon's Notes on an Imperfect Science, pp. 11-34. New York: Picador.

Johnson, T. 1990. Anthropology and the World of Physicians. Anthropology Newsletter, November/December.

Martin, E. 1991. The Egg and the Sperm: How Science Has Constructed a Romance Based on Stereotyped Male-Female Roles. Signs, 16(3):485-501.

Martin, E. 1988. Medical Metaphors of Women's Bodies: Birth. In The Woman in the Body, pp. 54-67. Boston: Beacon Press.

Mishler, E. 1981. Viewpoint: Critical Perspectives on the Biomedical Model. In Social Contexts of Health, Illness, and Patient Care, pp. 1-23. New York: Cambridge University Press.

Zola, I. 1973. Pathways to the Doctor—From Person to Patient. Social Science & Medicine 7:677-689.

Week 10: Governing Bodies and Populations

Public perceptions of government responsibility to support health have changed over time and there is much debate about the limits of that responsibility. Discourses emphasising risk and the importance of individual responsibility are abundant and are often reflected in policy, such as in the Australian Government's Lifetime Health Cover initiative that encourages people to buy health insurance before their 31st birthday. Public health initiatives frequently encourage various types of self-discipline or self-surveillance with social (and sometimes economic) sanctions in place for those who do not comply. Using examples from Australia, we will explore in this lecture how Michel Foucault's ideas of power and bodily practice can help us understand ways in which governments use scientific knowledge and discourses of 'normality' and 'health' as a system of social control as well as discussing potential challenges to this perspective.

Required Readings:

*Greenhalgh, S. 1994. Controlling Births and Bodies in Village China, American Ethnologist 21(1): 3-30.

*Moore, D. 2004. Governing street-based injecting drug users: a critique of heroin overdose prevention in Australia, Social Science & Medicine 59: 1547–1557.

Week 11: Gender Diversity, Sexualities and Health

Sex and gender are determinants of health and longevity in some very important ways. To illustrate, women generally enjoy a longer life expectancy, some health conditions are more prevalent in one sex than the other, and gendered expectations of behaviour have an impact on health outcomes. Healthcare and health promotion initiatives are also influenced by sex and gender differences and inequality exists with respect to not only men and women, but also to gender diverse people as well as those who engage in non-monogamous and/or non-heteronormative sexualities. Furthermore, the very science that understandings of health and biology are based upon are shaped by culturally constructed gender norms. In this lecture, we will explore the role of culture in attitudes towards conditions such as endometriosis, contraceptive measures such as hormonal contraception for men and minors, and healthcare for people who engage in 'risky' sexual behaviours.

Required Readings:

*Martin, E. 1991. The Egg and the Sperm: How Science Has Constructed a Romance Based on Stereotypical Male-Female Roles, Signs 16(3): 485-501.

*Simpson, A. 2007. Learning Sex and Gender in Zambia: Masculinities and HIV/AIDS Risk, Sexualities 10(2): 173-188.

Week 12: Culture and Mental Health

At this point in the unit, it has become clear that culture defines normality and how illness is experienced depends upon the person's broader context. If we consider sickness to have social and cultural underpinnings in its definition, experience, and treatment, then a logical assumption is that different cultures will demonstrate different forms of illness. This becomes particularly salient when we look at culture and mental health. In this seminar, we will consider mental illness cross-culturally and discuss the globalization of "Western" forms or categories of mental illness. We will ask: What is a mental disorder and how does culture influence how we define mental disorders? We will also engage the debate between those that believe that universal forms of mental illness and treatment approaches exist and those that consider it risky and a form of Western neo-colonialism.

Required Readings:

*Kleinman, A. 1988. "Do Psychiatric Disorders Differ in Different Cultures?" In *Rethinking Psychiatry: From Cultural Category to Personal Experience*, pp. 18–33. New York: Free Press.

*Watters, E. 2010. "The Americanization of Mental Illness." *New York Times*

Optional Readings:

Summerfield, D. 2008. "How scientifically valid is the knowledge base of global mental health?" British Medical Journal 336(7651): 992-994.

Patel, Vikram. 2010. "Global Mental Health: A new global health field comes of age." The Journal of the American Medical Association, 303(19). 1976-1977.

P. Collins, V. Patel, S. Joestl, et al. 2011. "Grand Challenges in Global Mental health." Nature 475(27): 27-30.

Kleinman, Arthur. 2009. Global Mental Health: A Failure to Humanity? The Lancet 374(9690): 603-604.

Suwanlert, S. and Hahn, R. 2008. "Do Some Illnesses Exist Only Among Members of a Particular Culture? The Case of Phii Pob." In Taking Sides: Clashing Views in Cultural Anthropology. New York: McGraw Hill.

Anderson, J. 1996. "Is Childhood Hyperactivity the Product of Western Culture?" The Lancet 348:73-74.

Kleinman, A. 1988. "What is a Psychiatric Diagnosis?" In Rethinking Psychiatry: From Cultural Category to Personal Experience. New York: Free Press.

Week 13: Global Health and Applying Medical Anthropology

Global health recognizes a holistic understanding of health that transcends borders and encompasses the links and transnational movements of people, materials, and ideas. We will explore a framework for understanding the complex ways health and disease intersect within a range of global contexts, institutions, and practices. The health challenges and quality of life within and between communities and nations are unequal. While gains have been made in global health over the past decades, the gap reflected in health and heath care disparities remains significant and, in some regions, is increasing. In order to affect change at the individual, community and global levels, we need to appreciate how human biology and health are shaped by the larger contexts in which they are embedded and the dynamic and uneven circulation of resources, technology, culture, values and people.

Required Readings:
*Foster, George. 1976. "Medical Anthropology and International Health Planning." Medical Anthropology Newsletter 713: 12-18.

*Renee, E. 2010. “Introduction: Protesting Polio.” Pp1-16. In *The Politics of Polio in Northern Nigeria*. Bloomington: Indiana University Press.