

ANTHROP 3HI3
THE ANTHROPOLOGY OF HEALTH, ILLNESS, AND HEALING
WINTER 2020
MONDAYS 7:00-10:00 PM
HH 109

Instructor: Professor Cal Biruk
Email: birukc@mcmaster.ca
Office: Chester New Hall 510
Office hours: Tuesdays, 1:00-2:00pm

Course Description

This course examines fundamental themes, theories, and concepts in medical anthropology, and cultivates an anthropological understanding of the intersections between disease, health, society, the body, culture, power, and global political economy. Our topics include: comparative study of health systems; cross cultural definitions of health, disease, and illness; bodies, medicine, and the media; the anthropology of epidemics; case studies drawn from disability studies, addiction studies, and fat studies; health, ethics, and morality; health inequalities; and global health's pasts and presents. Throughout, we critically engage "standard" biomedical understandings of disease, illness, and the body, and consider how medical services and knowledge intersect, contradict, or enhance individual, bodily, and cultural experiences of illness, embodiment, and healing.

Learning Objectives

1. Gain knowledge of core methods and concepts in medical anthropology
2. Challenge taken-for-granted assumptions about bodies, illness, and healing through engagement with assigned texts, classmates, films, and other media
3. Apply theoretical and methodological tools learned in class to real world issues, current events, and everyday life
4. Recognize and analyze the unequal distribution of health and illness across the global
5. Develop awareness of science, medicine, and technology as artifacts of cultural and political processes
6. Gain fluency in anthropological vocabularies and methods

Required Materials

- Coleman Nye and Sherine Hamdy. 2017. *Lissa: A Story about Medical Promise, Friendship, and Revolution*. Toronto: University of Toronto Press.

The book is available for purchase at the University Bookstore and/or at the Reserve Desk in Mills Memorial Library. All articles or other media assigned are posted to Avenue to Learn or available online.

Readings should be completed before class on the date assigned.

Class Format

Although this is a large class, I will aim to make it an engaging and interactive space. It is important to complete the assigned reading(s) before class, as they are a platform for the lecture that day. Class time will also include small group work, free writing, discussion of readings, films, and in-class collaborative analysis activities.

Course evaluation

*Participation: 10 % of grade

*Essay Assignment: 25 % of grade

*Illness Narrative Assignment: 30 % of grade

*In Class Cumulative Exam: 35 % of grade

Note: You must complete all assignments in order to pass the class.

Due dates

*February 3, Essay Assignment

*March 2, Illness Narrative

*March 30, In Class Exam

Assignments

1. Participation

I recognize that everyone has different levels of comfort with speaking or sharing ideas in class. I hope to create a vibrant and exciting classroom community despite the large class size. I expect you to attend class, actively and respectfully listen in class, engage in large or small group discussions as relevant, and not utilize technology (except as related to class material or note taking) in class.

Participation in this course also entails “Spot Checks,” which will take the form of short *ungraded* quizzes, writing activities, or responses written onto paper and handed in to me in class. These serve the purpose of gauging attendance and provide a low stress opportunity to practice concepts or recall material from class; they also allow me to suss out collective student mastery and/or challenges with the material. Spot Checks will be administered at my whim, and participation in Spot Checks is *only* possible if you are in class the day they are given.

2. Essay Assignment (750 words)

This essay asks you to engage foundational concepts in medical anthropology. You will apply concepts discussed in the first few weeks of lecture (and in the initial readings) to a primary source (media object, interview, personal experience, public health campaign, advertisement, or otherwise). Essays will be graded according to a detailed rubric which will be posted to A2L with the in-depth assignment description.

3. Illness Narrative Assignment (1200 words)

For this assignment, you will conduct an interview (approximately 1 hour) with a friend, colleague, or family member who experienced/is experiencing a condition, illness, or injury *and who consents to share the story with you for presentation in your paper*. You will draw on the

‘data’ you collect during the interview to write an illness narrative paper that analyzes the person’s experience and story through the lens of concepts from the readings and/or lecture(s). Assignment will be graded according to a detailed rubric which will be posted to A2L with the in-depth assignment description.

