

ANT 4462 Culture and Medicine | ANG 6737 Medical Anthropology

Tuesday, 12:50 p.m. – 3:50 p.m.
Turlington 2349

Dr. Clarence C. Gravlee

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In reality, if medicine is the science of the healthy as well as of the ill human being (which is what it ought to be), what other science is better suited to propose laws as the basis of the social structure, in order to make effective those which are inherent in man himself? Once medicine is established as anthropology, and once the interests of the privileged no longer determine the course of public events, the physiologist and the practitioner will be counted among the elder statesmen who support the social structure. Medicine is a social science in its very bone and marrow....

Rudolph Virchow, *Die Einheitsbestrebungen*, 1849

I should perhaps briefly state the reasons that have progressively led me—a microbiologist not trained in medicine—to explore some of the biological and social implications of man's response to his total environment. My concern with such problems emerged from an increasing awareness of the fact that the prevalence and severity of microbial diseases are conditioned more by the ways of life of the persons afflicted than by the virulence and other properties of the etiological agents. Hence the need to learn more of man and of his societies in order to try to make sense of the patterns of his diseases.

René Dubos, *Man Adapting*, 1965

Course Description and Objectives

This course is an advanced introduction to medical anthropology. Medical anthropology is a broad and vibrant discipline that draws on the four traditional subfields of anthropology—cultural, biological, linguistic, and archaeology—to examine the biocultural basis of health and to understand the cultural dimensions of illness experience and treatment. This course provides an overview of the major theoretical frameworks and key areas of empirical research in medical anthropology. We will focus on three broad topics: (1) the biocultural basis of nutrition, reproduction, and health; (2) biomedicine and healing systems in cross-cultural perspective; and (3) the application of anthropology in medicine and public health.

By the end of the course, you should be able to:

1. Describe the scope of medical anthropology and give examples of exemplary research in the key theoretical and empirical areas.
2. Analyze the biological and cultural factors that shape the social distribution of health.
3. Evaluate cultural influences and assumptions in healing practices.
4. Apply an anthropological perspective to public health problems in the U.S. and abroad.

Course Format

The course will consist of lectures, class discussion, and group activities. The purpose of lectures will be to review the major conceptual points of each new topic and to integrate the material. You are expected to have completed any reading assignments prior to class, so that our class time can be more interactive. You should be prepared at any given time to offer a

summary or to discuss and debate assigned readings. Advance preparation is especially important in this class, because we meet only once a week, and we want to make the most of that time.

Course Materials

Required Readings

There are four required books for undergraduate students enrolled in ANT 4462 and for graduate students in ANG 6737:

Joralemon, D. 1999. *Exploring medical anthropology*, Second edition. Boston: Allyn and Bacon.

Dettwyler, K. A. 1994. *Dancing skeletons: life and death in West Africa*. Prospect Heights, IL: Waveland.

Farmer, P. 1999. *Infections and inequalities: the modern plagues*. Berkeley: University of California Press.

Fadiman, A. 1997. *The spirit catches you and you fall down: a Hmong child, her American doctors, and the collision of two cultures*. New York: Farrar, Straus and Giroux.

In addition to these books, the following text is also required for graduate students enrolled in ANG 6737:

Trostle, James A. *Epidemiology and Culture*. New York: Cambridge University Press, 2005.

The books are available locally at the UF Bookstore. Additional required readings will be made available electronically on the course website (www.gravlee.org/medanthro).

Supplementary Readings

Graduate students and interested undergraduates should be aware of four other books that are recommended but not required. The course schedule also provides supplementary readings, recommended for graduate students.

Hahn, R. A. 1999. *Anthropology in public health: bridging differences in culture and society*. New York: Oxford University Press.

Sargent, C. F., and T. M. Johnson. Editors. 1996. *Handbook of medical anthropology: contemporary theory and method*, Revised edition. Westport, CT: Praeger Publishers.

Baer, H. A., M. Singer, and I. Susser. 1997. *Medical anthropology and the world system: a critical perspective*. Westport, CT: Bergin & Garvey.

