



## **ANTH 215E a-b Health, Healing and Culture: An Introduction to Medical Anthropology**

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### **Course Information:**

Spring 2018

Tuesday & Thursday

16.00-17.20-group A

17.30-18.50- group B

### **Course description**

This course is an introduction to Medical Anthropology and it focuses on the relationship between individual and culture. The student will have available a range of readings that will help to illustrate the different relationship between culture and the subject's perceptions of health and healing.

This introductory course will introduce students to the topics, theories, and methods of the discipline, applied to the scientific study of the social and cultural determinants of health. We will explore topics such as mental health and illness, systems of healing, woman's health, ethics, intercultural competence and practical uses for health care settings. In addition to this, it will enable you learn theoretical concepts and no less importantly, to become able to use them in cases and examples directly connected to daily life, including examples of actual topics. Conducted in English.

### **Prerequisites**

No previous knowledge on Anthropology is needed

### **Course goals and methodology**

This course aims at providing a basic understanding of some of the anthropological approaches and tools that are relevant to the study of health and illness. We will delve into the connections between our conceptions of health and healing processes and sociocultural contexts. This course will introduce Medical Anthropology, which is the subfield of anthropology concerned with how human societies respond to and shape the experiences of health, illness, and recovery. The following sections will be devoted to understand the connections between culture and individuals.

As we move on, we will delve into to more specific and complex aspects, such as the meaning and value of healing in particular cultures, different etiological systems, ethno-medical systems, reproductive health, and mental illnesses, among others.

The general objectives that this course addresses will enable you to:

- Demonstrate an analytical understanding of a range of concepts, principles and definitions used in medical anthropology.

- Demonstrate awareness of cultural competence in health care, enabling effective work across racial, ethnic, and cultural lines. (g) Know the main social and cultural determinants of health.
- Explain how culture influences our perception of health and healing, and become aware of the risk of ethnocentrism.
- Be able to apply what you learn to your daily life and own experiences.

Coursework will include lectures, students' presentations, videos, outside readings and short written assignments. Participation is a key factor in this course. Engaging in discussions and presenting the contents that you will actively learn about the theory but also about how to apply it, getting feedback and guidance and assuring proper understanding.

Students will be expected to come prepared to class, reading the daily assignment. In class, the instructor will use audiovisual materials (slides, films, music) to supplement the information presented in the readings. Every session will be structured around class discussion, focusing on the readings assigned and the audiovisual material presented.

### **Learning Objectives**

By the end of the semester, students who complete all necessary assignments will be able to:

- Know what culture and Medical Anthropology are, and their meaning in different cultures.
- Describe the nuances separating illness from disease.
- Think critically about different perceptions and experiences of health, and of healing processes as a result of acculturation.
- Identify processes related to health and illness as diverse as cultural backgrounds can be identified.
- Discuss with an appropriate vocabulary about cultural influences, healing processes, and medical systems, among other topics, becoming able to properly analyze the different factors characterizing cases of study.

### **Required Readings:**

Boddy, J., & Boddy, J. (2016). The normal and the aberrant in female genital cutting: Shifting paradigms. *HAU: Journal of Ethnographic Theory*, 6 (2), 41–69.

Boseley, S (2016). NHS can fund 'game-changing' PrEP HIV drug, court says. *The Guardian*. August, 2nd

Farmer, P. & Kleinman, A. (1989). AIDS as human suffering. *Daedalus*, 118 (2),135-160

Foster,G. (1976). Disease etiologies in Non-Western medical systems, *American Anthropology*, 78 (4), 773-782

Joralemon, Donald (1999) *Exploring Medical Anthropology*. Needham Heights, MA: Allyn & Bacon

Kaptchuk, T. J., & Eisenberg, D. M. (2001). Varieties of healing. 1: medical pluralism in the United States. *Annals of Internal Medicine*, 135(3), 189–95

Kleinman, A. (2004). Culture and depression. *New England Journal of Medicine*, 351, 951-952.