4. In Class Cumulative Exam (2 hours)

This 2-hour exam will test the knowledge you have gained this semester. The exam, which covers material drawn from class time (lectures, discussions, any material covered in class) and readings assigned from Weeks 1-12 (inclusive) will be written in class (pen and paper), and may include definitions, short answer, true/false queries, multiple choice questions, and short essay questions.

Weekly Course Schedule and Readings ****Schedule and readings subject to change****

Unit 1: Core Concepts in Medical Anthropology

**“It’s true that fresh air is good for the body/ but what about the soul.”—Frank O’Hara,
*Ave Maria***

Week 1 | Monday, January 6

Introduction: What is medical anthropology?

Discussion of course trajectory and course outline, themes, and introduction of the sub-discipline of medical anthropology. Terms at the core of our inquiries this semester will be defined.

Week 2 | Monday, January 13

Unthinking ‘the body’

*Susan Dominus (2012, March 7). “What happened to the girls in Le Roy?” *New York Times Sunday Magazine* [pp. 1-16].

*Nancy Scheper-Hughes and Margaret Lock. 1987. “The mindful body: A prolegomenon to future work in medical anthropology.” *Medical Anthropology Quarterly* 1(1) [pp. 6-18 only].

Reading prompts: The Mindful Body remains an important, if dated, article in medical anthropology because it announced a new trajectory for anthropologists interested in questions of the body, medicine, and culture. Scheper-Hughes and Lock question key assumptions of Western biomedicine by arguing that “the body” is a social construction we learn rather than a biological entity. I’ve assigned it first because it introduces one of the main themes of our journey this semester: to understand and describe hidden cultural models of biomedical thinking. As you read, consider the following: What is Cartesian dualism and how does it inform medical practice and thought? How do you think doctors and experts in the field of scientific biomedicine might react to this essay? Do not get too bogged down in unfamiliar theoretical terms or mentions of names you are not familiar with—read for the main points; this is a dense essay and we will unpack it further in class. How does the Dominus article challenge our received notions

of what constitutes health and illness, and how does the mindful body article help us make some sense of the ‘mystery illness’ in LeRoy?

Week 3 | Monday, January 20

Bodies, norms, and institutions

*Scheper-Hughes and Lock, “The mindful body” [pp. 18-28 only]

*Eli Clare. 2017. “Introduction,” “Ideology of cure,” and “Violence of cure.” In *Brilliant Imperfection: Grappling with Cure*. Duke University Press [pp. xv-xvii, 5-31].

In-class film: Judith Butler and Sunny Taylor on a walk [*Examined Life*, 2010, 14 minutes]

*Reading prompts: As you finish the Mindful Body essay, work out a concise definition of the ‘body politic.’ How does society, in your view, ‘reproduce and socialize the kinds of bodies it needs’ (p. 25)? Can you think of examples of ways in which ‘biomedicine serves the interests of the state’ (p. 28)? Think about how the body politic intersects the response to the mysterious illness in LeRoy. Think about the term “normal”? How does this term operate and reflect moral and political commitments in Canada today? How do bodies (and which bodies?) themselves become battlegrounds on which definitions of the “normal subject” are contested? Writing from a disabled queer perspective, Clare challenges dominant definitions and concepts of ‘cure’ and ‘diagnosis’—how does he do so? Unpack Clare’s term **body-mind** in relation to our discussions of Cartesian dualism last week.*

Week 4 | Monday, January 27

Healing in multiple worlds

*George M. Foster. 1976. “Disease etiologies in non-Western medical systems.” *American Anthropologist* 78(4) [pp. 773-782].

*E.E. Evans-Pritchard. 1976. “The notion of witchcraft explains unfortunate events.” In *Witchcraft, Oracles, and Magic among the Azande*. Oxford, UK: Clarendon Press. [pp. 18-32 only].