McElroy, A., and P. K. Townsend. 2004. *Medical anthropology in ecological perspective*, 4th edition. Boulder, CO: Westview Press.

Course Outline

1. Introduction
2. Ecology, adaptation, and evolution
3. Culture, political economy, and health
4. Health transitions
5. Food, body, and culture

6. Nutrition, growth, and child health
7. Infections and inequalities, I
8. Infections and inequalities, II
9. Culture change, stress, and disease
10. Racism, poverty, and health
11. Embodiment
12. Meaning, mind, and body
13. Healing traditions
14. Patients and healers
15. Anthropology and bioethics

Course Requirements and Grading

1. *Class participation* (10%). I expect you to attend each class meeting and to take an active part in discussions and activities. Active participation requires that you read all assigned readings and prepare thoughtful questions and critical discussion points. I will evaluate your class participation on the quality of your contributions, not just on how often you speak in class. The purpose of evaluating your participation is to facilitate your grasp of the material by encouraging you to prepare for class and by promoting thoughtful analysis and discussion. Occasionally, there will be short in-class writing exercises (5-10 minutes) in which you will be asked to summarize or analyze assigned readings, suggest questions or topics for discussion, or to express your point of view on a topic discussed in class. These exercises are designed to sharpen your ability to summarize your thoughts, and they help me to assess your comprehension of the readings, lecture, and discussion. In-class writings will be graded on a pass/fail basis as part of your participation grade.
2. *In-class essay exams* (40%). There will be two in-class exams (20% each) designed to test your comprehension of concepts and readings introduced in the course. The first will be on **October 9**; the second will be on **December 11**, during exam week. The exams will include a combination of short-answer or fill-in-the blank questions and at least one essay.
3. *Research paper* (40%). You will be required to write a research paper on a topic of your choice in medical anthropology. The paper should be 10-12 pages for undergraduates and 15-20 pages for graduate students, excluding references or tables and figures (if applicable). Papers should be double-spaced in 12-point Times New Roman font with 1-inch margins. References must be consistently formatted with an appropriate bibliographic style (e.g., *American Anthropologist* style – http://www.aaanet.org/pubs/style_guide.htm).
 - a. *Proposal for paper topic*. You are required to submit a 250-300 word proposal defining the topic of your research paper by **Sept. 18**. This proposal should frame your topic idea as a question and identify why it is important. Do some preliminary library research to help you determine if the topic is too broad or too narrow.
 - b. *Annotated bibliography*. An annotated bibliography with at least 10 carefully selected references from the scholarly literature is due on **Oct. 2**. The references should clearly relate to your paper topic. Your annotations should briefly evaluate the content of the source and identify how, if at all, it will contribute to your research paper. Consult the guidelines for [how to identify scholarly sources](#) and [how to make an annotated bibliography](#) in the Guide to Library Research from Cornell University.
 - c. *Abstract*. You will submit a 250-300 word abstract of your paper on **Oct. 23**. This abstract should be a condensed version of your paper. It should clearly identify your thesis statement, provide an overview of the key arguments you will make in the

paper, identify the types of evidence you will use, and reflect the organization of the final paper.

- d. *First submission of paper.* You are required to submit a complete draft of your paper by **Nov. 6**. This draft should reflect your best effort to develop your thesis statement into a well-organized argument that is supported by your literature review. You will have an opportunity to revise the draft after receiving feedback from your peers (see below).
 - e. *Final, revised paper.* The final, revised version of your paper is due by the beginning of class on **Dec. 4**. Along with your paper, you should submit a revision memo that summarizes feedback you received from peers and describes the changes you made since the first draft. Your paper will be evaluated based on the quality of the literature review, the quality of analytic effort, the organization and writing style, and the quality of improvement in response to peer review. Further details and suggestions will be distributed in class.
4. *Peer review (10%).* For each stage of the research paper, you will work in peer response groups to provide feedback on one another's developing research papers. You will provide written feedback on the submitted drafts of students in your group, using guidelines that will be distributed in class. You will be expected to read the papers carefully and to provide comments that are thoughtful, respectful, and constructive. Peer review is essential to the development of your final research paper. In addition to the direct benefit of getting feedback on your paper, you will also find that the process of reading and thinking critically about others' work will help you analyze and refine your own writing. Your grade for the peer review requirement will be based on your peers' evaluation of the quality of feedback you provide and on my evaluation of your written feedback.
5. *Course web site.* You are responsible for all materials posted on the course web site (<http://gravlee.org/medanthro>), including required readings, announcements, details on assignments, and other supplementary material. I will maintain a course blog to let you know about relevant news or events around campus, to share my thoughts about how the themes of the course relate to current events, and to stimulate your thinking about assigned readings. I encourage you to subscribe to the course RSS feed using your favorite reader or a service like [Bloglines](#) or [Google Reader](#). I also encourage you to post comments on the blog; I will consider your contributions to the blog as a form of class participation.