Kleinman, A. (2008). Catastrophe and caregiving: the failure of medicine as an art. *Lancet* (London, England), 371(9606), 22–3

Kleinman, A., Abramowitz, S., Kleinman, A., Berger, P., Luckmann, T., Farmer, P., ... Petryna, A. (2010). Four social theories for global health. *Lancet* (London, England), 375(9725), 1518–9.

Kolata, G (2016) The Shame of Fat Shaming. *The Sunday review*. October, 1st

Lévi-Strauss, C., Jacobson, C., & Schoepf, B. G. (1963). *Structural anthropology*. New York: Basic Books.

Lyll, J (2006). The struggle for 'cultural competence'. *The Guardian*. April, 12<sup>th</sup>

Marmot, M (2005). The social determinants of health inequalities. *The Lancet*.

Moerman, D. E. (2000). Cultural variations in the placebo effect: ulcers, anxiety, and blood pressure. *Medical Anthropology Quarterly*, 14(1), 51–72.

Pinching ,A., Higgs, R., Boyd K (2000). The impact of AIDS on medical ethics. *Journal of medical ethics*, vol: 26 (1) pp: 3-8

Pool, R., & Geissler, W. (2005). *Medical anthropology*. Open University Press.

Scheper-Hughes, N., & Lock, M. (1987). The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology. *Medical Anthropology Quarterly*, 1(1), new series, 6-41

Scheper-Hughes, N. (1992). "Two Feet Under." *Death Without Weeping: The Violence of Everyday Life in Brazil*. Berkeley: University of California Press, pp. 268- 339.

Van der Geest, S. (1999). Training shopkeepers and schoolchildren in medicine use: experiments in applied medical anthropology in east Africa. *Medical Anthropology Quarterly*, 13(2), 253–5.

### **General Course Policies**

- \* Please keep your cell phones turned off during class.
- \* No computers, tablets or phones during the class are allowed. Their use will be considered as a lack of participation and as such, it may affect the final grade of students using those devices.
- \* All assignments will be handed in electronically
- \* Appointments with the instructor can be made face to face or via e-mail.
- \* Class participation is an important learning method that will be continually used and evaluated.

### Course Requirements and Grading

Students will be evaluated on their ability to articulate and critically apply the terms, concepts and theories from class and readings verbally, during class discussions, as well as in writing, on exams and in written assignments. The final grade for the course is comprised of the following:

|                            |            |
|----------------------------|------------|
| <b>Participation</b>       | <b>15%</b> |
| <b>Class presentations</b> | <b>10%</b> |
| <b>Focus Essay</b>         | <b>35%</b> |
| <b>Midterm Exam</b>        | <b>20%</b> |
| <b>Final Exam</b>          | <b>20%</b> |

**Class participation 15%:** Students are expected to regularly participate in class discussions. You can illustrate theoretical notions with examples, pose questions or doubts, and in general, you will contribute to class debates with your own points of view based on existing Anthropological knowledge. This course is based on the assumption that students take part not as *passive* consumers of knowledge but as *active* participants in the exchange, production, and critique of ideas—their own ideas and the ideas of others.

To this end, students need to prepare themselves reading the contents due for each session. While students may be regularly keeping up with the required readings and assignments it also important that they come prepared to *show* that they are keeping up with those readings/assignments through active class participation. Your in-class participation mark therefore is an index not just of what you do/say during class time, but how well you prepare your comments and responses before class time, and with what level of consideration and thoughtfulness you respond to the ideas of others within the classroom space. Active participation will also facilitate the preparations for the exam (as active reading is already learning), and for the work in essays (as there you can apply thoughts stemming from class discussions).

See Annex A “Assesment of classroom participation”

**Class presentations (10%):** This activity is intended for the students to do research (non participant observation in a supermarket). After this exercise students will organize a debate to discuss the analysis with the class. These presentations will be organized and scheduled ahead.