In class films: *The Split Horn: The Life of a Hmong Shaman in America* [PBS, 2001, 56 minutes]
+ *Sangoma* [Al Jazeera Witness, 2007, 22 minutes]

Reading prompts: What things do you “know?” What things do you “believe (in)?” (Please jot a few of these down and bring to class). Someone at a party says to you, “Witchcraft is irrational!” After reading Evans-Pritchard, how would you respond to their statement? Foster’s 1976 article was important because he, at the time, presented a kind of comparative method for studying illness across culture. What are the components of a medical system? Jot down characteristics, according to Foster, of personalistic and naturalistic medical systems. What potential issues do you see with Foster’s argument? What kinds of medicine are ‘traditional’ vs. ‘modern,’ and how do we know?

Unit 2: Culture, embodiment, and knowledge

“Doctor and patient are caught up in an ever-greater proximity, bound together, the doctor

by an ever-more attentive, more insistent, more penetrating gaze, the patient by all the silent, irreplaceable qualities that...reveal and conceal—the clearly ordered form of the disease.” –Michel Foucault, *The Birth of the Clinic*

Week 5 | Monday, February 3

Illness Narratives

Due in class: Essay Assignment

*Elizabeth Berk. 2018. “A kind of disassembled and reassembled, postmodern collective and personal self: Agency and the insulin pump.” *Journal of Material Culture* 23(4) [pp. 448-458].

*Eula Biss. 2005. “The pain scale.” *Harper’s* [pp. 25-30].

*Barbara Ehrenreich. 2001. “Welcome to Cancerland.” *Harper’s Magazine* [short essay].

In class film: *Pink Ribbons, Inc* [Léa Pool, 2018, selections]

Reading prompts: I have selected representations of conditions, experiences, or illness that prompt each author to narrate or find meaning in difference, sickness, or socially labeled “abnormality.” As you read, pay attention to how metaphors, turns of phrase, and self-presentation help them make meaning/sense of their respective conditions. Across the readings, think about how narrative can be a resource for undoing violences wrought upon our body-minds by medicine, metrics, norms, and ‘cure.’ You will be collecting an illness narrative in the coming weeks.

Week 6 | Monday, February 10

Cultures of biomedicine: How to be a “good” doctor

*Byron Good and Mary-Jo DelVecchio Good. 1993. “Learning Medicine:” The Constructing of Medical Knowledge at Harvard Medical School. In Shirley Lindenbaum and Margaret Lock, eds. *Knowledge, Power, and Practice: The Anthropology of Medicine and Everyday Life*. Berkeley: University of California Press. [pp. 81-108].

*Arthur Kleinman, Peter Benson. 2006. “Anthropology in the clinic: The problem of cultural competency and how to fix it.” *PLoS Medicine* 3(10) [pp. 1673-1676].

*Rafael Campo. 2015. “The chart [short poem].” *Poetry*.

Reading prompts: “Learning medicine” involves not only learning anatomy or the mechanisms of disease in the body, but also learning new ways of seeing. Give a few examples (drawn from Good and Good’s essay) of how doctors “learn to see” the body in very specific ways. How might ethnography in hospitals differ from traditional ethnography? Think of your own experience interacting with doctors: How do some of the phenomena discussed in the readings for today express themselves in real life encounters between patients and healers? Where does “cultural competency” fit into the clinic and ways of seeing of physicians?

Week 7 | Monday, February 17

Recess (No class!)

Unit 3: Language, Morality, and Bodies

“The AIDS epidemic has rolled back a big rotting log and revealed all the squirming life underneath it, since it involves, all at once, the main themes of our existence: sex, death, power, money, love, hate, disease, and panic.” –Edmund White, *States of Desire: Travels in Gay America*

Week 8 | Monday, February 24

Epidemics of signification

- *Paula A. Treichler. 1987. “AIDS, homophobia, and biomedical discourse: An epidemic of signification.” *October* 43 [pp. 31-70].
- *Marlon M. Bailey. 2009. “Performance as intravention: Ballroom culture and the politics of HIV/AIDS in Detroit.” *Souls* 11(3) [pp. 253-274].

