

# Introduction to Medical Anthropology

## Fall 2015 ANTH 227 (crn19011)

### Professor Sandra Teresa Hyde



**Class Time:** TUES/THURS 8:35-9:55am in MCMED 522

**Conference Sections:** Attend 6 mandatory and unique evening conference sections on SEPT TR 24, OCT TU 13, TR 29, NOV TU 17, DEC TU 1, TR 3. You must register on Minerva for your section and may choose between 5:00 to 6:00 or 6:00-7:00 (select one hour only).

**Office Hours:** T/R 1:30-2:30pm 818 Leacock. TA office hours will be announced the 2<sup>nd</sup> week.

**Head TA:** XX

#### **Description:**

What is medical anthropology? How do anthropologists investigate and respond to the study of pain, illness, suffering, and healing in global contexts? How do seemingly local and global cultural processes shape aspects of our bodies, such as illness, sex, and death? This undergraduate course is designed to introduce a broad range of medical anthropology topics, theoretical approaches and research techniques by examining case studies. To do so, we are compelled to move beyond common tendencies to narrowly focus on the biological dimensions of illness and healing. Instead we will focus on the ways illness, health, and healing are embedded within distinct social, political, and cultural worlds - meaning the course will examine how experiences such as pain, misfortune, and ecstasy are produced and understood. As such we will conceptualize medical anthropology as a discipline concerned with the production of truths about bodies. How are such truths produced across cultures, medical systems and different historical periods? Such a conception of the field puts into question the hegemony of biomedicine without devaluing its ongoing contribution to human life. We will therefore be interested in the intersection of biology and culture in a variety of contexts and the ongoing dialogue between anthropology and medicine.

This course will be particularly attentive to the question of power both in its productive sense (e.g. the way medical technologies create new ways of being human) and its negative sense (e.g. the way social inequality produces illness). Within these discussions our focus will be comparative treating illness, misfortune, and healing in a number of places in Kenya, India, Laos, China, Tibet, the Middle East and in North America. We will consider the impact of systemic inequalities and population sciences on health and illness globally through studies of: chronic illness, urban and

rural violence, sorcery, modern pandemics, organ transplants, clinical trials, addiction and social suffering, colonialism and war, gender and ethnicity, advances in bioscience technology, and public health.

### Format:

The course has (5) modules that include a combination of lectures, readings, films, and conference sections. It is critical that these multiple formats must be mastered in order to succeed in the course – meaning that you are expected to learn how to take notes. All power-point lectures will be placed on the *myCourses* website after class. You are also encouraged to log-on to *myCourses* discussions to learn from your fellow students. Participation in a one-hour conference section is mandatory for **SIX** times during the semester – those students who cannot fit a **one-hour evening** section into their schedule will have to drop the course. Sign-up for section is online and must be done at the same time as registration on Minerva. This course is heavy on reading; the average is 40 pages per class.

### Learning Outcomes:

The course is designed to emphasize the major theoretical approaches in medical anthropology through examining case studies. At the end of the course, students should be able to:

1. Explain the difference between illness and disease
2. Explain why witchcraft and biomedicine have similar models of rationality
3. Synthesize the differences and similarities between alternative and complementary medicine, ethnomedicine and biomedicine
4. Critically analyze the strengths and weaknesses of three subfields of medical anthropology
5. Analyze the bioethical and political economic influences on health
6. Understand the links between biology and culture
7. Analyze how gender, ethnicity, class, and sexual orientation inform health and disease outcomes
8. Explain the transition to global health
9. Understand the social epidemiological transitions behind the rise in new infectious diseases
10. Describe and analyze the production of truth claims about health, illness and suffering

### Required Texts:

The books are available at Paragraphe Books (2220, McGill College Avenue, www.paragraphebooks.com). All books and films will be on 3-hour reserve in the McLennan Library beginning the 2<sup>nd</sup> week of classes.

1. Anne Fadiman, 1998. *The Spirit Catches You, You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*. New York: Farrar, Strauss & Giroux.
2. Angela Garcia, 2010. *The Pastoral Clinic: Addiction and Dispossession along the Rio Grande*, Berkeley: University of California Press.
3. Sandra Hyde, 2007. *Eating Spring Rice: The Cultural Politics of AIDS in Southwest China*, Berkeley: University of California Press.
4. All other selected articles and chapters are available on *myCourses*.

