



**CAMOSUN COLLEGE**  
**School of Arts & Science**  
**Department of Social Sciences**

**ANTH-270-001AB**  
**Culture, Health and Illness**  
**Winter 2018**

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## **COURSE OUTLINE**

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The course description is online @ <http://camosun.ca/learn/calendar/current/web/anth.html>

Ω Please note: This outline will not be kept indefinitely. It is recommended students keep this outline for their records, especially to assist in transfer credit to post-secondary institutions.

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### **1. Instructor Information**

(a) Instructor	Dr. Sarah Fletcher		
(b) Office hours	Wednesdays and Fridays 1:00-2:00		
(c) Location	P334		
(d) Phone	250- 370-3371	Alternative:	250-818-0471
(e) E-mail	<a href="mailto:Sarah.fletcher@gmail.com">Sarah.fletcher@gmail.com</a> or <a href="mailto:fletchers@camosun.ca">fletchers@camosun.ca</a>		
(f) Website	<a href="http://www.healthycommunitiesresearch.org">www.healthycommunitiesresearch.org</a>		

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### **2. Intended Learning Outcomes**

Upon completion of this course the student will be able to:

1. Explain the main approaches in medical anthropology and its significance as an applied field of study.
2. Assess the influence of culture on ideas of best medical practice.
3. Write discussion papers on ethnographic materials from Western and non-Western societies.
4. Explain the role of culture in the illness experience, HIV/AIDS, the pharmaceuticalization of health, structural violence, and reproductive technologies.

### **3. Required Materials**

(a) **Texts:** Joralemon, D. (2010). *Exploring Medical Anthropology*. Third edition. Upper Saddle NJ: Pearson Education

(b) **Other:** Pfeiffer, James and Mark Nichter 2008 What can critical medical anthropology contribute to global health? *Medical Anthropology Quarterly* 22(4):410-415

Hahn, R. A. (1997). The nocebo phenomenon: concept, evidence, and implications for public health. *Preventive medicine*, 26(5), 607-611.

Pelto & Pelto (1997) Studying knowledge, culture and behavior in applied medical anthropology (optional)

Mendenhall, E., Seligman, R. A., Fernandez, A., & Jacobs, E. A. (2010). Speaking through diabetes. *Medical Anthropology Quarterly*, 24(2), 220-239.

Obriest B Urban Health in Daily practice: Livelihood, vulnerability and resilience in Dar es Salaam, Tanzania, *Anthropology and Medicine* 10 (3) 275-290

Kiramayer, L.J (1992) the body's insistence on meaning metaphor as presentation and representation on illness experience *Medical Anthropology Quarterly* 6(4) 323-346 (Optional)

Nations, Marilyn K, and Christina G. Monte 1996 "I'm not dog, no!": Cries of resistance against cholera control campaigns. *Social Science and Medicine* 43:1007-1024

WHO Field Report: Medical Anthropology and Ebola:  
<https://pdfs.semanticscholar.org/fb76/54bed85e361790535f827f40e1e94ee9b56e.pdf>

Farmer, P. (1996). On suffering and structural violence: A view from below. *Daedalus*, 261-283.

Leslie Butt (2002) The suffering stranger: Medical anthropology and international morality, *Medical Anthropology*, 21:1, 1-24,

Young, A. (1980). The discourse on stress and the reproduction of conventional knowledge. *Social Science & Medicine. Part B: Medical Anthropology*, 14(3), 133-146. (Optional Reading)

Korovkin, M., & Stephenson, P. (2010). *Zombie Factory: Culture, Stress & Sudden Death*. Green Frigate Books.(Selected chapter TBA)

Scheper-Hughes, N., & Lock, M. M. (1987). The mindful body: A prolegomenon to future work in medical anthropology. *Medical anthropology quarterly*, 1(1), 6-41

Cohen, L. (1999). Where it Hurts: Indian Material for an Ethics of Organ Transplantation, *Daedalus* 128(4): 135-66.

Inhorn, M. (2012). "Why Me? Infertility and Responsibility in the Middle East," *Men and Masculinities*, 16(1): 49-70

Davis, B.A. (1997). Heeding Warnings from the Canary, the Whale and the Inuit: A Framework for Analyzing Competing Types of Knowledge about Childbirth. In *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives*. Davis-Floyd, R and C. Sargent eds.