Note: In class we will be doing some work with a public health manual (posted to Avenue to Learn). You do not have to read it before class, but please do have it accessible to you in class on your laptop.

Reading prompts: What does Treichler mean by “epidemic of signification?” What has this got to do with the AIDS epidemic? How can we use her framework for thinking about other epidemics? Think about the first time you heard of “AIDS;” do you recall what kinds of images or feelings it piqued for you? What role does epidemic discourse (and its significations, a la Treichler) play in producing and justifying certain kinds of interventions over others? Give examples. Bailey shows how bottom up (‘anthropological’) methods and orientations can play a role in planning and implementing public health strategies and logics. How does his essay and method ‘intervene’ in normative, top down public health concepts and planning?

Week 9 | Monday, March 2

Addiction, health, and technology

Due in class: Illness Narrative Assignment

- *Natasha Dow Schüll. 2006. “Machines, medication, modulation: circuits of dependency and self-care in Las Vegas.” *Culture, Medicine, Psychiatry* 30(2). [pp. 223-247]
- *Alexis C. Madrigal. 2013. “The machine zone: This is where you go when you can’t stop looking at pictures on Facebook.” *The Atlantic*. [short article]

Reading prompt: What connotations does the term ‘addiction’ carry (in popular culture, in media representations, in personal experience)? What is the ‘zone’ that Schüll discusses and how does it relate to gamblers’ sense of health and self? Think about the relationship between humans and machines/technologies and how it relates to your own daily life. What are the roots of addiction for the folks discussed by Schüll, and how do these accounts challenge dominant ideas about addiction? How does capitalism intersect the story she tells and the narratives we encounter in the article, and our own interactions with machines and technologies (broadly interpreted)?

Week 10 | Monday, March 9

Instructor out of town (No class)

Note that you should take advantage of your free time this week to read through the graphic novel assigned for next week! ☺

Week 11 | Monday, March 16

Medical decision making + graphic medical anthropology

*Coleman Nye and Sherine Hamdy. 2017. *Lissa: A Story about Medical Promise, Friendship, and Revolution*. Toronto: University of Toronto Press. [entire book]

Reading prompts: As you read, mark or dog ear the page of a frame or scene you find compelling, and think about why. What did you find effective (or not) about reading a graphic novel (versus more traditional academic text): how does the genre of the book help move along its argument or interests? How is culture represented in the book? Think about Eli Clare's ideas about 'cure': how does his analysis of the logics of cure play into the decision making in the book? How do time and temporality play into the illness narratives that meander through the book?

Unit 4: Histories, Economies, and Politics of Health, Illness, and Intervention

“But ...the misery of that time lay upon the poor who, being infected, had neither food nor physic, neither physician nor apothecary to assist them, or nurse to attend them. Many of those died calling for help.” –Daniel Defoe, *Diary of a Plague Year*

Week 12 | Monday, March 23

The invention of race and race-based medicine

*Clarence C. Gravlee. 2009. “How race becomes biology: Embodiment of social inequality.” *American Journal of Physical Anthropology* 139 [pp. 47-57].

*Dorothy Roberts. 2011. “Preface” and “The Invention of Race” in *Fatal Invention: How Science, Politics and Big Business Re-Crete Race in the Twenty-First Century*. New York: New Press [pp. ix-25].

Reading prompt: What is your definition of race? What is the link between race, biology and culture? Unpack what Roberts means by “Race is a political category that has been disguised as a biological one” (p. 4). What is race-based medicine and why is Roberts a critic of it? What do we mean when we say “biology?” How does Gravlee challenge normative definitions of the term, especially as it relates to discussions about and research on race/racial disparities?

Week 13 | Monday, March 30

In-class exam (2 hours, 7pm-9pm)

Week 14 | Monday, April 6

Anthropology of global health data/ “Meet the anthropologist”

*C. Biruk. 2018. “Introduction” and “Materializing clean data in the field.” In *Cooking Data: Culture and Politics in an African Research World*. Duke University Press [pp.1-30 +

129-165].