**Focus Essays (35%):** Students are required to write an essay of 2000 words (plus a maximum of 500 extra words for a personal reflection) on a subject chosen from the range of questions below, which are based on topics and readings that are covered in the course. Students can also write an essay about a topic of their interest related to the course.

Students are required to type their essay in a Word processing programme using Times New Roman font in size 12, double spaced. On a cover page, students should indicate the essay question they are answering and provide a word count of the essay. To prepare for their essay, students should build on reading material from the course, other literature sought from sources external to the course, examples used in class and their own experiences. All references to literature and ideas given by others should be cited throughout the essay in ‘Author, Date’ format, for example (Davis, 1995), and should be listed in full at the end of the document.

**Essay Questions:**

1. Medical pluralism and ethnomedical systems.
2. Female Genital Mutilation and Female Genital Cosmetic Surgery.
3. Healing processes in different cultures.
4. Ethics in anthropology.
5. Intercultural Competence
6. Racism

**Submission:** Students should **hand in a hard copy** of the essay to Elena González by 10th May 2017.

**Midterm (20%) and Final Exams (20 %):** Exams will include a mixture of multiple choice, short answer and short essay questions. Students must demonstrate that they have mastered the theories, concepts and terms from lecture, class discussions, videos and readings.

**Midterm Exam:** March, 15<sup>th</sup>

**Final Focus essay:** May, 10<sup>th</sup>

**Final Exam:** TBC (May, 21- 24<sup>th</sup>)

Spanish grades and their equivalences:

|                |    |     |     |     |     |     |     |     |     |     |     |     |
|----------------|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Spanish grades | 10 | 9,9 | 9,4 | 8,9 | 8,4 | 7,9 | 7,4 | 6,9 | 6,4 | 5,9 | 5,4 | 4,9 |
|                |    | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   |
|                |    | 9,5 | 9   | 8,5 | 8   | 7,5 | 7   | 6,5 | 6   | 5,5 | 5   | 0   |
| USA            | A  | A   | A-  | B+  | B   | B   | B-  | C+  | C   | C   | C-  | F   |
| ECTS           | A  | B   | B   | C   | C   | C   | C   | D   | D   | E   | E   | F   |

**Attendance and Punctuality**

Attendance and punctuality are required. Arriving late to class is disruptive to both the professor and your classmates. Please be punctual, as your professor will count your late arrival as half of an absence. Under no circumstances may a student miss more than 6 classes (or 9 for classes that meet daily), even with a medical excuse. An excused absence is one that is accompanied by a doctor's note: signed, stamped and dated - travelling or missing a flight/train/bus/ferry, etc. is not an excuse. The note should be shown to your professor and must be handed in to the staff at the International Center office within one week of returning to class. After 3 unexcused absences your final grade will be lowered by ½ a point (Spanish grade) for each day missed (starting with the 4th absence). If you have 6 unexcused absences, you will automatically fail the class. It is each student's responsibility to be informed of exam dates, paper due dates, required excursions, etc. before planning any absences (e.g. relatives visiting, traveling, etc.) during the semester.

If you miss classes due to medical reasons, please do not forget to ask for a certificate to justify your absence.

### **Missed or Late Work**

If you fail to participate in class on regular basis, or if you miss assignments (e.g. essays, class presentations, or exams) your final grade will be affected (as you will not be able to sum up the grades of missed activities).

Assignments handed in later than 24 hours after the dead line will not be evaluated. Assignments handed in within the first 24 hours after the dead line will count half of their maximum value. Similarly, missing any or the oral presentation that the students have to deliver in class will count as zero.

### **Academic Dishonesty**

Academic integrity is a guiding principle for all academic activity at Pablo de Olavide University. Cheating on exams and plagiarism (which includes copying from the internet) are clear violations of academic honesty. A student is guilty of plagiarism when he or she presents another person's intellectual property as his or her own. The penalty for plagiarism and cheating is a failing grade for the assignment/exam and a failing grade for the course. Avoid plagiarism by citing sources properly (using footnotes or endnotes and a bibliography).