Kalofonos, I.A. (2010). "All I East Is ARVs". *Medical Anthropology Quarterly*, 24(3): 363-380.

Kang-Yi, C., Grinker, R., & Mandell, D. (2013). Korean Culture and Autism Spectrum Disorders. *Journal of Autism & Developmental Disorders*, 43(3): 503-520.  
doi:10.1007/s10803-012-1570-4

Luhmann, T. M.(2007). Social Defeat And The Culture Of Chronicity: Or, Why Schizophrenia Does So Well Over There and So Badly Here, *Culture, Medicine and Psychiatry* 31: 135-172.

Scheper-Hughes, N. (2007). The Tyranny of the Gift: Sacrificial Violence in Living Donor Transplants. *American Journal of Transplantation*, 7: 507-511. doi: 10.1111/j.1600-6143.2006.01679.x

## 4. Course Content and Schedule

### Part 1: Introduction to Medical Anthropology

In part one of the course students will be introduced to the main methods, concepts and theories in medical anthropology.

January 10: Introduction to medical anthropology: Overview and Key terms

January 12: Seminar: Social Determinants of Health- case study: the opioid crisis, poverty and harm reduction

January 17: Sickness and Healing in a cross-cultural context: History and Theoretical Approaches

January 19: Seminar: The power of belief and Voodoo Death

January 24: Systems and Sectors of Health Care & Illness Narratives

January 26: Seminar: Critical incident interview practice for mini ethnographies

## Part 2: Global Health and International Development

In part two of the course students will learn about global health issues, infectious diseases, and international development.

Jan 31: Global Health and Infectious Diseases  
February 2: Ebola outbreaks in West Africa  
February 7: Structural Violence and Suffering  
February 9: Designing culturally-appropriate interventions

### READING BREAK

Feb 21 MID TERM EXAM

Feb 23 Preparation for Group Presentations  
Feb 28: Childhood, growth and development  
March 2: Group presentations about HIV  
March 7: The anthropology of Stress and the making of Zombies  
March 9: Group Presentations on indigenous midwifery

## Part 3: The Anthropology of Biomedicine

In part three of this course students will focus on topics pertaining to biomedicine. While we will continue our cross-cultural perspective we focus more on biomedicine in North America.

March 14: Reproductive health  
March 16: Group presentations about schizophrenia  
March 21: Mental health and illness  
March 23: Group presentations about medical tourism  
March 28: Medical ethics of medical tourism  
March 30: Good Friday  
April 4: Trafficking in human organs (film)  
April 6: Biomedical ethics and medical technologies

## Part 4 Anthropology and the body

April 11: Phenomenology, the body and disability  
April 13: Autism

Course Schedule at a glance:

Week	Wednesday	Friday	Reading
Wk 1: Jan 10 & 12	Introduction to medical anthropology; Film: In Sickness and in Wealth	Seminar 1: Social determinants of health: A case study from the opioid Crisis	Joralemon Ch.1,  Pfeiffer, James and Mark Nichter 2008 What can critical medical anthropology contribute to global health? <i>Medical Anthropology Quarterly</i> 22(4):410-415
Wk 2: Jan 17 & 19	Theoretical approaches in medical anthropology- Sickness and Healing in a cross-cultural context	Seminar 2: The Power of Belief- placebos Nocebos and Voodoo Death	Joralemon Ch. 4 ,  Hahn, R. A. (1997). The nocebo phenomenon: concept, evidence, and implications for public health. <i>Preventive medicine</i> , 26(5), 607-611.  Optional: Pelto & Pelto (1997) <i>Studying knowledge, culture and behavior in</i>