Reading prompts: What is cooking data? Where do numbers come from—how might you apply some of my methods for tracing the ‘social lives of numbers’ to numbers you interact with everyday? Think about the last time you filled out a survey questionnaire: why did you do it? Where did the data go? Did you answer ‘truthfully?’ What are good data and bad data? How do we know? Please come to class with any questions you might have about ‘doing’ medical anthropology, and/or about my own anthropological trajectory.

Course Policies

Discomfort and learning

Before you enroll in this course, it is important to understand that the discipline of Anthropology, in its theory and methods, entails a comparative and reflective perspective that relies on one’s investment in understanding different ways of being, living in, or seeing the world. Encountering experiences that are radically different from our own, or that resonate (sometimes in painful ways) with our own can be disorienting and raise a host of emotions. Our classroom community encompasses people who have different vocabularies for discussing privilege, oppression, politics, and selves (we should note that these vocabularies are learned, and, thus, cultural). I hope we can use both the alignments and differences between our vocabularies, social positions, and experiences as starting points for learning. I ask that you always be respectful of one another, and keep in sight our shared project: denaturalizing and destabilizing the self so as to gain a wider perspective on others, whether in our own classroom or further afield.

Before deciding to take this course, please read the syllabus thoroughly. I trust that each of you can assess whether and how the content of our readings or films might disturb you. ***This is particularly important in a medical anthropology course, where our main project is reading and thinking about sickness, health, and bodies; many of our topics may intersect your own or your classmates’ experiences or traumas.*** If you think any of the material or assignments might disturb you to the point where your emotional or mental health may be threatened, but you wish to remain in the course, take advantage of mental health and other support services available on campus.

Technology in the classroom

You may use technology in the classroom exclusively for the purpose of taking notes or participating in class activities. Do not use laptops/smartphones/iPads for browsing the web, chatting with friends, or multitasking, as this is distracting to your colleagues and disrespectful to me, and will affect your participation grade negatively. Audio and video recording of class sessions is never permitted without my explicit prior consent.

Submission of Assignments

All written work (essay + illness narrative) must be submitted in electronic copy through the Dropbox function on the course’s A2L website and *in hard copy on the due date in class*. Ungraded work will not be accepted or date stamped by the administrative staff in the Department of Anthropology. If you must be absent from class on the day that an assignment is

due, you must email the instructor the assignment by the start of class that day to avoid deductions for lateness.

Format for Written Assignments

All written assignments must be typed in 12-point Times New Roman font, double-spaced, with standard one-inch margins and in-text citations and works cited page should follow APA style format (see here:

https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html). Assignments must be printed out and submitted in class, as mentioned above, in addition to deposited in the A2L dropbox.

Grades

Grades will be based on the McMaster University grading scale:

MARK	GRADE
90-100	A+
85-90	A
80-84	A-
77-79	B+
73-76	B
70-72	B-
67-69	C+
63-66	C
60-62	C-
57-59	D+
53-56	D
50-52	D-
0-49	F

Late Assignments

Late assignments will be subject to one full letter grade deduction for each calendar day the assignment is late. (For example, an A paper turned in two days late becomes a C paper; for clarity: 1 minute-24 hours late=A drops to B; 24 hours-36 hours late=A drops to C; all inclusive of weekend days). Late papers will not be accepted after five calendar days have passed, inclusive of weekend days. Because the class moves quickly, late assignments will put you behind and you will have trouble catching up so adhere to stated deadlines.

Absences, Missed Work, Illness

Although this is a large class, attendance will be taken, and you are expected to be present in class. The final exam will be difficult to pass if you miss class frequently. You are expected to arrive in class on time, and to remain in class for the entire period (bathroom breaks and rest breaks excluded). This shows respect for your fellow student colleagues and me. Regardless of absence, late arrival, or early departure, students are responsible for any announcements, changes to course outline, or material shared at the beginning or end of class.

