New Course Proposal

ANTH 2000: Medical Anthropology

Social Science Department

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New York City College of Technology, CUNY

CURRICULUM MODIFICATION PROPOSAL FORM

This form is used for all curriculum modification proposals. See the [Proposal Classification Chart](http://www.300jaystreet.com/college-council/resources/2010/04/2013-10-09-Proposal_Classification_Chart.docx) for information about what types of modifications are major or minor. Completed proposals should be emailed to the Curriculum Committee chair.

|  |  |
| --- | --- |
| **Title of Proposal** | **Medical Anthropology** |
| **Date** | **February 12, 2015** |
| **Major or Minor** | **Major Modification – new course** |
| **Proposer’s Name** | **Dr. Lisa Pope Fischer** |
| **Department** | **Social Science** |
| **Date of Departmental Meeting in which proposal was approved** | **April 2, 2015** |
| **Department Chair Name** | **Dr. Jean Kubeck Hillstrom** |
| **Department Chair Signature and Date** | **June 2, 2015** |
| **Academic Dean Name** | **Dr. Justin Vazquez-Poritz** |
| **Academic Dean Signature and Date** | **February 26, 2016** |
| **Brief Description of Proposal**(Describe the modifications contained within this proposal in a succinct summary. More detailed content will be provided in the proposal body. | **This is a new course submission.**This course examines how anthropologists study the understanding of disease, health, and healing from a global perspective. Topics include Healers and Healing, Social Inequality and Health Disparities, Globalization, Biocultural, Cultural, and Applied Anthropological approaches. |
| **Brief Rationale for Proposal**(Provide a concise summary of why this proposed change is important to the department. More detailed content will be provided in the proposal body).  | This course would expand our department’s selection of Anthropology courses (we currently offer three), and it would be important as an option for students in our college interested in healthcare fields (i.e. nursing, optometry, dentistry, vision care, health and human services) as well as those from the biological sciences. |
| **Proposal History**(Please provide history of this proposal: is this a resubmission? An updated version? This may most easily be expressed as a list). | **This is a new course submission****Version 4: April 5, 2016** |

Please include all appropriate documentation as indicated in the Curriculum Modification Checklist.

For each new course, please also complete the New Course Proposal and submit in this document.

Please submit this document as a single .doc or .rtf format. If some documents are unable to be converted to .doc, then please provide all documents archived into a single .zip file.

**ALL PROPOSAL CHECK LIST**

|  |  |
| --- | --- |
| Completed CURRICULUM MODIFICATION FORM including: |  |
| * Brief description of proposal
 | X |
| * Rationale for proposal
 | X |
| * Date of department meeting approving the modification
 | X |
| * Chair’s Signature
 | X |
| * Dean’s Signature
 | X |
| Evidence of consultation with affected departmentsList of the programs that use this course as required or elective, and courses that use this as a prerequisite. | X |
| Documentation of Advisory Commission views (if applicable). | N/A |
| Completed [Chancellor’s Report Form](http://www.300jaystreet.com/college-council/resources/2010/04/2013-10-09-Chancellor_Report_Quick_Reference_Guide.doc). | X |

**EXISTING PROGRAM MODIFICATION PROPOSALS**

|  |  |
| --- | --- |
| Documentation indicating core curriculum requirements have been met for new programs/options or program changes.  |  |
| Detailed rationale for each modification (this includes minor modifications) |  |

New York City College of Technology, CUNY

NEW COURSE PROPOSAL FORM

This form is used for all new course proposals. Attach this to the [Curriculum Modification Proposal Form](http://www.300jaystreet.com/college-council/resources/2010/04/2013-10-10-Curriculum_Modification_Proposal_Form.docx) and submit as one package as per instructions. Use one New Course Proposal Form for each new course.

|  |  |
| --- | --- |
| **Course Title** | Medical Anthropology |
| **Proposal Date** | February 12, 2015 |
| **Proposer’s Name**  | Dr. Lisa Pope Fischer |
| **Course Number** | ANTH 2000 |
| **Course Credits, Hours** | 3 Cr., 3 Hrs |
| **Course Pre / Co-Requisites** | ENG 1101 and any Anthropology course. |
| **Catalog Course Description** | This course examines how anthropologists study the understanding of disease, health, and healing from a global perspective. Topics include Healers and Healing, Social Inequality and Health Disparities, Globalization, Biocultural, Cultural, and Applied Anthropological approaches. |
| **Brief Rationale**Provide a concise summary of why this course is important to the department, school or college. | This course would expand our department’s selection of Anthropology courses (we currently offer three), and it would be important as an option for students in our college interested in healthcare fields (i.e. nursing, optometry, dentistry, vision care, health and human services) as well as those from the biological sciences. |
| **Intent to Submit as Common Core**If this course is intended to fulfill one of the requirements in the common core, then indicate which area. | \*World Cultures and global issues  |
| **Intent to Submit as An Interdisciplinary Course** | No |
| **Intent to Submit as a Writing Intensive Course** | Yes |

Please include all appropriate documentation as indicated in the NEW COURSE PROPOSAL Combine all information into a single document that is included in the Curriculum Modification Form.

**NEW COURSE PROPOSAL CHECK LIST**

Use this checklist to ensure that all required documentation has been included. You may wish to use this checklist as a table of contents within the new course proposal.

|  |  |
| --- | --- |
| **Completed NEW COURSE PROPOSAL FORM** |  |
| * Title, Number, Credits, Hours, Catalog course description
 | X |
| * Brief Rationale
 | X |
| Completed [Library Resources and Information Literacy Form](http://www.300jaystreet.com/college-council/resources/2013/10/curriculum_modification_library_form.doc) | X |
| **Course Outline** Include within the outline the following. |  |
| Hours and Credits for Lecture and LabsIf hours exceed mandated Carnegie Hours, then rationale for this | X |
| Prerequisites/Co- requisites | X |
| Detailed Course Description | X |
| Course Specific Learning Outcome and Assessment Tables* Discipline Specific
* General Education Specific Learning Outcome and Assessment Tables
 | X |
| Example Weekly Course outline | X |
| Grade Policy and Procedure | X |
| Recommended Instructional Materials (Textbooks, lab supplies, etc) | X |
| Library resources and bibliography | X |
| **Course Need Assessment.** Describe the need for this course. Include in your statement the following information. |  |
| Target Students who will take this course. Which programs or departments, and how many anticipated?Documentation of student views (if applicable, e.g. non-required elective). | X |
| Projected headcounts (fall/spring and day/evening) for each new or modified course. | X |
| If additional physical resources are required (new space, modifications, equipment), description of these requirements. If applicable, Memo or email from the VP for Finance and Administration with written comments regarding additional and/or new facilities, renovations or construction. | N/A |
| Where does this course overlap with other courses, both within and outside of the department? | X |
| Does the Department currently have full time faculty qualified to teach this course? If not, then what plans are there to cover this? | X |
| If needs assessment states that this course is required by an accrediting body, then provide documentation indicating that need. | N/A |
| **Course Design**Describe how this course is designed.  |  |
| Course Context (e.g. required, elective, capstone) | X |
| Course Structure: how the course will be offered (e.g. lecture, seminar, tutorial, fieldtrip)? | X |
| Anticipated pedagogical strategies and instructional design (e.g. Group Work, Case Study, Team Project, Lecture) | X |
| How does this course support Programmatic Learning Outcomes? | X |
| Is this course designed to be partially or fully online? If so, describe how this benefits students and/or program. | N/A |
| **Additional Forms for Specific Course Categories** |  |
| [Interdisciplinary Form](http://www.300jaystreet.com/college-council/resources/2010/04/13_01-Interdisciplinary_Course_v3.1.pdf) (if applicable) | N/A |
| [Common Core (Liberal Arts) Intent to Submit](http://www.300jaystreet.com/college-council/resources/2013/10/CommonCoreCourseSubmissionForm_4.2.12.doc) (if applicable) | X |
| Writing Intensive Form if course is intended to be a WIC (under development)  | X |
| If course originated as an experimental course, then results of evaluation plan as developed with director of assessment. | N/A |
| **(Additional materials for** [**Curricular Experiments**](http://www.300jaystreet.com/college-council/curriculum_proposals/curricular-experiments)**)** |  |
| Plan and process for evaluation developed in consultation with the director of assessment. (Contact Director of Assessment for more information). | N/A |
| Established Timeline for Curricular Experiment | N/A |

COURSE OUTLINE FORM

|  |
| --- |
| **Course Title: Medical Anthropology** |
| **Course Prefix & No.:** **ANTH 2000** | **LEC: X** | **LAB:** | **Credit Hours:3** |

##

COURSE DESCRIPTION:

This course examines how anthropologists study the understanding of disease, health, and healing from a global perspective. Topics include Healers and Healing, Social Inequality and Health Disparities, Globalization, Biocultural, Cultural, and Applied Anthropological approaches.

COURSE PREREQUISITE (S):

ENG 1101 and any Anthropology course.

RATIONALE:

This course would expand our department’s selection of Anthropology courses (we currently offer three), and it would be important as an option for students in our college interested in healthcare fields (i.e. nursing, optometry, dentistry, vision care, health and human services) as well as those from the biological sciences.

REQUIRED TEXTBOOK (S) and/or MATERIALS:

Title: *Exploring Medical Anthropology.*

Edition: 3rd Edition.

## Author: Joralemon, Donald.

Publisher: New York: Pearson, 2009.

Materials: Concise General Introduction to Medical Anthropology that can be paired with peer reviewed articles.