			applied medical anthropology
Wk 3: Jan 24 & 26	Systems and Sectors of Healthcare	Seminar 3: Illness Narratives and Idioms of distress:  Critical incident interview practice for mini ethnographies	Joralemon Ch.6,  Mendenhall, E., Seligman, R. A., Fernandez, A., & Jacobs, E. A. (2010). Speaking through diabetes. <i>Medical Anthropology Quarterly</i> , 24(2), 220-239.  Obrist B Urban Health in Daily practice: Livelihood, vulnerability and resilience in Dar es Salaam, Tanzania, <i>Anthropology and Medicine</i> 10 (3) 275-290  Optional: Kiramayer, L.J (1992) the body's insistence on meaning metaphor as presentation and representation on illness experience <i>Medical Anthropology Quarterly</i> 6(4) 323-346
Wk 4: Jan 31 & Feb 2	Global health & infectious diseases	Seminar 4: Ebola outbreaks in Uganda and Congo	Joralemon Ch.5,  Nations, Marilyn K, and Christina G. Monte 1996 "I'm not dog, no!": Cries of resistance against cholera control campaigns. <i>Social Science and Medicine</i> 43:1007-1024  WHO Field Report: Medical Anthropology and Ebola: <a href="https://pdfs.semanticscholar.org/fb76/54bed85e361790535f827f40e1e94ee9b56e.pdf">https://pdfs.semanticscholar.org/fb76/54bed85e361790535f827f40e1e94ee9b56e.pdf</a>
Wk 5: Feb 7 & 9	Structural Violence and Social Suffering	Seminar 5: Designing culturally-appropriate interventions	Joralemon Ch. 7,  Farmer, P. (1996). On suffering and structural violence: A view from below. <i>Daedalus</i> , 261-283.  <b>FEB 9: Mini Ethnography Due</b>
Wk 6: Feb 14 & 16	<b>Reading Break</b>	<b>Reading Break</b>	Leslie Butt (2002) The suffering stranger: Medical anthropology and international morality, <i>Medical Anthropology</i> , 21:1, 1-24,
Wk 7: Feb 21 & 23	<b>Midterm Exam</b>	Seminar 6: group project working period	No readings
Wk 8: Feb 28 & Mar 2	Childhood growth and development	Seminar 7: Group presentations on HIV	Kalofonos (D2L)  Reading TBA
Wk 9: Mar 7 & 9	The Anthropology of Stress and Making Zombies	Seminar 8: Film Bunong's birth Practices between Tradition and Change	Young, A. (1980). The discourse on stress and the reproduction of conventional knowledge. <i>Social Science &amp; Medicine. Part B: Medical Anthropology</i> , 14(3), 133-146.  Korovkin, M., & Stephenson, P. (2010). <i>Zombie Factory: Culture, Stress &amp; Sudden Death</i> . Green Frigate Books. (Selected chapter TBA)
Wk 10: Mar	Reproductive health	Seminar 9: Group presentation	Inhorn (D2L) & Davis (D2L)

14 & 16		ons on indigenous midwifery	
Wk 11: Mar 21 & 23	Mental health and illness	Seminar 10: Group presentation on global mental health	Luhrmann (D2L) Reading TBA
Wk 12: Mar 28 & 30	Medical ethics & medical tourism	Seminar 11: Group presentation on medical tourism	Joralemon Ch. 8
Wk 13: Apr 4 & 6	Film: Tales From the Organ Trade	Seminar 8: biomedical ethics	Scheper-Hughes and Cohen (D2L)
Wk 14: Apr 11 & 13	Phenomenology, disability & ableism	Seminar 9: autism	Scheper-Hughes, N., & Lock, M. M. (1987). The mindful body: A prolegomenon to future work in medical anthropology. <i>Medical anthropology quarterly</i> , 1(1), 6-41  Kang-Yi, and "What do people with autism need most?" (D2L)

## 5. Basis of Student Assessment (Weighting)

### Assignments (35%)

All written assignments must be submitted to the dropbox on D2L. Students will not be permitted to email their assignments to the instructor. Papers must be typed, double-spaced, 11-12 point font. The APA format must be used for in-text citations and the references page. An undocumented (meaning no citations) paper will receive a zero. The late penalty for all assignments is 5% per day. Please read the handouts for the assignments carefully. The handouts are available through D2L.

#### 1. Mini Ethnography focused on an Illness Narrative (20% of grade)

For this project, you will visit and interview someone who has recently experienced an illness or other medical event (broadly defined). Interviews should be conducted in person. After conducting your interview and writing your field notes, write an "illness narrative" that describes the experience and interprets it in relation to one or more of the topics covered in this class. Complete the project in two stages: 1. Interview fieldnotes (20%): Complete your interview and take detailed fieldnotes. 2. Analysis (80%): Write a 1,200 word (~4-5 double-spaced pages) paper analyzing and presenting the narrative.

#### 2. Group Project & Presentation (15%)

Students will participate in a class group presentation during one seminar period in the semester. Each group will have three or four students. I have chosen four topics for the presentations, which are listed below. One paper should be submitted per group. Please refer to the handout for more detail.