	Dates	% of Total
Class participation		10
Exams		
Exam 1	Oct. 9	20
Exam 2	Dec. 11	20
Research paper		
Proposal	Sept. 18	5
Bibliography	Oct. 2	5
Draft paper	Nov. 6	10
Final paper	Dec. 4	20
Peer review		10
Total		100

Final grades will be A (90-100), B+ (87-89), B (80- 86), C+ (77-79), C (70-76), D+ (67-69), D (60-66), E (<60).

Policy on Late Assignments

You are required to complete all assignments by the stated due dates. Late assignments will lose one half-letter grade for each day past the deadline. There are no make-up opportunities for any assignment, as you will have ample time to complete each requirement. I will not assign grades of “incomplete” except in the most unusual, extreme circumstances of incapacitating illness, death of family members, or other university-approved excuses. You must provide documentation of such circumstances from a medical doctor, funeral home, or other appropriate authority.

Academic Honor Code

Unless it is specifically connected to assigned collaborative work, all work should be individual. Evidence of collusion (working with someone not connected to the class or assignment), plagiarism (use of someone else’s published or unpublished words or design without acknowledgment) or multiple submissions (submitting the same paper in different courses) will lead to the Department’s and the University’s procedures for dealing with academic dishonesty. All students are expected to honor their commitment to the university’s Honor Code (available online at <http://www.registrar.ufl.edu/catalog/policies/students.html>).

Accommodation for Students with Disabilities

Students requesting classroom accommodation must first register with the Dean of Students Office. The Dean of Students Office will provide documentation to the student who must then provide this documentation to the Instructor when requesting accommodation. *Please make any requests by the second week of class.*

UF Counseling Services

Resources are available on-campus for students having personal problems or lacking clear career and academic goals that interfere with their academic performance. These resources include:

- University Counseling Center, 301 Peabody Hall, 392-1575, personal and career counseling
- Student Mental Health, Student Health Care Center, 392-1171, personal counseling
- Sexual Assault Recovery Services (SARS), Student Health Care Center, 392-1161, sexual counseling
- Career Resource Center, Reitz Union, 392-1601, career development assistance and counseling.

Syllabus Change Policy

This syllabus is a guide for the course and is subject to change with advanced notice.

Course Schedule and Readings

Week 1 (Aug. 28) Introduction and overview

- Expectations—mine and yours
- History and scope of the field
- Medical anthropology and allied disciplines

Required reading

Joralemon Ch. 1-2 (p. 1-29)

Holtz, T. H., Holmes, S., Stonington, S., & Eisenberg, L. (2006). Health is still social: contemporary examples in the age of the genome. *PLoS Medicine*, 3(10), e419.

Leslie, C. (2001). Backing into the future. *Medical Anthropology Quarterly*, 15(4), 428-439.

Lock, M. (1998). Menopause: lessons from anthropology. *Psychosomatic Medicine*, 60(4), 410-419.

Further reading

Trostle, Ch. 1-2

Lieban, R. W. (1977). The field of medical anthropology. In D. Landy (Ed.), *Culture, disease, and healing: studies in medical anthropology*. (pp. 13-31). New York: Macmillan.

Inhorn, M., C. (2007). Medical anthropology at the intersections. *Medical Anthropology Quarterly*, 21(3), 249-255.