## Attached course outline written by: Lisa Pope Fischer Date: 3/26/16

## Reviewed/Revised by:       Date:

Effective quarter of course outline:       Date:

Academic Dean:       Date:

Course Objectives, Topical Unit Outlines, and Unit Objectives must be attached to this form.

TITLE: Medical Anthropology PREFIX/NO: ANTH 2000

COURSE OBJECTIVES:

Medical Anthropology aims to understand disease, health, and healing from a global perspective. Anthropologists look at the biocultural basis of health to understand how different cultures experience and treat illness. This course looks at medicine in terms of health, illness, and forms of healing from an Anthropological perspective that includes biological and cross-cultural perspectives. Whereas Western biomedicine tends to favor an application of science, in some societies health and illness cannot be separated from their worldview and spiritual belief systems. This course will address the various theories and methods used to analyze and understand the body as a site of illness and healing. Topics include Healers and Healing, Ethnomedicine, Humoral Medicine, Belief Systems (Religion, Spirituality, Worldview) and understandings of health, Diet and Nutrition, Social Inequality & Health Disparities, and Cultural understandings of Mental Health.

TOPICAL UNIT OUTLINE/UNIT OBJECTIVES:

1. *Week one*: Introduction to course
2. *Topics:*
	1. Introduce anthropological fieldwork methods and approaches
	2. *Observation and fieldnote writing in-class exercise using Horace Miner.*
3. *Suggested reading:*
	1. Joralemon Chapter 1: What’s So Cultural About Disease.
	2. Miner, Horace “Body Ritual among the Nacirema ” American Anthropologist, New Series, Vol. 58, No. 3 (Jun., 1956), pp. 503-507 Published by: Wiley on behalf of the American Anthropological Association Stable URL: http://www.jstor.org/stable/665280 .
	3. Scheper Hughes, Nancy and Margaret M. Lock (1987) “The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology” in *Medical Anthropology Quarterly*, New Series, Vol. 1, No 1 (Mar. 1987), pp. 6-41.
4. ***Biocultural Approaches***
	1. *Week two:* Evolution, health, and medicine
		1. *Topics:*
			1. Review Darwin and evolutionism
			2. What is evolution and how does it relate to medical issues?
			3. Classic Example: Sickle Cell Anemia as an adaptation to Malaria
		2. *Suggested Reading*:
			1. *Joralemon Chapter 3*: Recognizing Biological, Social and Cultural Interconnections: Evolutionary and Ecological Perspective”
			2. Brüne M ; Hochberg Z. “Evolutionary medicine--the quest for a better understanding of health, disease and prevention.” BMC Medicine [BMC Med] 2013 Apr 29; Vol. 11, pp. 116. Date of Electronic Publication: 2013 Apr 29.
	2. *Week three:* Human biological variation
		1. *Topics:*
			1. Lecture on body adaptation (Stocky = adaptation to cold, Tall thin = adaption to heat, Large chest capacity = adaptation to high altitude, etc.)
			2. Gender variation
		2. *Suggested Reading*: Ruff, Christopher. VARIATION IN HUMAN BODY SIZE AND SHAPE. Annual Review of Anthropology. 2002, Vol. 31 Issue 1, p211-232. 22p.
		3. *Do exercise*: Observation/Writing Fieldwork in class exercise.
	3. *Week four:* Bioarchaeology and the history of health
		1. *Topics*:
			1. *Review themes of bioarchaeology*.
			2. Review types of societies (Foragers, Pastoralists, Horticultural, Agricultural, Industrial/Post Industrial -Globalization)
		2. *Suggested Reading:* Larsen, Clark Spencer. “Bioarchaeology: The Lives and Lifestyles of Past People.” Journal of Archaeological Research. Jun2002, Vol. 10 Issue 2, p119-166. 48p.
	4. *Week Five:* Cultural and political ecologies of disease
		1. *Topics:*
			1. Review Political Economic Systems and address issues of social inequality
			2. Ecological/Epidemiological Approach: Looks at the interaction of natural and cultural factors in the cause of disease (New infectious diseases, Colonialism and disease, Diseases of Development – caused or increased by economic development that affect the environment and people’s relationship to it)
		2. *Suggested Reading:* Leatherman, Thomas. “A Space of Vulnerability in Poverty and Health: Political-Ecology and Biocultural Analysis.” Ethos (00912131); Mar2005, Vol. 33 Issue 1, p46-70, 25p
		3. *Assignment due:* Five page observation paper.

\*\*Week six: MIDTERM EXAM COVERS WEEKS 1-5 (Consists of multiple choice and Essay questions)

1. ***Cultural Approaches***
2. *Week Six:* Belief and ethnomedical systems
	* 1. *Topics:*

1. Ethnomedicine- the health systems of non-western cultures. The medical systems of a particular (usually non Western) cultural group (i.e. perceptions of the body, culture bound syndromes, etc.). Looks at preventative practices, non-Western understandings of diagnosis and ways of healing (spirits, community healing systems, humoral healing systems, etc.), healers (shamans, curanderas, etc.), and healing substances.

1. Discuss culture bound illness,
2. Role of mind/body,
3. Placebo.

Ii. Suggested Reading:

*1. Joralemon Chapter 2:”Anthropological Questions and Methods in the Study of Sickness and Healing”*

1. Randall, Theo “Understanding the Personalistic Aspects of Jola Ethnomedicine.” Journal of the Indiana Academy of the Social Sciences. 2010, Vol. 14, p18-30. 13p.
2. Oubre, Alondra. Shamanic trance and the placebo effect: The case for a study in psychobiological anthropology. PSI Research, Vol. 5(1-2), Mar-Jun, 1986. pp. 116-144..
3. Thompson, Jennifer Jo Ritenbaugh, Cheryl Nichter, Mark. [Reconsidering the placebo response from a broad anthropological perspective.](http://ehis.ebscohost.com.citytech.ezproxy.cuny.edu:2048/ehost/viewarticle?data=dGJyMPPp44rp2%2fdV0%2bnjisfk5Ie46bFKsK%2bySK6k63nn5Kx95uXxjL6nrUmvpbBIr6qeSbCwsFG4qLM4zsOkjPDX7Ivf2fKB7eTnfLujr0q3r69QtamzSaTi34bls%2bOGpNrgVe7p94Ck6t9%2fu7fMPt%2fku0quprdFrqeuUbWjrki1nOSH8OPfjLvc84Tq6uOQ8gAA&hid=4205) Culture, Medicine and Psychiatry, Vol 33(1), Mar, 2009. pp. 112-152.
4. *Week Seven:* Ethnomedicine continued: Healers in cross-cultural perspective
	* 1. *Topics:*
			1. Review different types of healing practices and beliefs (Animism, Curanderas, Shamans, etc.)
			2. Review logic of magic, uses of metaphor and analogy to understand magic as a healing method (James Frazer: Law of similarity, Law of Contagion; Tambiah: analogical pairs, Evans Pritchard: Explains unfortunate events).
			3. Look at cultural examples such as Asmat Biss ceremony, or Navajo sandpainting.
		2. *Suggested Reading:*
			1. *Joralemon Chapter 6: Healers and the Healing Profession*
			2. Glass-Coffin, Bonnie. “A MOTHER'S LOVE: GENDER, ALTRUISM, AND SPIRITUAL TRANSFORMATION.” Zygon: Journal of Religion & Science. Dec2006, Vol. 41 Issue 4, p893-902. 10p.
			3. Or -- Allocco, Amy. L. “From Survival to Respect: The Narrative Performances and Ritual Authority of a Female Hindu Healer.” Journal of Feminist Studies in Religion Spring2013, Vol. 29 Issue 1, p101-117. 17p.
			4. Evans-Pritchard Unfortunate Events.
5. *Week Eight:* Ideationist/Interpretist Approach and Culture, illness, and mental health
	* 1. *Topics:*
			1. Ideationist/Interpretist Approach: The analysis of illness and healing systems of meaning. The studies of how people in different cultures label, describe, and experience illness and how healing modalities offer meaningful responses to individual and communal distress.
			2. Review Psychological Anthropology and its methods

* + 1. *Suggested Reading:*
			1. Kohrt, Brandon A., Maharjan, Sujen M., Timsina, Damber, . “APPLYING NEPALI ETHNOPSYCHOLOGY TO PSYCHOTHERAPY FOR THE TREATMENT OF MENTAL ILLNESS AND PREVENTION OF SUICIDE AMONG BHUTANESE REFUGEES.” Annals of Anthropological Practice. May2012, Vol. 36 Issue 1, p88-112. 25p.
			2. Hoppes S, Hamilton TB, Robinson C “A Course in Autoethnography: fostering reflective practitioners in occupational therapy” occupational Therapy in Health Care, 2007; 21 (1-2): 133-143.
		2. *Writing exercise:* Do therapeutic writing exercise.
1. *Week Nine:* Critical medical anthropology
	* 1. *Topics:*
			1. Critical Medical Anthropology: refers to issues of power and resistance in terms of illness and healing. Looks at how economic and power structures shape peoples’ health, their access to healthcare, and prevailing healing systems (The role of poverty, Western Medical training examined)
			2. Discuss how anthropologists analyze the Western Medical model as a cultural construct that may entail social inequities.
			3. Address issues of gender, race, class.
		2. *Suggested Reading:*
			1. 1. *Joralemon Chapter 4: “ Expanding the Vision of Medical Anthropology: Critical and Interpretive Views of the Cholera Epidemic”*
			2. Emily Martin and /or
			3. [Dykes](http://go.galegroup.com.citytech.ezproxy.cuny.edu:2048/ps/advancedSearch.do?inputFieldName(0)=AU&prodId=PPNU&userGroupName=cuny_nytc&method=doSearch&inputFieldValue(0)=%22Fiona+Dykes%22&searchType=AdvancedSearchForm), Fiona. “Applying critical medical anthropology to midwifery research.” [Evidence-Based Midwifery (Royal College of Midwives)](http://go.galegroup.com.citytech.ezproxy.cuny.edu:2048/ps/aboutJournal.do?pubDate=120090901&rcDocId=GALE%7CA224934613&actionString=DO_DISPLAY_ABOUT_PAGE&inPS=true&prodId=PPNU&userGroupName=cuny_nytc&resultClickType=AboutThisPublication&contentModuleId=PPNU&searchType=AdvancedSearchForm&docId=GALE%7C1SFU). 7.3 (Sept. 2009): p84.