### Films:

1. *Sir Edward E. Evans-Pritchard: Strange Beliefs*, Andre Singer, 1985 (52 mins)
2. *Split Horn: The Life of a Hmong Shaman in America*, Taggart Siegal, 2001 (56 mins)
3. *A Choice for K'aila: May Parents Refuse a Transplant for Their Child?* Canadian

- Broadcasting System (CBC), 1990 (28 mins)  
4. *How To Survive a Plague*, David France, 2012 (120 mins – abridged)



## MODULE ONE = PROTO-MEDICAL ANTHROPOLOGY: HISTORY AND SCOPE

Just what is medical anthropology? What sorts of topics, theories, and methods do medical anthropologists use in their work? We begin this course with “proto-medical anthropology,” the rationality debate, and just what knowledge in magic and sorcery means. How does belief function as an analytic category in medical anthropology? Lectures will cover the early work in medical anthropology on medical systems as functional, adaptive systems of knowledge and practice, and then move to case studies, including a guest lecture on complementary and alternative medicine here in Montréal.

### Session 1 What’s at Stake? SEPT 8

First class - logistics and introduce teaching assistants, conference section times and rooms, clarify add/drop process, and introduce syllabus.

### Session 2 Introduction to Medical Anthropology? SEPT 10

- Peter Brown, Ronald Barrett, Mark Padilla and Erin Finley, 2010. “Medical Anthropology: An Introduction to the Fields,” in P. Brown and R. Barrett (ed.), *Understanding and Applying Medical Anthropology*. Toronto: McGraw Hill. Pp.3-15.
- Merrill Singer and Hans Baer, 2007. “Why Have a Medical Anthropology,” in *Introducing Medical Anthropology: A Discipline in Action*, New York: Alta Mira Press. Pp. 1-34.
- Margaret Lock, 2013. “Afterward: Seeing Like an Anthropologist,” in Naomi Anderson et al (ed.) *Troubling Natural Categories: Engaging the Medical Anthropology of Margaret Lock*, Montreal: McGill-Queen’s University Press. Pp. 209-221.

### Session 3 Illness and Sickness SEPT 15

- Allan Young, 1982. “The Anthropologies of Illness and Sickness,” *Annual Review of Anthropology* Vol. 11: 257-285.
- Byron Good, 1994 (reprint 2010). “Medical Anthropology and the Problem of Belief,” in Byron Good, MJ Fischer, S Willen and MJ DelVecchio-Good, *A Reader in Medical Anthropology*, Wiley Blackwell. Pp. 64-75.

### Session 4 Sir Edward Evans-Pritchard: Rationality and the Problem of Belief SEPT 17

- E.E. Evans Pritchard, 1976 (reprint 2010). “The Notion Witchcraft Explains Unfortunate Events,” in Byron Good, MJ Fischer, S Willen and MJ DelVecchio-Good, *A Reader in Medical Anthropology*, Wiley Blackwell. Pp. 18-25.
- W.H.R. Rivers, 1924. “Medicine, Magic, and Religion”, the Fitz Patrick Lectures delivered before the Royal College of Physicians in 1915 and 1916. London: K. Paul, Trench, Trubner & Co. (short selection)

**Film:** *Sir Edward E. Evans-Pritchard: Strange Beliefs*, 1985. (The first 25 mins)

**Guest Lecture:** Prof. Allan Young, The Marjorie Bronfman Professor in Social Studies in Medicine, McGill

### **Session 5 Biomedicine and Alternative Medicine as Cultural Systems SEPT 22**

- Arthur Kleinman, 1978. "Concepts and a Model for the Comparison of Medical Systems as Cultural Systems," *Social Science and Medicine*, Vol. 12: 85-93.
- Peter Geissler and P. Wenzel, 1998. "Worms are Our Life: Part 1: Understandings of Worms and the Body among the Luo of Western Kenya," *Anthropology and Medicine* 5 (1): 63-79.

### **Session 6 Conference Section Module One SEPT 24**



### **MODULE TWO = BIOMEDICINE and ETHNOMEDICINE**

How do different medical systems define health and illness, and how do they treat categories of disease? What happens when Western medicine confronts folk understandings of illness in such a way that the two completely clash? We will begin this module by discussing illness and misfortune among Hmong immigrants in the United States in order to see what happens when different medical explanatory models and practices clash. The purpose is to understand how biomedicine is a powerful cultural belief system that is global in its scope, creates disease categories, and produces authoritative knowledge. We will then move on to medical pluralism and take China as our case study for understanding the integration of Western and Traditional Chinese Medicine (TCM).

