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Teaching Medical Anthropology

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By Ari Gandsman

In the decade since becoming a full time professor, medical anthropology has been one of my core courses. I have taught it seven times. Although the basic structure of the course remains similar, emphases have shifted over time. Perhaps I can best highlight the evolution of the course through a discussion of readings I use since readings are the backbone of a syllabus. Even though I generally do not follow texts closely since I see lectures as overlapping but also supplemental and complimentary to readings, I try to mirror topics that they will be reading about, often highlighting a general theoretical literature or approach while the students read a single illustration.

Starting from the beginning, my history of medical anthropology remains the same, focusing on when “medicine” was subsumed into broad and now antiquated anthropological categories of magic and witchcraft. I never stray far from Evans-Pritchard’s *Witchcraft, Oracles & Magic Among The Azande*, an apparent professional contractual obligation for me. Although I have given them the entire ethnography [the abridged in print edition] to read twice in the past, I have more lately just given them a short excerpt, often “The Notion of Witchcraft Explains Unfortunate Events.” I once also used W.H. Rivers *Medicine, Magic and Religion* but, although fascinating and of historic importance, it proved esoteric for an undergraduate course. When I first started teaching, I tried to include more on non-Western medical systems, including using ethnographies on Traditional Chinese Medicine or Tibetan medicine. More recent students may be disappointed that I do not delve further into non-Western medical systems, what many students with hazy ideas of the discipline may think a medical anthropology course should almost entirely consist of. I do this because my own research background and training as a medical anthropologist sees the discipline’s core strengths in its pursuit of biomedical technologies and practices as anthropological objects.

In addressing questions of medical pluralism, like many other colleagues, I have used Anne Fadiman’s *The Spirit Catches You and You Fall Down*, a book I first encountered as a teaching assistant at the dawn of the 21st century. It is accessible and students respond well to it, but I used it with certain hesitations; it is also anthropologically reductive and the “clash of cultures” is presented with such broad strokes that it may serve to

re-enforce rather than challenge students' long held stereotypes about non-western cultures (see Janelle Taylor's critique [here](#)). On the other hand, because it works so well to ensnare student interest, I have had trouble abandoning it completely and have come back to it in the past. This year, I chose Eula Biss's *On Immunity. If The Spirit Catches You* presents a clash centered on competing explanatory models and conflict over belief, this personal non-fiction essay explores the world of vaccination fears without the exoticization. It is popular and accessible but also anthropological in a similar vein while also confronting students on "our" own "strange" beliefs. During this part of the course, I assign a first paper in which students analyze a form of "complimentary and alternative medicine" with the goal of trying to understand, among other questions, why people choose certain therapies when their "native" system may not endorse or recognize their use.

With a brief detour through culture bound syndromes that end with examining the DSM-5 itself as culture bound, the next section of the course proceeds historically through the discipline's history as anthropologists tentatively moved towards analyzing biomedicine through explanatory models and the role of illness narratives and illness experience. I have used ethnographies in the past, including Paul Stoller's excellent autoethnography/cancer memoir *Stranger In the Village of the Sick*. This year, I decided to experiment with form in choosing David Small's *Stitches*, a graphic novel that illuminates a classic biopsychosocial account of illness in which the illness experience is inseparable from emotional states, social environment and dysfunctional family dynamics (in particular since the illness is iatrogenically induced by his doctor/father's use of x-rays). For this section, I have students write their own illness narrative, either drawing from the experience of a family member or an example drawn from popular culture (a TV show, film, podcast, blog. i.e. as a model, I often use *Breaking Bad* as a good – or bad – example featuring this century's greatest pop cultural illness narrative).

From the individual suffering involved in illness narratives, the course then proceeds to address issues of social suffering and structural violence, not areas of the field in which I orient myself towards but ones that are important to represent as part of our discipline's core strengths. When I started teaching I used *Aids and Accusation*. Since then, I have used some of Farmer's other collected volumes, as well as João Biehl's *Vita* and Philippe Bourgois' *Righteous Dopefiend*. Following in that tradition, I am using *Fresh Fruits, Broken Bodies* by Seth Holmes this year. Given that this course attracts a lot of medical students who have never taken an anthropology course before, often with limited ideas of what the discipline is about and who subsequently express to me bewilderment at what a seemingly strange class it is compared to the other health-related social science courses they may take, the idea of using an ethnography by

an MD/PhD is appealing and helps to bridge the course's student divide. Furthermore, as a US citizen who has spent almost two decades in Canada but now feeling alienated by the new political reality south of the border, the choice was also shaped by the thought of having students read about the everyday lives and realities of one of the primary villains of Trump's campaign rhetoric.

If this work takes Trump's targets as empathetic ethnographic subjects allowing students to examine issues of inequality and structural violence, my next choice reveals its flip side – the world of Trump voters inside the rust belt. Here I reached outside of the discipline yet again to popular journalistic non-fiction in picking *Dreamland: the true tale of America's opiate epidemic* by Sam Quinones. If Trump was put into office by feelings of hopelessness and despair from rust belt of voters that also live in the opioid "death belt," *Dreamland* offers a sympathetic window into those lives while also showing the larger geopolitical economy connecting illicit narcotic markets to pharmaceuticals to changing medical practices to hopelessness that have all shaped the epidemic. It also helps to provide a launching pad to explore more general anthropological issues around public health.

The final part of the course focuses on the anthropology of biomedicine. Margaret Lock and Vinh Kim Nguyen's *An Anthropology of Biomedicine* is an obvious choice and a wonderful text that I have used twice before but students have found it too difficult. It would undoubtedly work better for students in their final year of undergraduate study, a more advanced rather than introductory medical anthropology course, and/or for a class comprised exclusively of anthropology students who already have a strong base in the discipline. This year, now feeling somewhat sheepish over having only assigned one ethnography and three other books written by non-anthropologists, I make them dive into journal articles – each handling the different topics – from organ transplantation to genetics to new reproductive technologies and so on.

[Download the syllabus here](#)

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