***IV. Applied Medical Anthropology***

1. *Week ten:* Clinical Medical Anthropology
	* 1. *Topics:*
			1. Clinical Medical Anthropology: The application of anthropological knowledge in improving healthcare. Applying anthropology to help healthcare providers.
			2. What is the “culture of medicine”?
			3. How do Western doctors perceive health, illness, diagnosis and treatment?
		2. *Suggested Reading:*
			1. *Joralemon Chapter 7: Applying Medical Anthropology*
			2. *Joralemon Chapter 9: Body, Self and Biotechnologies*
			3. Katz, Pearl “Ritual in the Operating Room” Ethnology, Vol 20, No. 4 (Oct., 1981), pp. 335-350.
			4. Coughlin, Christine “An ethnographic study of main events during hospitalization: Perceptions of nurses and patients” Journal of Clinical Nursing (J CLIN NURS), 2013 Aug; 22 (15/16): 2327-37.
			5. Kleinman A, Eisenberg L, Good B. Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. Ann Intern Med 1978;88:251–8
2. *Week eleven:* Case Studies in Explanatory Models
	* 1. *Topics:*
			1. The social construction of illness and the social production of health.
			2. Explore ways cultural understandings can be applied to real world contexts -- do patient/doctor interaction exercise to explore Anthropological methods of observation and interpretation using Fadiman reading.
		2. *Suggested Reading:*
			1. *Joralemon Chapter 8: Anthropology and Medical Ethics*
			2. Fadiman, Ann. The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures. Farrar, Straus, & Giroux, 1997. (Or assign shorter article):
			3. Fadiman, Ann. "The Spirit Catches You and You Fall Down": Epilepsy and the Hmong. Epilepsy & Behavior: E&B [Epilepsy Behav] 2000 Feb; Vol. 1 (1), pp. S3-S8.
			4. Rairdan, Betty, Higgs, Zana Rae. “When your patient is Hmong refugee.” American Journal of Nursing; March 1992, Vol. 92, p52-55, 4p.
		3. *In class exercise:* Do patient/doctor interaction exercise to explore Anthropological methods of observation and interpretation using Fadiman reading.

k. Week twelve: Case Studies continued: Exploring cultural misunderstandings

* + 1. *Topics:*
			1. How a patient’s interpretation of an illness may offset proper diagnosis.
			2. The case of “susto.”
		2. *Suggested Readings:*
		3. 1. Bolton, Ralph (1981) “Susto, Hostility, and Hypoglycemia” Ethnology , Vol. 20, No. 4 (Oct., 1981), pp. 261-276.

2. Poss, Jane and Mary Ann Jezewski (2002) “The Role and Meaning of Susto in Mexican Americans' Explanatory Model of Type 2 Diabetes” Medical Anthropology Quarterly , New Series, Vol. 16, No. 3 (Sep., 2002), pp. 360-377.

3.[Rubel](http://www.jstor.org.citytech.ezproxy.cuny.edu:2048/action/doBasicSearch?Query=au%3A%22Arthur+J.+Rubel%22&wc=on&fc=on), Arthur J. and [Carmella C. Moore](http://www.jstor.org.citytech.ezproxy.cuny.edu:2048/action/doBasicSearch?Query=au%3A%22Carmella+C.+Moore%22&wc=on&fc=on) (2001)”T[he Contribution of Medical Anthropology to a Comparative Study of Culture: Susto and Tuberculosis](http://www.jstor.org.citytech.ezproxy.cuny.edu:2048/stable/649668?&Search=yes&searchText=disease&searchText=susto&list=hide&searchUri=%2Faction%2FdoBasicSearch%3FQuery%3Dsusto%2Bdisease%26fromHomePage%3Dtrue%26acc%3Don%26wc%3Don%26fc%3Doff&prevSearch=&item=1&ttl=275&returnArticleService=showFullText)” Medical Anthropology Quarterly, New Series, Vol. 15, No. 4, Special Issue: The Contributions of Medical Anthropology to Anthropology and Beyond (Dec., 2001), pp. 440-454

1. Week Thirteen: Applying methods to improve care
	* 1. *Topics:*
			1. Ways of interviewing alternative responses.
			2. Narrative methods to improve patient/healthcare practitioner interactions,
		2. *Suggested Reading*:

1. Arntfield, Shannon L., Kristen Slesar, Jennifer Dickson, Rita Charon “Narrative medicine as a means of training medical students toward residency competencies” Patient Education and Counseling. [Volume 91, Issue 3](http://www.sciencedirect.com.citytech.ezproxy.cuny.edu:2048/science/journal/07383991/91/3), June 2013, Pages 280–286.

2. Csordas, Thomas, Christopher Dole, Allen Tran, Matthew Strickland, Michael Storck “Ways of Asking, Ways of Telling” Culture, Medicine, & Psychiatry, Mar 2010, Vol, 34, Issue 1, p29-55.

3. Wikan, Unni “Managing the Heart to Brighten Face and Soul: emotions in Balinese Morality and Healthcare” American Ethnologist, Vol. 16, No. 2 (May, 1989), pp.294-312.

* + 1. *Writing Exercise*: Do narrative writing exercise based on Rita Charon methods.
1. *Week fourteen:* Social inequality and Health Care (Race, gender, class, age)
	* 1. *Topics:*
			1. What is race? What is ethnicity?
			2. How does race and ethnicity affect healthcare practices?
		2. *Suggested Reading:*

1. Farmer, Paul and D. Maru “Human Rights and Health Systems Development: Confronting the Politics of Exclusion and the Economics of Inequality” Health and Human Rights, Dec 15, 2012, Vol. 14 (2), pp. 10-8.

2. Kleinman, Arthur, and Benson, Peter. “Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It.” PLoS Medicine. Oct2006, Vol. 3 Issue 10, p1673-1676. 4p.

1. *Week fifteen:* Globalization
	* 1. *Topics:*
			1. Anthropologists look at the role of globalization in the spread of illness, as well as forms of healing as Western biomedicine may affect indigenous cultures. Medical pluralism looks at different types of healing systems existing in one society – the combo of Western biomedicine with indigenous or folk healing methods.
			2. Issues of stigma, chronic illness, social inequality,
			3. Issues of nutrition and international health,
			4. Medical tourism
		2. *Suggested reading:*
			1. *Joralemon Chapter 5: The Global Petri Dish*
			2. *Joralemon Chapter 10: A Look Back and a Glance Ahead*
			3. Jones, Chaunetta. “If I Take My Pills I’ll Go Hungary’: The Choice Between Economic Security and HIV/AIDS Treatment in Grahamstown, South Africa” Annals of Anthropological Practice. Ma 2011, Vol 35 Issue 1, p67-80 (14p).
			4. Sharp, Lesley A. “The Commodification of the Body and Its Parts” Annual Review of Anthropology; 200, Vol. 29, p287-328.
			5. Inhorn, MC. "Globalization and Gamates: Reproductive 'Tourism,' Islamic Bioethic, and Middle Eastern Modernity." *Anthropology and Medicine* 18, no. 1 (April 2011): 87-103.

*Final Exam Last Day of Class***COURSE REQUIREMENTS/GRADING POLICIES:**

Attendance (arrive on time & attend full course period) AND

Participation 10%

Student group presentations (20%)

Writing exercises 40% (1. Observation Fieldwork (15), 2. Patient/Doctor Scenario (5), 3. Narrative Medicine (15) , 4. Therapeutic Writing (5)).

Midterm (10%)

Final exam (20%)

**CITYTECH GRADE POINTS:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A | 93-100 | B | 83-86.9 | C | 70-76.9 | WU | Unofficial Withdrawal –More than 3 absents |
| A- | 90-92.9 | B- | 80-82.9 | D | 60-69.9 |  |  |
| B+ | 87-89.9 | C+ | 77-79.9 | F | 59.9 below |  |  |

### COURSE OBJECTIVES/ASSESSMENT MEASURES

|  |  |
| --- | --- |
| **LEARNING OUTCOMES** | **ASSESSMENT METHODS** |
| **1.** Have an understanding of Anthropological fieldwork. Learning the skills of Anthropology can facilitate better observation and communication skills with people from other cultures. | **1.** In class exercises and writing exercises demonstrate understanding of Anthropological fieldwork: 1. Observation Fieldwork 2. Patient/Doctor Scenario 3. Narrative Medicine , 4. Therapeutic Writing . |
| **2.** Able to articulate Anthropological themes and concepts used to analyze medical issues. | **2.** Students apply the themes and concepts of the course to class assignments. Students must apply the main thesis or theme from assigned articles to their analysis. Exam essays test ability to articulate themes and concepts. |
| **3.** Have anunderstanding of the key concepts in themes from the course (cultural relativism, social inequality, etc.) | **3.** Questions on exams and themes applied to group project and exam essays facilitate learning key concepts in the field of Anthropology. |
| **4.** Have an understanding & sensitivity for a variety of cultures and their understandings about health and healing. | **4.** Essay questions on exams, class discussions, and projects give students an appreciation of multi-cultural perspectives related to health and healing. |