### **Session 7 Illness Narratives SEPT 29**

Anne Fadiman, 1998. *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*. New York: Farrar, Strauss & Giroux. First selection. Read Chapters 1-5 pp. 3-59.

**Assignment: Medical Controversy Essay information distributed**

### **Session 8 Medical Pluralism: The Hmong Shaman OCT 1**

- **Continue reading *The Spirit Catches You*.** Second selection. Read Chapters 6-10. Pp. 60-118.

**Guest Lecture:** Dr. Adam Gavsie, McGill Lecturer in Medicine and practicing Physician at the *Centre de Médecine Intégrative de Montréal*

### **Session 9 Medical Pluralism: Hmong Histories OCT 6**

- Continue reading *The Spirit Catches You*. Third selection. Read Chapter 11 pp. 140-153 and

Chapter 13 pp.171-180. Skip Chapters 12 pp.154-170 and 14 pp.181-209.

**Film:** *Split Horn: The Life of a Hmong Shaman in America*, Taggart Siegal, 2001 (56 mins)

**Session 10 The Life or the Soul and the Question of Evidence Based Medicine OCT 8**

- Continue reading *The Spirit Catches You*. Fourth selection. Read Chapters 15-19 and new epilogue pp. 210-304.

**Session 11 Conference Section Module Two OCT 13**

**Assignment Due: Medical Controversy Essay due to your Teaching Assistant**



**MODULE THREE =  
THE NORMAL AND THE ABNORMAL**

Here we begin to explore just how bodies are treated and how the mind/body dualism is addressed in anthropological studies of science and the body. We will begin with how anthropologists have explained what is called the normal and the abnormal. We then examine ethnographic work on how current global inequalities lead people to sell their body parts and seek out medical resources outside their country of origin. We complete this module by examining how differently gendered bodies are perceived and treated in biomedicine. Focusing on the case study of the rise in pharmaceutical treatment for female sexual arousal disorders we will explore how certain 'natural conditions' become medicalized.

**Session 12 Organ Donation and Medicalized Bodies OCT 15**

- Margaret Lock, 2002. "Human Body Parts as Therapeutic Tools: Contradictory Discourses and Transformed Subjectivities," *Qualitative Health Research*, Vol. 12 (10): 1406-1418.
- Nancy Scheper-Hughes, 2003. "Keeping an Eye on the Global Traffic in Human Organs," *Lancet* Vol. 361: 1645-1648.
- Lawrence Cohen, 1999 (reprint 2010), "Where it Hurts: Indian Material for an Ethics of Organ Transplantation," in Byron Good, MJ Fischer, S Willen and MJ DelVecchio-Good, *A Reader in Medical Anthropology*, Wiley Blackwell. Pp. 284-299.

**Film:** *A Choice for K'aila: May Parents Refuse a Transplant for Their Child?* CBC, 1990 (28 mins)

**Session 13 Medicalization: the Normal and the Abnormal OCT 20**

- Robert Moynihan, I. Heath and D. Henry, 2002. "Selling Sickness: The Pharmaceutical Industry and Disease Mongering," *British Medical Journal*, Vol. 324 (7342): 886-891.
- Hannah Landecker, 2000 (reprint 2010). "Immortality, In Vitro: A History of the HeLa Cell Line," in Byron Good, MJ Fischer, S Willen and MJ DelVecchio-Good, *A Reader in Medical Anthropology*, Wiley Blackwell. Pp. 252-266.

- Adriana Petryna, 2005. "Ethical Variability: Drug Development and Globalizing Clinical Trials," *American Ethnologist*, Vol. 32 (2): 183-197.

#### **Session 14 Clinical Trials and Human Guinea Pigs OCT 22**

- Carl Elliott, 2008. "Guinea-Pigging: Healthy Human Subjects for Drug-Safety Trials are in Demand: But is it a Living?" *The New Yorker*, January. Pp. 36-41.
- Mary Jo DelVecchio-Good, 2007 (reprint 2010). "The Medical Imaginary and the Biotechnical Embrace: Subjective Experiences of Clinical Scientists and Patients," in Byron Good, MJ Fischer, S Willen and MJ DelVecchio-Good, *A Reader in Medical Anthropology*, Wiley Blackwell. Pp. 273-283.
- D.D. R. Williams and Jane Garner, 2002. "The Case Against 'the Evidence': A Different Perspective on Evidence-Based Medicine," *British Journal of Psychiatry* 180: 8-12.