Week 2 (Sept. 4) Ecology, adaptation, and evolution

- Biocultural adaptation
- Disease ecology
- Evolutionary medicine

Required reading

Joralemon, Ch. 3 (p. 30-43)

Wiley, A. S. (1992). Adaptation and the biocultural paradigm in medical anthropology: a critical review. *Medical Anthropology Quarterly*, 6(3), 216-236.

Nesse, R. M. & Williams, G. C. (1998). Evolution and the origins of disease. *Scientific American*, 279(5), 86-93.

Further reading

McDermott, R. (1998). Ethics, epidemiology and the thrifty gene: biological determinism as a health hazard. *Social Science and Medicine*, 47(9), 1189-1195.

Brown, P. J., Inhorn, M. C., & Smith, D. J. (1996). Disease, ecology, and human behavior. In C. F. Sargent & T. M. Johnson (Eds.), *Handbook of medical anthropology: contemporary theory and method*. (Revised ed., pp. 183-218). Westport, CT: Praeger Publishers.

Leatherman, T. (2005). A space of vulnerability in poverty and health: political-ecology and biocultural analysis. *Ethos*, 33(1), 46-70.

Week 3 (Sept. 11) Culture, political economy, and health

- Critical medical anthropology
- Thinking with the body
- Interpretive and meaning-centered approaches

Required reading

Joralemon, Ch. 4 (p. 44-57)

Singer, M., Valentin, F., Baer, H., & Zhongke, J. (1992). Why does Juan Garcia have a drinking problem? The perspective of critical medical anthropology. *Medical Anthropology*, 14(1), 77-108.

Lock, M. & Scheper-Hughes, N. (1996). A critical-interpretive approach in medical anthropology: rituals and routines of discipline and dissent. In C. F. Sargent & T. M. Johnson (Eds.), *Handbook of medical anthropology: contemporary theory and method*. (Revised ed., pp. 41-70). Westport, CT: Praeger Publishers.

Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine*, 88, 251-258.

Further reading

McElroy, A. (1996). Should medical ecology be political? *Medical Anthropology Quarterly*, 10(4), 519-522.

Garro, L. (2000). Cultural meaning, explanations of illness, and the development of comparative frameworks. *Ethnology*, 39(4), 305-334.

Lock, M., Freeman, J., Chilibeck, G., Beveridge, B., & Padolsky, M. (2007). Susceptibility genes and the question of embodied identity. *Medical Anthropology Quarterly*, 21(3), 256-276.

Week 4 (Sept. 18) Health transitions

- Health in prehistory
- Epidemiologic transitions
- Globalization and health

Research paper proposal due

Required reading

Joralemon, Ch. 5 (p. 58-69)

Martin, D. L. & Goodman, A. H. (2002). Health conditions before Columbus: Paleopathology of Native North Americans. *Western Journal of Medicine*, 176(1), 65-68.

Bloom, B. R. (2005). Public health in transition. *Scientific American*, 292(9), 92-99.

Barrett, R., Kuzawa, C. W., McDade, T., & Armelagos, G. J. (1998). Emerging and re-emerging infectious diseases: the third epidemiologic transition. *Annual Review of Anthropology*, 27, 247-271.

Further reading

Gandy, M. & Zumla, A. (2002). The resurgence of disease: social and historical perspectives on the 'new' tuberculosis. *Social Science & Medicine*, 55(3), 385-396.

Barkey, N. L., Campbell, B. C., & Leslie, P. W. (2001). A comparison of health complaints of settled and nomadic Turkana men. *Medical Anthropology Quarterly*, 15(3), 391-408.

Week 5 (Sept. 25) Food, body, and culture

- Food, meaning, and identity
- Political economy of food
- Fatness and thinness around the world

Required reading

Douglas, M. (1972). Deciphering a meal. *Daedalus*, 101, 61-81.

Bordo, S. (1993). Anorexia nervosa: psychopathology as the crystallization of culture. *Unbearable Weight: Feminism, Western Culture, and the Body*. (pp. 139-164). Berkeley: University of California Press.

Sobo, E. J. (1997). The sweetness of fat: health, procreation, and sociability in rural Jamaica. *Food and Culture: A Reader*. (pp. 256-271). New York: Routledge.