### GENERAL EDUCATION LEARNING OUTCOMES/ASSESSMENT METHODS

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| **LEARNING OUTCOMES** | **ASSESSMENT METHODS** |
| **1.** KNOWLEDGE: Students develop knowledge of the concepts and theories deployed by anthropologists in their analysis of cultural and social issues particularly as they relate to medical issues. | **1.** Course exercises and exams measure a student’s understanding of key concepts and approaches in Anthropology. The skillset learned from anthropology such as observation, cultural sensitivity, and analysis can apply to lifelong learning. |
| **2** SKILLS: Students demonstrate the ability to communicate, analyze, and produce materials that illustrate inquiry and analysis.  | **2.** Course exercises and exams evaluate a student’s understanding of Anthropological skills. Students communicate understanding in oral and written form. They learn observation skills as well as the ability to then derive understand of what they observe in the form of qualitative analysis or ethnography. |
| **3.** INTEGRATION:Students work productively within and across disciplines. | **3.** Course exercises and exams show student’s ability to resolve issues creatively using an anthropological skillset. Reading assignments highlight Anthropology but overlap with other disciplines allowing students to make meaningful connections between different approaches. Students gather articles from library article database and interpret, evaluate, and apply information from these scholarly peer reviewed materials. Students present the articles in class, and incorporate them in their writing. |
| **4.** VALUES, ETHICS, AND RELATIONSHIPS: Students understand and apply values, ethics, and diverse perspectives in personal, civic, and cultural/global domains | **4.** Course exercises and exams allow students to demonstrate cultural awareness and sensitivity (cultural relativism). Helps students understand from an “emic” view (the perspective of another culture), yet also gain new understanding of our own culture. |

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| **Library resources and bibliography**\*All the following articles can be accessed from the city tech article database EBSCO. Books are available via CUNY library resources.BibliographyAllocco, Amy L. "From Survival to Respect: The Narrative Performances and Ritual Authority of a Female Hindu Healer." *Journal of Feminist Studies in Relgion* 29, no. 1 (Spring 2013): 101-117.Arntfield, Shannon L., Kristen Slesar, Jennifer Dickson, and Rita Charon. "Narrative Medicine As a Means of Training Medical Students Toward Residency Competencies." *Patient Education and Counseling* 91, no. 3 (June 2013): 280-286.Bolton, Ralph. "Susto, Hostility, and Hypoglycemia." *Ethnology* 20, no. 4 (October 1981): 261-276.Brüne, M, and Z Hochberg. "Evolutionary Medicine : The Quest For a Better Understanding of Health Disease and Prevention." *BMC Medicine* 11 (April 2013): 116.Coughlin, Christine. 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"A Mother's Love: Gender, Altruism, and Spiritual Transformation." *Zygon: Journal of Relgion & Science* 41, no. 4 (December 2006): 893-902.Hoppes, S, TB Hamilton, and C Robinson. "A Course in Autoethnography: Fostering Reflective Practitioners in Occupational Therapy." *Occupational Therapy in Health Care* 21, no. 1-2 (2007): 133-143.Inhorn, MC. "Globalization and Gamates: Reproductive 'Tourism,' Islamic Bioethic, and Middle Eastern Modernity." *Anthropology and Medicine* 18, no. 1 (April 2011): 87-103.Jones, Chaunetta. ""If I take my pills I'll go hungary": The Choice Between Economic Security and HIV/AIDS Treatment in Grahamstown, South Africa." *Annals of Anthropological Practice* 35, no. 1 (May 2011): 67-80.Joralemon, Donald. *Exploring Medical Anthropology.* 3rd Edition. New York: Pearson, 1989.Katz, Pearl. "Ritual in the Operating Room." *Ethnology* 20, no. 4 (October 1981): 335-350.Kleinman, A, L Eisenberg, and B Good. "Culture, Illness, and Care: Clinical Lessons From Anthropologic and Cross Cultural Research." *Annual International Journal of Medicine* 88 (1978): 251-258.Kleinman, Arthur, and Peter Benson. "Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix it." *PLoS Medicine* 3, no. 10 (October 2006): 1673-1676.Kohrt, Brandon A., Sujen M. Maharjan, and Damber Timsina. "Applying Nepali Ethnopsychology to Psychotherapy For the Treatment of Mental Illness and Prevention of Suicide Among Bhutanese Refugees." *Annals of Anthropological Practice* 36, no. 1 (May 2010): 88-112.Larsen, Clark Spencer. "Bioarchaeology: The Lives and Lifestyles of Past People." *Journal of Archaeological Research* 10, no. 2 (June 2002): 119-166.Leatherman, Thomas. "A Space of Vulnerability in Poverty and Health: Political Ecology and Bioculturla Analysis." *Ethos* 33, no. 1 (March 2005): 46-70.Martin, Emily. 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"When Your Patient is Hmong Refugee." *American Journal of Nursing* 92 (March 1992): 261-276.Randall, Theo. "Understanding the Personalistic Aspects of Jola Ethnomedicine." *Journal of Indiana Academy of the Social Sciences* 14 (2010): 18-13.Rubel, Arthur, and Carmella C. Moore. "The Contribution of Medical Anthropology to a Comparative Study of Culture: Susto and Tuberculosis." *Medical Anthropology Quarterly, New Series* 15, no. 4 (December 2001): 440-454.Ruff, Christopher. "Variation in Human Body Size and Shape." *Annual Review of Anthropology* 31, no. 1 (2002): 211-232.Scheper-Hughes, Nancy, and Margaret M. Lock. "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology." *Medical Anthropology Quarterly, New Series* 1, no. 1 (March 1987): 6-41.Sharp, Lesley A. "The Commodification of the Body and Its Parts." *Annual Review of Anthropology* 29 (2000): 287-328.Thompson, Jennifer, Cheryl Ritenbaugh, and Mark Nichter. "Reconsidering the Placebo Response From a Broad Anthropological Perspective." *Culture, Medicine and Psychiatry* 33, no. 1 (March 2009): 112-152.Wikan, Unni. "Managing the Heart to Brighten Face and Soul: Emotions in Balinese Morality and Healthcare." *American Ethnologist* 16, no. 2 (May 1989): 294-312. |

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| **Course Need Assessment.** Describe the need for this course. Include in your statement the following information. |
| **Target Students who will take this course. Which programs or departments, and how many anticipated?****Documentation of student views (if applicable, e.g. non-required elective).**This course would expand our department’s selection of Anthropology courses (we currently offer three), and it would be important as an option for students in our college interested in healthcare fields (i.e. nursing, optometry, dentistry, vision care, health and human services) as well as those from the biological sciences. |
| **Projected headcounts (fall/spring and day/evening) for each new or modified course.**30 per semester as it is a writing intensive. |
| **If additional physical resources are required (new space, modifications, equipment), description of these requirements. If applicable, Memo or email from the VP for Finance and Administration with written comments regarding additional and/or new facilities, renovations or construction.**N/A |
| **Where does this course overlap with other courses, both within and outside of the department?**ANTH 1101: Introduction to Anthropology (Basic anthropological concepts and introduction to fieldwork methods)ANTH 1102: Comparative religion (This course covers a section on spiritual healing methods that would overlap with the Medical Anthro course)ANTH 1103: Contemporary women (This course addresses issues of inequality in terms of race, ethnicity, class, and gender – all areas that are also incorporated into the Medical Anthro course.PSY 3405: Health Psychology (minimal to no overlap)PHIL 2203: Health Care Ethics (minimal to no overlap) |
| **Does the Department currently have full time faculty qualified to teach this course? If not, then what plans are there to cover this?**Yes |
| **If needs assessment states that this course is required by an accrediting body, then provide documentation indicating that need.**World Cultures and Global Issues |
| **Course Design**Describe how this course is designed.  |
| **Course Context (e.g. required, elective, capstone)**Elective, Capstone |

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| **Course Structure: how the course will be offered (e.g. lecture, seminar, tutorial, fieldtrip)?**The course will be in lecture format with seminar student discussions |
| **Anticipated pedagogical strategies and instructional design (e.g. Group Work, Case Study, Team Project, Lecture)**Though the structure and spine of the course is based on a lecture format, students will often break into groups to focus more directly on the material.Students will work in groups exercises to review the concepts and themes of the course, such as:•Each week a select group of students will present the week’s readings to the class.•There is a group observation/fieldnote exercise in which students work in pairs observing and writing up fieldnotes•There is a “mock” patient/healthcare practitioner interview where students reenact interviews with a Hmong immigrant patient. This exercise encourages students to listen and interpret from a culturally relative perspective.There are several “case studies” used to evaluate the material, in particular we will look at a Hmong immigrant example drawing on the work of Ann Fadiman, and we will look at a Mexican illness, “Susto,” and how practioners may find alternative diagnosis. |
| **How does this course support Programmatic Learning Outcomes?**n/a |
| **Is this course designed to be partially or fully online? If so, describe how this benefits students and/or program.**No |
| **Additional Forms for Specific Course Categories** |
| [Interdisciplinary Form](http://www.300jaystreet.com/college-council/resources/2010/04/13_01-Interdisciplinary_Course_v3.1.pdf) (if applicable) N/A |
| [Common Core (Liberal Arts) Intent to Submit](http://www.300jaystreet.com/college-council/resources/2013/10/CommonCoreCourseSubmissionForm_4.2.12.doc) (if applicable) |
| **Writing Intensive Form if course is intended to be a WIC** (under development)  |
| **If course originated as an experimental course, then results of evaluation plan as developed with director of assessment.** N/A |
| **(Additional materials for** [**Curricular Experiments**](http://www.300jaystreet.com/college-council/curriculum_proposals/curricular-experiments)**)** |
| **Plan and process for evaluation developed in consultation with the director of assessment. (Contact Director of Assessment for more information).**N/A |
| **Established Timeline for Curricular Experiment**N/A |