**HIV and Structural Violence – March 2<sup>nd</sup>.** HIV continues to be a major global public health issue, with 2.1 million new HIV infections in 2015. The majority of those infected live in low- and middle-income countries. Despite these challenges, more and more people are receiving antiretroviral treatment (ARVs). Inequality

based on economics, race and gender increase risk of transmission and make access to ARV uneven. In order to reduce new infections and increase access to ARVs, HIV must be considered to be both a medical and social issue.

#### **Global Mental Health and Task Sharing - March 16<sup>th</sup>.**

The lack of recognition of and treatment for mental illness in many countries means an enormous treatment gap, particularly in low-income countries. Global mental health advocates argue that task-sharing is the best way forward to addressing the treatment gap.

**Indigenous Midwifery and Applied Medical Anthropology - March 23<sup>rd</sup>.** Reducing child mortality and improving maternal health are 2 of the millennium development goals. Given the difficulty in providing maternity care in rural areas, national health care systems need to work with local midwives, particularly when serving indigenous populations with cultural models of birth that differ from national cultural models of birth.

**Medical Tourism and Biomedical Ethics – March 30<sup>th</sup>.** Organs are not the only things travelling around the globe. Report on several types of medical tourism or transnational health-seeking behaviors that have developed in recent years (e.g. flying to less developed countries for less expensive surgery, using surrogates in India, etc.). Biomedical ethics must consider the social realities of poor countries that impose new ethical considerations.

#### (b) Exams

Midterm (25%) – February 21st

Final (25%) – Exam Period

The midterm exam consists of definitions, as well as short and long answer questions. The midterm exam will be based on course material (lectures, readings, seminar discussions, and documentaries) up to and including February 16th. The final exam is based on material covered after the midterm exam. However, it will also include some general concepts and theories covered in the first half of the course. The format is the same as the midterm exam. DO NOT make work or travel plans until the final exam schedule is posted in early February. Exams MUST be written on the assigned date unless a medical certificate is presented to the instructor. Please read the instructional policies for more information on missed exams

#### (c) Other (e.g. Project, Attendance, Group Work) **Participation (15%)**

Seminars are a time for students to engage substantively on issues raised in the readings and materials presented by classmates. **Your participation mark will come from your attendance and active engagement in the seminars throughout the semester. In order to fully contribute to these discussions it is imperative that each student complete the course readings and come prepared to contribute with relevant and insightful comments. Preparation for this part of the course involves coming to class with at least two points or comments that you would like to make about the assigned readings for that day along with a copy of the readings.** Students will be asked to submit a copy of their questions or comments at the beginning of class, which will count as their participation mark. The questions or comments do not need to be type written. Comments should reflect careful consideration of the material; questions should generate group discussion. Students will not be permitted to make up participation marks through additional work if they miss the discussion classes. I strongly recommend that you take notes during seminar.

## 6. Grading System

Standard Grading System (GPA)

Competency Based Grading System

## 7. Recommended Materials to Assist Students to Succeed Throughout the Course

Please come to class prepared to participate and engage in the course material. Please purchase or borrow the text book so that you have access to the material we will be covering. All readings additional readings will be accessible on D2L

### Instructional Policies

#### Attendance

Students are expected to attend lectures as material covered in lecture will be included in the exams, and will augment and supplement the material in the readings. As well, announcements regarding course content and exams will be made in class. I will not provide my personal notes to students who miss class.

#### Late Assignments

Unexcused late assignments will result in mark deductions of 5% per day and no feedback will be given. Failure to turn in an assignment will result in a mark of zero. Assignments more than 2 weeks late will not be accepted. If you are unable to hand-in an assignment on the appropriate day you must make alternate arrangements with me well in advance of the deadline. No assignments will be accepted after the last day of classes without clear documentation of extenuating circumstances and prior consent.

#### Mark/Grade Challenges and Appeals

A student wishing to question a mark assigned by the instructor on any course evaluation component must clearly articulate in writing the specific element of the assignment being questioned as well as a reason supporting a change in the mark. The Student Appeals Procedure can be found in the college calendar.

#### Student Responsibility

It is each student's responsibility to familiarize her/himself with course and college policies. Students experiencing difficulties during the term are encouraged to talk to the instructor at the earliest opportunity.