#### **Session 15 Cultural, Medical and Biological Constructions of Gender OCT 27**

- Emily Martin, 1991. "The Egg and the Sperm: How Science has Constructed a Romance Based on Stereotypical Male-Female Roles," *SIGNS* 10: 485-501.
- Leonore Tiefer, 2006. "Female Sexual Dysfunction: A Case Study in Disease Mongering and Activist Resistance," *PloS Medicine* Vol. 3(4): 436-440.
- Erik Parens, 2011 "On Good and Bad Forms of Medicalization," *Bioethics* doi:10.1111/j.1467-8519.2011.01885 (online). Pp. 1-8.

#### **Optional Reading:**

- Stephen Stahl, 2015. "Mechanism of action of Flibanserin, a multifunctional serotonin agonist and antagonist (MSAA), in hypoactive sexual desire disorder," *CNS Spectrums* Vol. 20(1): 1-6.

**Guest Lecture:** Valerie Webber, MA, MPH, Griffith Edwards Centre (MUHC Psychiatry, Addiction's unit)

#### **Session 16 Conference Section Module Three OCT 29**

**Assignment: Take-Home Midterm available online at the end of class**



#### **MODULE FOUR = CRITICAL PUBLIC HEALTH**

In this module, we shift to the instructor's areas of research on understanding the production of public health from what Hyde calls a critical public health perspective. HIV/AIDS remains one of the most pervasive epidemics of our time although it is now a chronic illness in much of the global North. We read Hyde's own work on the cultural politics of HIV/AIDS in southwest China, and discuss her fieldwork among sex workers in a border town. We will end with the twenty-fifth year anniversary film about ACT-UP, the activist group that changed the face of biomedicine's response to HIV/AIDS in North America.

### Session 17 HIV/AIDS in the Global South NOV 3

- Sandra Hyde, 2007. *Eating Spring Rice*. Read Introduction and Chapter 1. Pp. 1-74.
- Jim Yong Kim and Paul Farmer, 2006 (reprint 2010). "AIDS in 2006: Moving Toward One World, One Hope?" in Byron Good, MJ Fischer, S Willen and MJ DelVecchio-Good, *A Reader in Medical Anthropology*, Wiley Blackwell. Pp. 327-330.

### Session 18 Biopolitics, HIV/AIDS and Global Pandemics NOV 5

- Robert Barrett, et al., 1998. "Emerging and Re-Emerging Infectious Diseases: The Third Epidemiological Transition," *Annual Review of Anthropology*, Vol. 27: 247-271.
- Mei Zhan, 2005. "Civet Cats, Fried Grasshoppers, and David Beckham's Pajamas: Unruly Bodies after SARS," *American Anthropologist*, Vol. 107, Issue 1: 31-42.

### Session 19 Rise of New Infectious Diseases: MDR-TB, SARS and Ebola NOV 10

- Continue reading *Eating Spring Rice*. Second selection. **Skim** Chapter 2 and Read Chapters 3 and 4. Pp. 75-149.
- Craig Janes and Kitty Corbett, Anthropology and Global Health, *Annual Reviews in Anthropology* 2009 38: 167-183.

**Guest Lecture: Madhukar Pai, MD, PhD** Canada Research Chair in Translational Epidemiology and Global Health, McGill

**Assignment Due: Take-Home Midterm due at the beginning of class**

### Session 20 Watch Film in-class *How to Survive a Plague*, David France (120 mins) NOV 12

- Continue reading *Eating Spring Rice*. Third selection. Read Chapters 5, **Skip** Chapter 6, and Read Conclusion. Pp. 150-208.

### Session 21 Conference Section Module Four NOV 17



### MODULE FIVE = POSTCOLONIAL DISORDERS

In this module, we examine how local and global forces affect health and well being, or what is called the critical medical anthropology approach. We begin with a recent award winning ethnography on subjectivity and neo-colonialism that focuses on intergenerational drug culture in rural New Mexico. We then pick up Paul Farmer's work on suffering and structural violence, and end the course on health crises as postcolonial disorders.