**Chancellor’s University Reports**

Chancellors Report **Section AIV: New Courses**

**AIV.1**

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| **CUNYfirst Course ID** |  |
| **Department(s)** | **Social Science** |
| **Career** | **[  x ] Undergraduate  [ ] Graduate**  |
| **Academic Level** | **[ x ] Regular  [   ] Compensatory  [   ] Developmental  [   ] Remedial**  |
| **Subject Area** | **Anthropology** |
| **Course Prefix** | **ANTH**  |
| **Course Number** |  **2000** |
| **Course Title** | **Medical Anthropology** |
| **Catalogue Description** | This course examines how anthropologists study the understanding of disease, health, and healing from a global perspective. Topics include Healers and Healing, Social Inequality and Health Disparities, Globalization, Biocultural, Cultural, and Applied Anthropological approaches. |
| **Pre/ Co Requisites** | **ENG 1101 and any Anthropology course.** |
| **Credits** | **3** |
| **Contact Hours** | **3** |
| **Liberal Arts** | **[ X] Yes  [  ] No**  |
| **Course Attribute**  | **Writing Intensive** |
| **Course Applicability** |

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| **[ ] Major** |  |  |  |
| **[ ] Gen Ed Required** | **[ ] Gen Ed - Flexible** | **[ ] Gen Ed - College Option** |
| **[ ] English Composition** | **[ X] World Cultures** | **College Option Detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **[ ] Mathematics** | **[ ] US Experience in its Diversity** |  |
| **[ ] Science** | **[ ] Creative Expression** |  |
|  |  | **[ ] Individual and Society** |  |
|  |  | **[ ] Scientific World** |  |

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| **Effective Term** | **Fall 2016** |

Rationale:  This course would expand our department’s selection of Anthropology courses (we currently offer three), and it would be important as an option for students in our college interested in healthcare fields (i.e. nursing, optometry, dentistry, vision care, health and human services) as well as those from the biological sciences.

**CUNY Common Core
Course Submission Form**

Instructions: All courses submitted for the Common Core must be liberal arts courses. Courses may be submitted for only one area of the Common Core. All courses must be 3 credits/3 contact hours unless the college is seeking a waiver for another type of Math or Science course that meets major requirements. Colleges may submit courses to the Course Review Committee at any time. Courses must also receive local campus governance approval for inclusion in the Common Core.

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| --- | --- |
| **College** |  |
| **Course Prefix and Number (e.g., ANTH 101, if number not assigned, enter XXX)** | ANTH 2000 |
| **Course Title** | Medical Anthropology |
| **Department(s)** | Social Sciences |
| **Discipline** | Anthropology |
| **Credits** | 3 |
| **Contact Hours** | 3 |
| **Pre-requisites (if none, enter N/A)** | **ENG 1101 and any Anthropology course.** |
| **Co-requisites (if none, enter N/A)** | N/A |
| **Catalogue Description** | This course examines how anthropologists study the understanding of disease, health, and healing from a global perspective. Topics include Healers and Healing, Social Inequality and Health Disparities, Globalization, Biocultural, Cultural, and Applied Anthropological approaches. |
| **Special Features (e.g., linked courses)** |  |
| **Sample Syllabus**  | Syllabus must be included with submission, 5 pages max recommended |
| **Indicate the status of this course being nominated:**[ ]  current course [ ]  revision of current course X a new course being proposed |
| **CUNY COMMON CORE Location** **Please check below the area of the Common Core for which the course is being submitted. (Select only one.)** |
| Required[ ]  English Composition[ ]  Mathematical and Quantitative Reasoning[ ]  Life and Physical Sciences |  FlexibleX World Cultures and Global Issues [ ]  Individual and Society[ ]  US Experience in its Diversity [ ]  Scientific World[ ]  Creative Expression |
| **Waivers for Math and Science Courses with more than 3 credits and 3 contact hours**Waivers for courses with more than 3 credits and 3 contact hours will only be accepted in the required areas of “Mathematical and Quantitative Reasoning” and “Life and Physical Sciences.” Three credit/3-contact hour courses must also be available in these areas. |
| **If you would like to request a waiver please check here:** | [ ]  Waiver requested |
| **If waiver requested:** Please provide a brief explanation for why the course will not be 3 credits and 3 contact hours.  |  |
| **If waiver requested:** Please indicate whether this course will satisfy a major requirement, and if so, which major requirement(s) the course will fulfill.  |  |

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| **Learning Outcomes****In the left column explain the course assignments and activities that will address the learning outcomes in the right column.** |
| 1. **Required Core (12 credits)**
 |
| **­­****A. English Composition:** Six creditsA course in this area must meet all the learning outcomes in the right column. A student will:  |
|  | * Read and listen critically and analytically, including identifying an argument's major assumptions and assertions and evaluating its supporting evidence.
 |
|  | * Write clearly and coherently in varied, academic formats (such as formal essays, research papers, and reports) using standard English and appropriate technology to critique and improve one's own and others' texts.
 |
|  | * Demonstrate research skills using appropriate technology, including gathering, evaluating, and synthesizing primary and secondary sources.
 |
|  | * Support a thesis with well-reasoned arguments, and communicate persuasively across a variety of contexts, purposes, audiences, and media.
 |
|  | * Formulate original ideas and relate them to the ideas of others by employing the conventions of ethical attribution and citation.
 |
| **B. Mathematical and Quantitative Reasoning:** Three creditsA course in this area must meet all the learning outcomes in the right column. A student will:  |
|  | * Interpret and draw appropriate inferences from quantitative representations, such as formulas, graphs, or tables.
 |
|  | * Use algebraic, numerical, graphical, or statistical methods to draw accurate conclusions and solve mathematical problems.
 |
|  | * Represent quantitative problems expressed in natural language in a suitable mathematical format.
 |
|  | * Effectively communicate quantitative analysis or solutions to mathematical problems in written or oral form.
 |
|  | * Evaluate solutions to problems for reasonableness using a variety of means, including informed estimation.
 |
|  | * Apply mathematical methods to problems in other fields of study.
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| **C. Life and Physical Sciences:** Three creditsA course in this area must meet all the learning outcomes in the right column. A student will:  |
|  | * Identify and apply the fundamental concepts and methods of a life or physical science.
 |
|  | * Apply the scientific method to explore natural phenomena, including hypothesis development, observation, experimentation, measurement, data analysis, and data presentation.
 |
|  | * Use the tools of a scientific discipline to carry out collaborative laboratory investigations.
 |
|  | * Gather, analyze, and interpret data and present it in an effective written laboratory or fieldwork report.
 |
|  | * Identify and apply research ethics and unbiased assessment in gathering and reporting scientific data.
 |
| **II. Flexible Core** **(18 credits)** Six three-credit liberal arts and sciences courses, with at least one course from each of the following five areas and no more than two courses in any discipline or interdisciplinary field. |
| **A. World Cultures and Global Issues** |
| A Flexible Core course must meet the three learning outcomes in the right column. |
| **Students will draw on a range of sources especially scholarly works that address different points of view in terms of health and healing. This includes gathering and evaluating scholarly peer reviewed articles.** | * Gather, interpret, and assess information from a variety of sources and points of view.
 |
| **Students learn to be critical thinkers by drawing on scholarly works and then showing their ability to apply the main thesis arguments to student projects and real world applications. Students present their work in a group project and writing projects.** | * Evaluate evidence and arguments critically or analytically.
 |
| **Through student presentations, writing exercises, and exams, students will produce well -reasoned written and oral evidence to support conclusions regarding the range of health and healthcare beliefs and practices.** | * Produce well-reasoned written or oral arguments using evidence to support conclusions.
 |
| A course in this area (II.A) must meet at least three of the additional learning outcomes in the right column. A student will:  |
| **As an applied anthropological discipline, medical anthropology addresses real world issues to apply the tools of discipline to understand and address medical understandings and concerns. Students will learn anthropological methodology, but also how the skills of observation and interpretation can facilitate medical healthcare practices. These skills are taught via the research assignments.** | * Identify and apply the fundamental concepts and methods of a discipline or interdisciplinary field exploring world cultures or global issues, including, but not limited to, anthropology, communications, cultural studies, economics, ethnic studies, foreign languages (building upon previous language acquisition), geography, history, political science, sociology, and world literature.
 |
| **Students will learn about healthcare practices and beliefs from a range of cultural perspectives (weekly topics, readings, etc.). Learning about culturally diverse understandings of healthcare and illness may help students better understand our American diverse ethnic populations in order to better interpret diagnosis and gain patient client rapport.** | * Analyze culture, globalization, or global cultural diversity, and describe an event or process from more than one point of view.
 |
|  | * Analyze the historical development of one or more non-U.S. societies.
 |
|  | * Analyze the significance of one or more major movements that have shaped the world's societies.
 |
| **This course draws on distinguishing and understanding the role of race, ethnicity, gender, language, sexual orientation, and especially different cultural beliefs as they pertain to understandings, expressions, and applications of health and healthcare practices. These issues are addressed in weekly topics, course readings, and topics for assignments.** | * Analyze and discuss the role that race, ethnicity, class, gender, language, sexual orientation, belief, or other forms of social differentiation play in world cultures or societies.
 |
|  | * Speak, read, and write a language other than English, and use that language to respond to cultures other than one's own.
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| **B. U.S. Experience in its Diversity**A Flexible Core course must meet the three learning outcomes in the right column. |
|  | * Gather, interpret, and assess information from a variety of sources and points of view.
 |
|  | * Evaluate evidence and arguments critically or analytically.
 |
|  | * Produce well-reasoned written or oral arguments using evidence to support conclusions.
 |
| A course in this area (II.B) must meet at least three of the additional learning outcomes in the right column. A student will: |
|  | * Identify and apply the fundamental concepts and methods of a discipline or interdisciplinary field exploring the U.S. experience in its diversity, including, but not limited to, anthropology, communications, cultural studies, economics, history, political science, psychology, public affairs, sociology, and U.S. literature.
 |
|  | * Analyze and explain one or more major themes of U.S. history from more than one informed perspective.
 |
|  | * Evaluate how indigenous populations, slavery, or immigration have shaped the development of the United States.
 |
|  | * Explain and evaluate the role of the United States in international relations.
 |
|  | * Identify and differentiate among the legislative, judicial, and executive branches of government and analyze their influence on the development of U.S. democracy.
 |
|  | * Analyze and discuss common institutions or patterns of life in contemporary U.S. society and how they influence, or are influenced by, race, ethnicity, class, gender, sexual orientation, belief, or other forms of social differentiation.
 |
| **C. Creative Expression** |
| A Flexible Core course must meet the three learning outcomes in the right column. |
|  | * Gather, interpret, and assess information from a variety of sources and points of view.
 |
|  | * Evaluate evidence and arguments critically or analytically.
 |
|  | * Produce well-reasoned written or oral arguments using evidence to support conclusions.
 |
| A course in this area (II.C) must meet at least three of the additional learning outcomes in the right column. A student will: |
|  | * Identify and apply the fundamental concepts and methods of a discipline or interdisciplinary field exploring creative expression, including, but not limited to, arts, communications, creative writing, media arts, music, and theater.
 |
|  | * Analyze how arts from diverse cultures of the past serve as a foundation for those of the present, and describe the significance of works of art in the societies that created them.
 |
|  | * Articulate how meaning is created in the arts or communications and how experience is interpreted and conveyed.
 |
|  | * Demonstrate knowledge of the skills involved in the creative process.
 |
|  | * Use appropriate technologies to conduct research and to communicate.
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| **D. Individual and Society**A Flexible Core course must meet the three learning outcomes in the right column. |
|  | * Gather, interpret, and assess information from a variety of sources and points of view.
 |
|  | * Evaluate evidence and arguments critically or analytically.
 |
|  | * Produce well-reasoned written or oral arguments using evidence to support conclusions.
 |
| A course in this area (II.D) must meet at least three of the additional learning outcomes in the right column. A student will: |
|  | * Identify and apply the fundamental concepts and methods of a discipline or interdisciplinary field exploring the relationship between the individual and society, including, but not limited to, anthropology, communications, cultural studies, history, journalism, philosophy, political science, psychology, public affairs, religion, and sociology.
 |
|  | * Examine how an individual's place in society affects experiences, values, or choices.
 |
|  | * Articulate and assess ethical views and their underlying premises.
 |
|  | * Articulate ethical uses of data and other information resources to respond to problems and questions.
 |
|  | * Identify and engage with local, national, or global trends or ideologies, and analyze their impact on individual or collective decision-making.
 |
| **E. Scientific World**A Flexible Core course must meet the three learning outcomes in the right column. |
|  | * Gather, interpret, and assess information from a variety of sources and points of view.
 |
|  | * Evaluate evidence and arguments critically or analytically.
 |
|  | * Produce well-reasoned written or oral arguments using evidence to support conclusions.
 |
| A course in this area (II.E) must meet at least three of the additional learning outcomes in the right column. A student will: |
|  | * Identify and apply the fundamental concepts and methods of a discipline or interdisciplinary field exploring the scientific world, including, but not limited to: computer science, history of science, life and physical sciences, linguistics, logic, mathematics, psychology, statistics, and technology-related studies.
 |
|  | * Demonstrate how tools of science, mathematics, technology, or formal analysis can be used to analyze problems and develop solutions.
 |
|  | * Articulate and evaluate the empirical evidence supporting a scientific or formal theory.
 |
|  | * Articulate and evaluate the impact of technologies and scientific discoveries on the contemporary world, such as issues of personal privacy, security, or ethical responsibilities.
 |
|  | * Understand the scientific principles underlying matters of policy or public concern in which science plays a role.
 |