#### Cell phones, laptops, and other electronic devices

Please turn off your phone when you come to class; if it is essential to keep it on, please turn off your ringer. Do not use your phone for texting, messaging, checking email, etc... Students are welcome to use a laptop in class, but please do use it for entertainment purposes. The reason for this is two-fold. One, it is distracting to the students sitting behind you. Two, studies have shown that when students multi-task in class (text, watch movies, check email) they do worse on exams and assignments. If a student is found to be engaging in these activities during class and disrupting other students will be prohibited from using their laptop in class; phones may be confiscated and returned to students at the end of class.

#### Lateness, and classroom conduct

Please try to be on time for class. If you are late, please enter the classroom quietly and do your best not to disrupt the other students. Please refrain from speaking with your classmates during the lecture. It is disruptive to the people sitting around you, as well as the instructor. Please do ask questions during the lecture; I am quite happy to be interrupted to rephrase or clarify any points I have made.

#### Missed Exams

Failure to attend a midterm will result in a mark of zero, unless I have been informed within 2 working days and an excused absence has been granted. In the case of illness, a medical note is required in order to write a make-up exam. If you fail to come for a make-up at the scheduled time, the exam will not be further rescheduled unless an additional medical certificate is presented to me. Unavailability of texts and pressure of other work does not constitute a reason for missing exams. Rescheduling a quiz or assignment following an excused absence will be done at the mutual convenience of the student and instructor.

## 8. College Supports, Services and Policies

### Immediate, Urgent, or Emergency Support

If you or someone you know requires immediate, urgent, or emergency support (e.g. illness, injury, thoughts of suicide, sexual assault, etc.), **SEEK HELP**. Resource contacts @ <http://camosun.ca/about/mental-health/emergency.html> or <http://camosun.ca/services/sexual-violence/get-support.html#urgent>

## College Services

Camosun offers a variety of health and academic support services, including counselling, dental, disability resource centre, help centre, learning skills, sexual violence support & education, library, and writing centre. For more information on each of these services, visit the **STUDENT SERVICES** link on the College website at <http://camosun.ca/>

## College Policies

Camosun strives to provide clear, transparent, and easily accessible policies that exemplify the college's commitment to life-changing learning. It is the student's responsibility to become familiar with the content of College policies. Policies are available on the College website at <http://camosun.ca/about/policies/>. Education and academic policies include, but are not limited to, Academic Progress, Admission, Course Withdrawals, Standards for Awarding Credentials, Involuntary Health and Safety Leave of Absence, Prior Learning Assessment, Medical/Compassionate Withdrawal, Sexual Violence and Misconduct, Student Ancillary Fees, Student Appeals, Student Conduct, and Student Penalties and Fines.

## A. GRADING SYSTEMS <http://camosun.ca/about/policies/index.html>

The following two grading systems are used at Camosun College:

### 1. Standard Grading System (GPA)

Percentage	Grade	Description	Grade Point Equivalency
90-100	A+		9
85-89	A		8
80-84	A-		7
77-79	B+		6
73-76	B		5
70-72	B-		4
65-69	C+		3
60-64	C		2
50-59	D		1
0-49	F	Minimum level has not been achieved.	0

### 2. Competency Based Grading System (Non GPA)

This grading system is based on satisfactory acquisition of defined skills or successful completion of the course learning outcomes

Grade	Description
COM	The student has met the goals, criteria, or competencies established for this course, practicum or field placement.
DST	The student has met and exceeded, above and beyond expectation, the goals, criteria, or competencies established for this course, practicum or field placement.
NC	The student has not met the goals, criteria or competencies established for this course, practicum or field placement.

## B. Temporary Grades

Temporary grades are assigned for specific circumstances and will convert to a final grade according to the grading scheme being used in the course. See Grading Policy at <http://camosun.ca/about/policies/index.html> for information on conversion to final grades, and for additional information on student record and transcript notations.



Temporary Grade	Description
I	<i>Incomplete:</i> A temporary grade assigned when the requirements of a course have not yet been completed due to hardship or extenuating circumstances, such as illness or death in the family.
IP	<i>In progress:</i> A temporary grade assigned for courses that are designed to have an anticipated enrollment that extends beyond one term. No more than two IP grades will be assigned for the same course.
CW	<i>Compulsory Withdrawal:</i> A temporary grade assigned by a Dean when an instructor, after documenting the prescriptive strategies applied and consulting with peers, deems that a student is unsafe to self or others and must be removed from the lab, practicum, worksite, or field placement.