Avenue to Learn

In this course we will be using Avenue to Learn. Students should be aware that, when they access the electronic components of this course, private information such as first and last names, user names for the McMaster e-mail accounts, and program affiliation may become apparent to all other students in the same course. The available information is dependent on the technology used. Continuation in this course will be deemed consent to this disclosure. If you have any questions or concerns about such disclosure please discuss this with the course instructor.

Turnitin.com

In this course we will be using a web-based service (Turnitin.com) to reveal plagiarism. Students will be expected to *submit their work in hard copy and electronically to Turnitin.com* so that it can be checked for academic dishonesty. To see the Turnitin.com Policy, please to go www.mcmaster.ca/academicintegrity.

University Policies

Academic Integrity Statement

You are expected to exhibit honesty and use ethical behavior in all aspects of the learning process. Academic credentials you earn are rooted in principles of honesty and academic integrity.

Academic dishonesty is to knowingly act or fail to act in a way that results or could result in unearned academic credit or advantage. This behavior can result in serious consequences, e.g. the grade of zero on an assignment, loss of credit with a notation on the transcript (notation reads: “Grade of F assigned for academic dishonesty”), and/or suspension or expulsion from the university.

It is your responsibility to understand what constitutes academic dishonesty. For information on the various types of academic dishonesty please refer to the Academic Integrity Policy, located at www.mcmaster.ca/academicintegrity.

The following illustrates only three forms of academic dishonesty:

1. Plagiarism, e.g. the submission of work that is not one’s own or for which credit has been obtained.
2. Improper collaboration in group work.
3. Copying or using unauthorized aids in tests and examinations.

Academic Accommodation of Students with Disabilities

Students who require academic accommodation must contact Student Accessibility Services (SAS) to make arrangements with a Program Coordinator. Academic accommodations must be arranged for each term of study. Student Accessibility Services can be contacted by phone 905-525-9140 ext. 28652 or e-mail sas@mcmaster.ca. For further information, consult McMaster University’s Policy for [Academic Accommodation of Students with Disabilities](#).

Religious, Indigenous and Spiritual Observances (RISO)

The University recognizes that, on occasion, the timing of a student’s religious, Indigenous, or spiritual observances and that of their academic obligations may conflict. In such cases, the

University will provide reasonable academic accommodation for students that is consistent with the Ontario Human Rights Code.

Please review the [RISO information for students in the Faculty of Social Sciences](#) about how to request accommodation.

Faculty of Social Sciences E-mail Communication Policy

Effective September 1, 2010, it is the policy of the Faculty of Social Sciences that all e-mail communication sent from students to instructors (including TAs), and from students to staff, must originate from the student's own McMaster University e-mail account. This policy protects confidentiality and confirms the identity of the student. It is the student's responsibility to ensure that communication is sent to the university from a McMaster account. If an instructor becomes aware that a communication has come from an alternate address, the instructor may not reply at his or her discretion.

Privacy Protection

In accordance with regulations set out by the Freedom of Information and Privacy Protection Act, the University will not allow return of graded materials by placing them in boxes in departmental offices or classrooms so that students may retrieve their papers themselves; tests and assignments must be returned directly to the student. Similarly, grades for assignments for courses may only be posted using the last 5 digits of the student number as the identifying data. The following possibilities exist for return of graded materials:

1. Direct return of materials to students in class;
2. Return of materials to students during office hours;
3. Students attach a stamped, self-addressed envelope with assignments for return by mail;
4. Submit/grade/return papers electronically.

Arrangements for the return of assignments from the options above will be finalized during the first class.

Course Modification

The instructor and university reserve the right to modify elements of the course during the term. The university may change the dates and deadlines for any or all courses in extreme circumstances. If either type of modification becomes necessary, reasonable notice and communication with the students will be given with explanation and the opportunity to comment on changes. It is the responsibility of the student to check his/her McMaster email and course websites weekly during the term and to note any changes.