**LIBRARY RESOURCES & INFORMATION LITERACY: MAJOR CURRICULUM MODIFICATION**

Please complete for **all** major curriculum modifications. This information will assist the library in planning for new acquisitions; it will not affect curriculum proposals either positively or negatively.

Consult with library faculty subject selectors (<http://cityte.ch/dir>) **3 weeks in advance** when planning course proposals to ensure enough time to allocate budgets if materials need to be purchased.

**Course proposer:** please complete boxes 1-4. **Library faculty subject selector:** please complete box 5.

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| **1** | **Title of proposal**New Course -- Medical Anthropology | **Department/Program**Social Sciences |
|  | **Proposed by** (include email & phone)Lisa Pope FischerLpopefischer@citytech.cuny.edu | **Expected date course(s) will be offered** ?Fall 2016**# of students 25-40** |

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| **2** | **Are City Tech library resources sufficient for course assignments? Please elaborate.**This course encourages students to become familiar with peer-reviewed articles, and many of the readings can be accessed through the City Tech Library Article Databases.  |

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| **3** | **Are additional resources needed for course assignments? Please provide details about format of resources (e.g., ebooks , journals, DVDs, etc.), author, title, publisher, edition, date, and price.**Joralemon, Donald. *Exploring Medical Anthropology.* 3rd Edition. New York: Pearson, 1989.  |

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| **4** | **Library faculty focus on strengthening students' information literacy skills in finding, evaluating, and ethically using information. We can collaborate on developing assignments and offer customized information literacy instruction and research guides for your course.****Do you plan to consult with the library faculty subject specialist for your area? Please elaborate.**As I do encourage student to become familiar with finding peer reviewed articles, it would be beneficial to consult with a library faculty specialist to perhaps give guidance on how to best teach students how to use article databases.  |

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| **5** | **Library Faculty Subject Selector** Maura Smale**Comments and Recommendations**I have reviewed the description for this new Medical Anthropology course and am pleased to support it. The Library will acquire the course textbook, and will supplement our current collection of books and other research materials on Medical Anthropology and other relevant topics.**Date** 2/26/16 |

**SAMPLE SYLLABUS**

**New York City College of Technology**

**Social Science Department**

**COURSE CODE:** ANTH 2000

**TITLE:** MEDICAL ANTHROPOLOGY, Time/place

**Number of class hours, lab hours if applicable, credits:**  3 Class Hours, 3 Credits, BS core

**Enrollment requirements:** **ENG 1101 and any Anthropology course.**

**Satisfies Flexible Core** – World Cultures & Global Issues

**INSTRUCTOR**

Dr. Lisa Pope Fischer

LPopeFischer@citytech.cuny.edu

718-260-5742

Namm 627, Office Hours Tuesdays 11:30-1:00, Thursdays 2:00-2:30.

**COURSE DESCRIPTION:**

Medical Anthropology examines how anthropologists study the understanding of disease, health, and healing from a global perspective. Anthropologists look at the biocultural basis of health to understand how different cultures experience and treat illness. This course looks at medicine in terms of health, illness, and forms of healing from an Anthropological perspective that includes biological and cross-cultural perspectives. Whereas Western biomedicine tends to favor an application of science, in some societies health and illness cannot be separated from their worldview and spiritual belief systems. This course will address the various theories and methods used to analyze and understand the body as a site of illness and healing. Topics include Healers and Healing, Ethnomedicine, Humoral Medicine, Belief Systems (Religion, Spirituality, Worldview) and understandings of health, Diet and Nutrition, Social Inequality & Health Disparities, and Cultural understandings of Mental Health.

intersect.

**COURSE CO/PREREQUISITE (S):**

 ENG 1101 and any Anthropology course.

**REQUIRED TEXTBOOK (S) and/or MATERIALS\*** 1) Joralemon, Donald. *Exploring Medical Anthropology.* 3rd Edition. New York: Pearson, 1989.

2) ADDITIONAL REQUIRED MATERIALS: Additional Articles can be accessed from the CityTech Library article database EBSCO. To access EBSCO, go to city tech library, click on “article” search, select database “EBSCO,” to print article select “pdf” file. [I want you to learn how to access peer reviewed articles]

**SEQUENCE OF TOPICS AND TIME ALLOCATIONS (week by week**

***Course Schedule:***

1. *Week one*: Introduction to course
	* 1. *Suggested reading:*
			1. Joralemon Chapter 1: What’s So Cultural About Disease.
			2. Miner, Horace “Body Ritual among the Nacirema ” American Anthropologist, New Series, Vol. 58, No. 3 (Jun., 1956), pp. 503-507 Published by: Wiley on behalf of the American Anthropological Association Stable URL: http://www.jstor.org/stable/665280 .
			3. Scheper Hughes, Nancy and Margaret M. Lock (1987) “The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology” in *Medical Anthropology Quarterly*, New Series, Vol. 1, No 1 (Mar. 1987), pp. 6-41.
2. ***Biocultural Approaches***
	1. *Week two:* Evolution, health, and medicine
		1. *Suggested Reading*:
			1. *Joralemon Chapter 3*: Recognizing Biological, Social and Cultural Interconnections: Evolutionary and Ecological Perspective”
			2. Brüne M ; Hochberg Z. “Evolutionary medicine--the quest for a better understanding of health, disease and prevention.” BMC Medicine [BMC Med] 2013 Apr 29; Vol. 11, pp. 116. Date of Electronic Publication: 2013 Apr 29.
	2. *Week three (A):* Human biological variation

\*\*Do observation/writing fieldnote exercise.