Gibbs, W. W. (2005). Obesity: An overblown epidemic? *Scientific American*, 292(6), 70-77.

Further reading

Powdermaker, H. (1960). An anthropological approach to the problem of obesity. *Bulletin of the New York Academy of Medicine*, 36, 5-14.

Weismantel, M. (2005). *White. Fat: The Anthropology of an Obsession*. (pp. 45-62). New York: Penguin Books.

Fitchen, J. M. (1988). Hunger, malnutrition, and poverty in the contemporary United States: some observations on their social and cultural context. *Food and Foodways*, 2, 309-333.

Ritenbaugh, C. (1982). Obesity as a culture-bound syndrome. *Culture, Medicine and Psychiatry*, 6(4), 347-363.

Harris, M. (1985). The abominable pig. *Good to Eat: Riddles of Food and Culture*. (pp. 67-87). Long Grove, IL: Waveland Press.

Week 6 (Oct. 2) Nutrition, growth, and child health

- Breastfeeding
- Infant and child health
- Malnutrition and global health

☒ *Research paper annotated bibliography due*

📖 Required reading

Dettwyler, *Dancing Skeletons*, entire book

🔗 Further reading

Trostle, Ch. 4 (p. 74-95)

Week 7 (Oct. 9) Infections and inequalities, I

☒ *Exam 1 in class, Oct. 9*

📖 Required reading

Farmer, *Infections and Inequalities*, Ch. 1-4 (p. 1-126)

🔗 Further reading

Trostle, Ch. 5 (p. 96-121)

Week 8 (Oct. 16) Infections and inequalities, II

📖 Required reading

Farmer, *Infections and Inequalities*, Ch. 5-10 (p. 127-282)

Dunavan, C. P. (2007). Awakening to global health. *Health Affairs*, 26(4), 1135-1140.

🔗 Further reading

Trostle, Ch. 6 (p. 122-149)

☒ *Tracy Kidder, Phillips Center for Performing Arts, 7:00 p.m.*

Week 9 (Oct. 23) Culture, stress, and disease

- Culture change and health
- Sociocultural context of stress

☒ *Research paper abstract due*

Required reading

Cassel, J. (1976). The contribution of the social environment to host resistance. *American Journal of Epidemiology*, 104(2), 107-123.

Dressler, W. W. (2004). Culture and the risk of disease. *British Medical Bulletin*, 69, 21-31.

McDade, T. W. (2002). Status incongruity in Samoan youth: a biocultural analysis of culture change, stress, and immune function. *Medical Anthropology Quarterly*, 16(2), 123-150.

Further reading

Dressler, W. W. (1995). Modeling biocultural interactions: examples from studies of stress and cardiovascular disease. *Yearbook of Physical Anthropology*, 38, 27-56.

Week 10 (Oct. 30) Racism, poverty, and health

- Poor health
- Scientific racism and medicine
- Racial disparities in health

Required reading

Sapolsky, R. M. (2005). Sick of poverty. *Scientific American*, 292(12), 92-99.

Krieger, N. (2003). Does racism harm health? Did child abuse exist before 1962? On explicit questions, critical science, and current controversies: An ecosocial perspective. *American Journal of Public Health*, 93(2), 194-199.

David, R. J. & Collins, J. W., Jr. (2007). Disparities in infant mortality: What's genetics got to do with it? *American Journal of Public Health*, 97(7), 1191-1197.

Kahn, J. (2007). Race in a bottle. *Scientific American*, 297(2), 40-45.

Dressler, W. W., Oths, K. S., & Gravlee, C. C. (2005). Race and ethnicity in public health research: Models to explain health disparities. *Annual Review of Anthropology*, 34(1), 231-252.

Further reading

Trostle, Ch. 3 (p. 42-73)

Williams, D. R. & Jackson, P. B. (2005). Social sources of racial disparities in health. *Health Affairs*, 24(2), 325-334.

Chapman, R. R. & Berggren, J. R. (2005). Radical contextualization: contributions to an anthropology of racial/ethnic health disparities. *Health*, 9(2), 145-167.