### **Students with Disabilities**

If you have a disability that requires special academic accommodation, please speak to your professor within the first three (3) weeks of the semester in order to discuss any adjustments. It is the student's responsibility to provide the International Center with documentation confirming the disability and the accommodations required (if you have provided this to your study abroad organization, they have most likely informed the International Center already but please confirm).

### **Behavior Policy**

Students are expected to show integrity and act in a professional and respectful manner at all times. A student's attitude in class may influence his/her participation grade. The professor has a right to ask a student to leave the classroom if the student is unruly or appears intoxicated. If a student is asked to leave the classroom, that day will count as an absence regardless of how long the student has been in class.

### **Holidays**

*Wednesday, February 28 – Día de Andalucía*

*Monday, March 26 – Friday, March 30 - Semana Santa (Holy Week)*

*Monday, April 16-Friday, April 20 – Feria de Abril (Seville's April Fair)*

*Tuesday, May 1 - Labor Day*

## Course Schedule

| Session | Topic  | Readings   |
|---------|--|--|
| 1       | Course presentation  | No readings required   |
| 2       | Introduction to Medical Anthropology   | Kleinman, A. (2010), Four Social Theories for Global Health  |
| 3       | Doing Anthropology   | Chapter 2 in Pool and Geissler (2005) "Anthropological perspectives", pp 15-27.  |
| 4       | Medical Pluralism  | Tilburg, Jon C and G. Miller, <i>Franklin</i> . Responding to Medical Pluralism in Practice: A Principled Ethical Approach |
| 5       | The relationship between anthropology and biomedicine  | Moerman D (2000). Cultural Variations in the Placebo Effect: Ulcers, Anxiety, and Blood Pressure, pp: 51-72                |
| 6       | Culture and the subject  | Scheper-Hughes, & Lock, <i>The mindful body</i> , 6-41   |
| 7       | Body Conceptions<br>Eating disorders and anthropology  | Kolata, G (2016) The Shame of Fat Shaming  |
| 8       | Non-Western disease etiologies   | <i>Foster, G (1976) Disease etiologies in Non-Western medical systems, 773-782</i>   |
| 9       | Social Determinants of health<br>Documentary "Unnatural Causes: Is Inequality Making Us Sick?" | Marmot, M (2005). Social determinants of health inequalities   |
| 10      | Sexual health  | Boddy J (2016). The normal and the aberrant in female genital cutting: Shifting paradigms                                  |

|    |  |  |
|----|--|--|
| 11 | <b>Tabboos and invisibilisation</b><br><b>The role of medical anthropology</b> | Ramien, Brodie. Anthropology speaks to medicine: the case HIV/AIDS in Africa                             |
| 12 | <b>Social determinants of health and</b><br><b>Mid-term preparation</b>        |  |
| 13 | <b>Mid-term exam (March, 15<sup>th</sup>)</b><br><b>Lectures 1-12</b>          |  |
| 14 | <b>Ethnomedical systems</b>  | Lévi-Strauss, <i>The sorcerer and his magic</i> , 129-137  |
| 15 | <b>Culture and health.</b><br><b>Mental health in different cultures</b>       | Kleinman, Culture and depression, 951-952.   |
| 16 | <b>Intercultural competence</b>  | Lyll, J. The struggle for 'cultural competence'. The Guardian. April, 12 <sup>th</sup> (2006)            |
| 17 | <b>Medical Anthropology</b><br><b>Documentary</b>                              | Unnatural Causes: Is Inequality Making Us Sick? Becoming American  |
| 18 | <b>Communication in clinical settings</b>                                      | Kleinman, 'Catastrophe and Caregiving: The Failure of Medicine as an Art', The Lancet, 371 (2008), 22–23 |
| 19 | <b>Healing in different cultures</b>   | No readings required   |