* + 1. *Suggested Reading*: Ruff, Christopher. VARIATION IN HUMAN BODY SIZE AND SHAPE. Annual Review of Anthropology. 2002, Vol. 31 Issue 1, p211-232. 22p.
	1. *Week three (B):* Bioarchaeology and the history of health
		1. *Suggested Reading:* Larsen, Clark Spencer. “Bioarchaeology: The Lives and Lifestyles of Past People.” Journal of Archaeological Research. Jun2002, Vol. 10 Issue 2, p119-166. 48p.
	2. *Week Four:* Cultural and political ecologies of disease

\*\*Five page observation/fieldnotes due today.

* + 1. *Suggested Reading:* Leatherman, Thomas. “A Space of Vulnerability in Poverty and Health: Political-Ecology and Biocultural Analysis.” Ethos (00912131); Mar2005, Vol. 33 Issue 1, p46-70, 25p

\*\*Week six: MIDTERM EXAM COVERS WEEKS 1-5 (Consists of multiple choice and Essay questions)

1. ***Cultural Approaches***
2. *Week Six:* Belief and ethnomedical systems

i. Suggested Reading:

*1. Joralemon Chapter 2:”Anthropological Questions and Methods in the Study of Sickness and Healing”*

1. Randall, Theo “Understanding the Personalistic Aspects of Jola Ethnomedicine.” Journal of the Indiana Academy of the Social Sciences. 2010, Vol. 14, p18-30. 13p.
2. Oubre, Alondra. Shamanic trance and the placebo effect: The case for a study in psychobiological anthropology. PSI Research, Vol. 5(1-2), Mar-Jun, 1986. pp. 116-144..
3. Thompson, Jennifer Jo Ritenbaugh, Cheryl Nichter, Mark. [Reconsidering the placebo response from a broad anthropological perspective.](http://ehis.ebscohost.com.citytech.ezproxy.cuny.edu:2048/ehost/viewarticle?data=dGJyMPPp44rp2%2fdV0%2bnjisfk5Ie46bFKsK%2bySK6k63nn5Kx95uXxjL6nrUmvpbBIr6qeSbCwsFG4qLM4zsOkjPDX7Ivf2fKB7eTnfLujr0q3r69QtamzSaTi34bls%2bOGpNrgVe7p94Ck6t9%2fu7fMPt%2fku0quprdFrqeuUbWjrki1nOSH8OPfjLvc84Tq6uOQ8gAA&hid=4205) Culture, Medicine and Psychiatry, Vol 33(1), Mar, 2009. pp. 112-152.
4. *Week Seven:* Ethnomedicine continued: Healers in cross-cultural perspective
	* 1. *Suggested Reading:*
			1. *Joralemon Chapter 6: Healers and the Healing Profession*
			2. Glass-Coffin, Bonnie. “A MOTHER'S LOVE: GENDER, ALTRUISM, AND SPIRITUAL TRANSFORMATION.” Zygon: Journal of Religion & Science. Dec2006, Vol. 41 Issue 4, p893-902. 10p.
			3. Or -- Allocco, Amy. L. “From Survival to Respect: The Narrative Performances and Ritual Authority of a Female Hindu Healer.” Journal of Feminist Studies in Religion Spring2013, Vol. 29 Issue 1, p101-117. 17p.
			4. Evans-Pritchard Unfortunate Events.
5. *Week Eight:* Ideationist/Interpretist Approach and Culture, illness, and mental health.

*\*\*Do Therapeutic Writing exercise*

* + 1. Suggested Reading:
			1. Kohrt, Brandon A., Maharjan, Sujen M., Timsina, Damber, . “APPLYING NEPALI ETHNOPSYCHOLOGY TO PSYCHOTHERAPY FOR THE TREATMENT OF MENTAL ILLNESS AND PREVENTION OF SUICIDE AMONG BHUTANESE REFUGEES.” Annals of Anthropological Practice. May2012, Vol. 36 Issue 1, p88-112. 25p.
			2. Hoppes S, Hamilton TB, Robinson C “A Course in Autoethnography: fostering reflective practitioners in occupational therapy” occupational Therapy in Health Care, 2007; 21 (1-2): 133-143.
1. *Week Nine:* Critical medical anthropology
	* 1. *Suggested Reading:*
			1. *Joralemon Chapter 4: “ Expanding the Vision of Medical Anthropology: Critical and Interpretive Views of the Cholera Epidemic”*
			2. Emily Martin and /or
			3. [Dykes](http://go.galegroup.com.citytech.ezproxy.cuny.edu:2048/ps/advancedSearch.do?inputFieldName(0)=AU&prodId=PPNU&userGroupName=cuny_nytc&method=doSearch&inputFieldValue(0)=%22Fiona+Dykes%22&searchType=AdvancedSearchForm), Fiona. “Applying critical medical anthropology to midwifery research.” [Evidence-Based Midwifery (Royal College of Midwives)](http://go.galegroup.com.citytech.ezproxy.cuny.edu:2048/ps/aboutJournal.do?pubDate=120090901&rcDocId=GALE%7CA224934613&actionString=DO_DISPLAY_ABOUT_PAGE&inPS=true&prodId=PPNU&userGroupName=cuny_nytc&resultClickType=AboutThisPublication&contentModuleId=PPNU&searchType=AdvancedSearchForm&docId=GALE%7C1SFU). 7.3 (Sept. 2009): p84.

***IV. Applied Medical Anthropology***

1. *Week ten:* Clinical Medical Anthropology
	* 1. *Suggested Reading:*
			1. *Joralemon Chapter 7: Applying Medical Anthropology*
			2. *Joralemon Chapter 9: Body, Self and Biotechnologies*
			3. Katz, Pearl “Ritual in the Operating Room” Ethnology, Vol 20, No. 4 (Oct., 1981), pp. 335-350.
			4. Coughlin, Christine “An ethnographic study of main events during hospitalization: Perceptions of nurses and patients” Journal of Clinical Nursing (J CLIN NURS), 2013 Aug; 22 (15/16): 2327-37.
			5. Kleinman A, Eisenberg L, Good B. Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. Ann Intern Med 1978;88:251–8
2. *Week eleven:* Case Studies in Explanatory Models
	* + 1. \*\*Do patient/doctor interaction exercise to explore Anthropological methods of observation and interpretation using Fadiman reading.

*i. Suggested Reading:*

* + - 1. *Joralemon Chapter 8: Anthropology and Medical Ethics*
			2. Fadiman, Ann. The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures. Farrar, Straus, & Giroux, 1997. (Or assign shorter article):
			3. Fadiman, Ann. "The Spirit Catches You and You Fall Down": Epilepsy and the Hmong. Epilepsy & Behavior: E&B [Epilepsy Behav] 2000 Feb; Vol. 1 (1), pp. S3-S8.
			4. Rairdan, Betty, Higgs, Zana Rae. “When your patient is Hmong refugee.” American Journal of Nursing; March 1992, Vol. 92, p52-55, 4p.

k. Week twelve: Case Studies continued: Exploring cultural misunderstandings; “Susto”

i. Suggested Readings:

* + 1. 1. Bolton, Ralph (1981) “Susto, Hostility, and Hypoglycemia” Ethnology , Vol. 20, No. 4 (Oct., 1981), pp. 261-276.

2. Poss, Jane and Mary Ann Jezewski (2002) “The Role and Meaning of Susto in Mexican Americans' Explanatory Model of Type 2 Diabetes” Medical Anthropology Quarterly , New Series, Vol. 16, No. 3 (Sep., 2002), pp. 360-377.

3.[Rubel](http://www.jstor.org.citytech.ezproxy.cuny.edu:2048/action/doBasicSearch?Query=au%3A%22Arthur+J.+Rubel%22&wc=on&fc=on), Arthur J. and [Carmella C. Moore](http://www.jstor.org.citytech.ezproxy.cuny.edu:2048/action/doBasicSearch?Query=au%3A%22Carmella+C.+Moore%22&wc=on&fc=on) (2001)”T[he Contribution of Medical Anthropology to a Comparative Study of Culture: Susto and Tuberculosis](http://www.jstor.org.citytech.ezproxy.cuny.edu:2048/stable/649668?&Search=yes&searchText=disease&searchText=susto&list=hide&searchUri=%2Faction%2FdoBasicSearch%3FQuery%3Dsusto%2Bdisease%26fromHomePage%3Dtrue%26acc%3Don%26wc%3Don%26fc%3Doff&prevSearch=&item=1&ttl=275&returnArticleService=showFullText)” Medical Anthropology Quarterly, New Series, Vol. 15, No. 4, Special Issue: The Contributions of Medical Anthropology to Anthropology and Beyond (Dec., 2001), pp. 440-454

1. Week Thirteen: Applying methods to improve care
	* + 1. \*\*Do narrative writing exercise (Rita Charon)

*i. Suggested Reading*:

1. Arntfield, Shannon L., Kristen Slesar, Jennifer Dickson, Rita Charon “Narrative medicine as a means of training medical students toward residency competencies” Patient Education and Counseling. [Volume 91, Issue 3](http://www.sciencedirect.com.citytech.ezproxy.cuny.edu:2048/science/journal/07383991/91/3), June 2013, Pages 280–286.