Gravlee, C. C., Dressler, W. W., & Bernard, H. R. (2005). Skin color, social classification, and blood pressure in southeastern Puerto Rico. *American Journal of Public Health*, 95(12), 2191-2197.

Week 11 (Nov. 6) Embodiment

- Embodiment across disciplines
- The *body* in embodiment
- Developmental origins of adult health

✉ *Draft of research paper due*

📖 Required reading

Krieger, N. & Davey Smith, G. (2004). "Bodies count," and body counts: social epidemiology and embodying inequality. *Epidemiologic Reviews*, 26, 92-103.

Csordas, T. J. (1993). Somatic modes of attention. *Cultural Anthropology*, 8(2), 135-156.

Oths, K. S. (1999). *Debilidad*: A biocultural assessment of an embodied Andean illness. *Medical Anthropological Quarterly*, 13(3), 286-315.

Barker, D. J. P. (2004). The developmental origins of well-being. *Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences*, 359, 1359-1366.

🔗 Further reading

Csordas, T., J. (1990). Embodiment as a paradigm for anthropology. *Ethos*, 18(1), 5-47.

Krieger, N. (2005). Embodiment: a conceptual glossary for epidemiology. *Journal of Epidemiology and Community Health*, 59(5), 350-355.

Week 12 (Nov. 13) Meaning, mind, and body

- Cultural models of illness
- Meaning and the placebo effect

📖 Required reading

Chavez, L. R., McMullin, J. M., Mishra, S. I., & Hubbell, F. A. (2001). Beliefs matter: cultural beliefs and the use of cervical cancer-screening tests. *American Anthropologist*, 103(4), 1114-1129.

Adler, S. R. (1995). Refugee stress and folk belief: Hmong sudden deaths. *Social Science & Medicine*, 40(12), 1623-1629.

Moerman, D. E. & Jonas, W. B. (2002). Deconstructing the placebo effect and finding the meaning response. *Annals of Internal Medicine Ann Intern Med*, 136(6), 471-476.

🔗 Further reading

Trostle, Ch. 7 (p. 150-167)

Antelius, E. (2007). The meaning of the present: hope and foreclosure in narrations about people with severe brain damage. *Medical Anthropology Quarterly*, 21(3), 324-342.

Week 13 (Nov. 20) Healing traditions

- Ethnomedical systems
- Biomedicine as a cultural system

Required reading

Joralemon, Ch. 6 (p. 70-88)

Fadiman, Ch. 1-7 (p. 1-92)

Further reading

Bates, D. G. (2000). Why not call modern medicine 'alternative'? *Perspectives in Biology and Medicine*, 43(4), 502-518.

Oldani, M. I. J. (2004). Thick prescriptions: toward an interpretation of pharmaceutical sales practices. *Medical Anthropology Quarterly*, 18(3), 325-356.

Pugh, J. F. (2003). Concepts of arthritis in India's medical traditions: Ayurvedic and Unani perspectives. *Social Science & Medicine*, 56(2), 415-424.

Week 14 (Nov. 27) No class—American Anthropological Association meetings

Required reading

Fadiman, Ch. 8-13 (p. 93-180)

Trostle, J. A. (1988). Medical compliance as an ideology. *Social Science & Medicine*, 27(12), 1299-1308.

Week 15 (Dec. 4) Anthropology and bioethics

- Culture, morality, and bioethics
- Cultural competence in medicine

Final, revised research paper due

Required reading

Joralemon, Ch. 8 (p. 108-123)

Fadiman, Ch. 8-13 (p. 93-180)

Kleinman, A. & Benson, P. (2006). Anthropology in the clinic: the problem of cultural competency and how to fix it. *PLoS Medicine*, 3(10), e294.

Further reading

Marshall, P. A. & Koenig, B. A. (1996). Bioethics in anthropology: perspectives on culture, medicine, and morality. In C. F. Sargent & T. M. Johnson (Eds.), *Handbook of medical*

anthropology: contemporary theory and method. (Revised ed., pp. 349-373). Westport, CT:
Praeger Publishers.

Final Exam, Dec. 11, 7:30-9:30 a.m.