|    |   |   |
|----|---|---|
| 20 | <b>Citizenship , governance and health. The case of HIV and AIDS</b>                    | Boseley, S (2016). NHS can fund 'game-changing' PrEP HIV drug, court says   |
| 21 | <b>Interventions</b>  | Van der Geest, S. Training shopkeepers and schoolchildren in medicine use: experiments in applied medical anthropology in East Africa, pp 253-255 |
| 22 | <b>Experimental subjects, ethics I (House: episode 8 “informant consent”)</b>           | No readings required  |
| 23 | <b>Experimental subjects, ethics II Reproductive and sexual health ethical dilemmas</b> | Pinching ,A., Higgs, R., Boyd K (2000). The impact of AIDS on medical ethics  |
| 24 | <b>Medical Anthropology</b><br>Presentations 1 (non participant observation)            |   |
| 25 | <b>Medical Anthropology</b><br>Presentations 2 (non participant observation)            |   |
| 26 | <b>Medical Anthropology</b><br>Presentations 3 (non participant observation)            |   |

Note: This syllabus is subject to change.

## ANNEX A. ASSESSMENT OF CLASSROOM PARTICIPATION

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Source: (<http://gantercourses.net/class-participation-guidelines-and-grading/>)

- **A range:** Participation at this level is marked by its active nature, its consistency, and its quality. When A range participants read assigned readings, they take thorough notes or prepare in other ways, in advance of class meetings, to participate in a class discussion; they read assigned readings fully, carefully, and critically enough to be ready not just to respond to the instructor's questions but also to initiate discussion with comments and questions of their own. Such participants will also come to class ready to make and argue claims about the reading and to think out loud about a text's relation to its contexts; they will attend to the comments of others in class, agreeing, elaborating, objecting, or civilly disagreeing with them; bring our attention to passages from the reading to make their point; and at times connect such thinking with earlier readings or previous class discussions. The A range participant is not necessarily the most knowledgeable, and in fact sometimes just the opposite, since the A range participant will often remark just as much on what they have *not understood* (or misunderstood) about the readings as what they have *understood* about them. Finally, the A range participant frequently takes notes during class discussions, colloquiums, or film viewings.
- **B range:** Students who come to every class, have almost always done all the reading, and consistently respond to the questions of others and the questions of the instructor in a way that demonstrates their command of the reading will earn a B participation grade. What separates this effort from an A one is not so much quantity as the level of preparation—one's reading and thinking—that has gone on before one gets to class. The B grade participant comments with frequency and his/her comments show that he/she has comprehended the readings. Like the A grade participant, the B grade participant initiates comments on his/her own rather than waiting to be called upon. Finally, he/she takes notes during class discussions, colloquiums, or film viewings.
- **C range:** The C participant comes to almost every class, usually has done most of the reading most of the time, but not with the energy necessary to demonstrate through participation their ongoing engagement with the material. Such a discussant contributes infrequently, maybe once every other class. He/she rarely or infrequently takes notes during class discussions, colloquiums, or film viewings. The main dividing line between the C range student and the A and B range student is that the C range student rarely if never, initiates comments in class, waiting instead to be called upon by the instructor.
- **D range:** The D range participant contributes a few times throughout the quarter, and generally only when called upon. When called upon this participant tends to respond with little thoughtfulness, reflection, comprehension of the readings, or willingness to take risk or engage with the ideas of others, especially those that may differ from his/her own. He/she rarely or infrequently takes notes during class discussions, colloquiums, or film viewings.
- **F range:** The F range mark is the result of a combination of failing to take part in class discussions, not engaging with other students or with the instructor when called upon, or failing to take sufficient notes. Like the D range student the F range student, when called upon, fails to answer in part or in full, usually because he/she has not done the readings for the day.