### Session 22 Structural Violence and Drug Use in New Mexico NOV 19

- Angela Garcia, 2010. *The Pastoral Clinic*. Read Introduction pp.1-36; **Skim** chapter 1 pp. 37-68.
- Paul Farmer, 1996. "On Suffering and Structural Violence: A View from Below," *Daedalus*

125: 261-283.

**Guest Lecture:** Jonathan Wald, MA in Anthropology, UC Berkeley

**Session 23 Social Suffering and Addiction NOV 24**

- Continue reading *The Pastoral Clinic*. Second selection. Read Chapter 2 pp.69-110; **Skim** Chapter 3 pp.111-149;

**Session 24 Health and Postcolonial Disorders NOV 26**

- Continue reading *The Pastoral Clinic*. Third selection. Read Chapter 4, 5 and conclusion pp.150-210.
- Sandra Hyde, 2011. "Migrating Heroin Therapeutics: Turning Addicts into Patients and Patients into Healthy Citizens in Southwest China," *Body & Society*, Vol. 17 (2&3): 184-204.

**Session 25 Conference section for Module 5 DEC 1**

**Session 26 Review for final exam in your regular evening conference DEC 3**

**Final Exam December 9<sup>th</sup> in the Gym from 6 to 9pm**

**STUDENT RESPONSIBILITIES:**

In order to conduct a class of this size, we ask that students take responsibility for late papers and exams. Although sometimes inevitable, I mark down one-third a grade (e.g. A- to B+) for every day the exam/paper is late. Acceptable excuses include a copy of the death certificate or funeral notice, or a doctor's note.

**Use of Electronic Devices**

The use of all electronic devices is strongly discouraged. I ask that you turn off all cell phones and disable the wireless capabilities on your computer while in class – it distracts everyone around you. If you must use your computer, please make sure not to bother your neighbor.

**Office Hours:**

Office hours and office locations of the teaching assistants will be provided the second week of class. You are expected to consult the TAs first, before consulting the professor, regarding questions about your grades, exams and general concerns about the course.

**COURSE REQUIREMENTS:**

Essay	20%	Write a 3-page analysis of a popular medical controversy, <b>Due - October 13</b>	Return in-session to Teaching Assistant
Take Home Midterm Exam	30%	<b>Available online - October 29</b> <b>Hard copy due in-class – November 10</b>	Return in-class to Teaching Assistant
Final Exam	35%	Multiple choice quiz format, Scheduled by the Faculty of Arts <b>December 9 6-9pm in the gym</b>	Check website for location. There are no early, or make-up exams.
Participation	15%	Attend 6 unique and planned one-hour conference sections during the semester.	Assessed by Teaching Assistant

**(1) PAPER:** You will write a short (3-page, 1.5 spacing, 12-point font) paper that analyzes a current medical controversy. This means you will research the popular news media – not Wikipedia summaries – and perform an analysis of the issue as if you were a medical reporter. Some examples are new reproductive technologies, epigenetics, buying organs, surrogacy and adoption, medical errors, critics of integrative medicine, human



guinea pigs, etc. You must clear your topic with a teaching assistant.

**(2) EXAMS:** The exams are comprehensive. The midterm is a take-home qualitative exam asking students to analyze and evaluate case studies covered in the first two and a half modules. The final exam is multiple-choice and covers all five modules. It consists of 50 questions and you have 3-hours to complete it. It will be scheduled at the designated time for 227 (please check website for exact date). My policy for **re-grades** is: first, discuss with the TA who graded it, and if you still want a re-grade; your TA will pass the exam to me. Please note, I reserve the right to leave your grade as is, raise it OR lower it. Please think carefully before asking for a re-grade.

**(3) CONFERENCE SECTIONS:** You must attend a mandatory one-hour conference section for **six** weeks of the course (following the completion of each module). Section offers you the opportunity to meet with fewer than 30 students and your TA to discuss, argue and debate the concepts and materials presented in lectures. Please no absences, if you miss one it will influence your participation grade.

**(4) ACADEMIC INTEGRITY:** McGill University values academic integrity. Therefore all students must understand the meaning and consequences of cheating, plagiarism and academic offences under the Code of Student Conduct and Disciplinary Procedures (see <http://www.mcgill/students/srr/honest>). In the event of extraordinary circumstances, the content or evaluation scheme for this course may change.