2. Csordas, Thomas, Christopher Dole, Allen Tran, Matthew Strickland, Michael Storck “Ways of Asking, Ways of Telling” Culture, Medicine, & Psychiatry, Mar 2010, Vol, 34, Issue 1, p29-55.

3. Wikan, Unni “Managing the Heart to Brighten Face and Soul: emotions in Balinese Morality and Healthcare” American Ethnologist, Vol. 16, No. 2 (May, 1989), pp.294-312.

1. *Week fourteen:* Social inequality and Health Care (Race, gender, class, age)
	* 1. *Suggested Reading:*

1. Farmer, Paul and D. Maru “Human Rights and Health Systems Development: Confronting the Politics of Exclusion and the Economics of Inequality” Health and Human Rights, Dec 15, 2012, Vol. 14 (2), pp. 10-8.

2. Kleinman, Arthur, and Benson, Peter. “Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It.” PLoS Medicine. Oct2006, Vol. 3 Issue 10, p1673-1676. 4p.

1. *Week fifteen:* Globalization
	* 1. *Suggested reading:*
			1. *Joralemon Chapter 5: The Global Petri Dish*
			2. *Joralemon Chapter 10: A Look Back and a Glance Ahead*
			3. Jones, Chaunetta. “If I Take My Pills I’ll Go Hungary’: The Choice Between Economic Security and HIV/AIDS Treatment in Grahamstown, South Africa” Annals of Anthropological Practice. Ma 2011, Vol 35 Issue 1, p67-80 (14p).
			4. Sharp, Lesley A. “The Commodification of the Body and Its Parts” Annual Review of Anthropology; 200, Vol. 29, p287-328.
			5. Inhorn, MC. "Globalization and Gamates: Reproductive 'Tourism,' Islamic Bioethic, and Middle Eastern Modernity." *Anthropology and Medicine* 18, no. 1 (April 2011): 87-103.

Final Exam: Last day of class

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| **LEARNING OUTCOMES** | **ASSESSMENT METHODS** |
| **1.** Have an understanding of Anthropological fieldwork. Learning the skills of Anthropology can facilitate better observation and communication skills with people from other cultures. | **1.** In class exercises and writing exercises demonstrate understanding of Anthropological fieldwork: 1. Observation Fieldwork 2. Patient/Doctor Scenario 3. Narrative Medicine , 4. Therapeutic Writing . |
| **2.** Able to articulate Anthropological themes and concepts used to analyze medical issues. | **2.** Students apply the themes and concepts of the course to class assignments. Students must apply the main thesis or theme from assigned articles to their analysis. Exam essays test ability to articulate themes and concepts. |
| **3.** Have anunderstanding of the key concepts in themes from the course (cultural relativism, social inequality, etc.) | **3.** Questions on exams and themes applied to group project and exam essays facilitate learning key concepts in the field of Anthropology. |
| **4.** Have an understanding & sensitivity for a variety of cultures and their understandings about health and healing. | **4.** Essay questions on exams, class discussions, and projects give students an appreciation of multi-cultural perspectives related to health and healing. |

### GENERAL EDUCATION LEARNING OUTCOMES/ASSESSMENT METHODS

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| **LEARNING OUTCOMES** | **ASSESSMENT METHODS** |
| **1.** KNOWLEDGE: Students develop knowledge of the concepts and theories deployed by anthropologists in their analysis of cultural and social issues particularly as they relate to medical issues. | **1.** Course exercises and exams measure a student’s understanding of key concepts and approaches in Anthropology. The skillset learned from anthropology such as observation, cultural sensitivity, and analysis can apply to lifelong learning. |
| **2** SKILLS: Students demonstrate the ability to communicate, analyze, and produce materials that illustrate inquiry and analysis.  | **2.** Course exercises and exams evaluate a student’s understanding of Anthropological skills. Students communicate understanding in oral and written form. They learn observation skills as well as the ability to then derive understand of what they observe in the form of qualitative analysis or ethnography. |
| **3.** INTEGRATION:Students work productively within and across disciplines. | **3.** Course exercises and exams show student’s ability to resolve issues creatively using an anthropological skillset. Reading assignments highlight Anthropology but overlap with other disciplines allowing students to make meaningful connections between different approaches. Students gather articles from library article database and interpret, evaluate, and apply information from these scholarly peer reviewed materials. Students present the articles in class, and incorporate them in their writing. |
| **4.** VALUES, ETHICS, AND RELATIONSHIPS: Students understand and apply values, ethics, and diverse perspectives in personal, civic, and cultural/global domains | **4.** Course exercises and exams allow students to demonstrate cultural awareness and sensitivity (cultural relativism). Helps students understand from an “emic” view (the perspective of another culture), yet also gain new understanding of our own culture. |

**ASSIGNMENTS and other course requirements\***

Students are expected to read all assigned materials in preparation for each class. Reading comprehension of the main thesis of each article is essential. Several exams are given throughout the semester. Each student, working in small groups, will be expected to present assigned article to the class. There are three short writing assignments: fieldnotes, therapeutic writing, narrative writing. The final exam will consist of essay questions related to these theme projects. Explicit details of these assignments will be handed out in class and posted on Blackboard. No late projects will be accepted leading to an automatic “F”. Any form of cheating or plagiarism will result in an automatic “F” and a formal report to the college. (See Academic Integrity Statement below)

**METHOD OF GRADING – elements and weight of factors determining students’ grade\***

Attendance (arrive on time & attend full course period) AND Participation 10%

Student group presentations (20%)

Writing exercises 40% (1. Observation Fieldwork (15), 2. Patient/Doctor Scenario (5), 3. Narrative Medicine (15) , 4. Therapeutic Writing (5)).

Midterm (10%)

Final exam (20%)

**CITYTECH GRADE POINTS:**

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| A | 93-100 | B | 83-86.9 | C | 70-76.9 | WU | Unofficial Withdrawal –More than 3 absents |
| A- | 90-92.9 | B- | 80-82.9 | D | 60-69.9 |  |  |
| B+ | 87-89.9 | C+ | 77-79.9 | F | 59.9 below |  |  |

**ACADEMIC INTEGRITY POLICY STATEMENT**

Students and all others who work with information, ideas, texts, images, music, inventions, and other intellectual property owe their audience and sources accuracy and honesty in using, crediting, and citing sources. As a community of intellectual and professional workers, the College recognizes its responsibility for providing instruction in information literacy and academic integrity, offering models of good practice, and responding vigilantly and appropriately to infractions of academic integrity. Accordingly, academic dishonesty is prohibited in The City University of New York and at New York City College of Technology and is punishable by penalties, including failing grades, suspension, and expulsion. The complete text of the College policy on Academic Integrity may be found in the catalog.

**COLLEGE POLICY ON ABSENCE/LATENESS** A student may be absent without penalty for 10% of the number of scheduled class meetings during the semester. As this class meets once a week the allowable absent is two classes.

 **Semester course is taught**: Fall 2016

**SAMPLE WRITING ASSIGNMENTS/TEACHING MODULES (PAGES 43-71)**

ASSIGNMENT #1: OBSERVATION FIELDWORK ASSIGNMENT

TEACHING MODULE (Designed by Lisa Pope Fischer)

Using Anthropological field methods to Teach Culturally sensitive

Observation and writing skills (In class Prep exercise, followed by 5 page observation fieldwork paper)

Class Dates or time:

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| **Overview/Essential Question:** |
| Skills from Anthropology can improve the way health care professionals make contact with patients, particularly in terms of what Rita Charon highlighted: 1) Attention, 2) Representation, 3) Perception (see also Coughlin 2013). Anthropology by definition is the study of humankind and uses fieldwork methods to gather data. In contrast to Sociologists, Anthropologists tend to prefer qualitative data over quantitative as the aim is often to understand personal experiences. In what way can the anthropological skills of observation and writing fieldnotes teach the skills of attention, representation, and perception to improve patient and doctor interactions? |
| **Objectives/Goal of Lesson:** |
| The objective of this module is to briefly outline some key anthropological concepts in an observation exercise to teach students the skills of observing in a culturally relative manner, and writing descriptive fieldnotes.  |
| **Activities/Content:** |
| The module begins with reviewing some basic anthropological concepts and key terms (See attached sheet below). You might assign students suggested readings listed below beforehand but the exercise can be done without as well. The duration of the exercise requires preliminary preparation such as assigning the readings to the students and preparing images or video links. ***Activity: Observing an event and writing descriptive fieldnotes (See attached worksheet):***Review the Anthropological concepts either using PowerPoint or in handouts (See below). Provide a photograph or a brief video clip for students to observe. Google images is a good way to find pictures AND Youtube.com has a number of short video clips (See suggestions below). Start first with an image from another culture. Tell the student’s to not use “Western” categories such as “nurse” or “doctor” or “patient” nor what they perceive to be a “shaman” or “witchdoctor” – but rather they should simply describe what they see. Give the students five minutes to write fieldnotes by describing everything they see, hear, and smell. Topics to consider include:1) The temporal and spatial environment. (Use of time and space)2) Language or discourse (Incl. songs, chants, ritual statements, etc.) What did you hear?3) Gestures or body language (Incl. dance, movement, etc.)4) Clothes or body ornaments (Incl. costumes, formal v. regular attire, makeup, hairstyle, etc.)5) Colors 6) Material objects (Items such as books, pictures, food, statues, etc.)7) Emotions (happy, sad, scared, etc.) How did you feel? How did the participants appear to be feeling?8) Describe microcultural factors such as race, ethnicity, class, gender, age, etc.9) Describe explicit or implicit rules and norms.10) Describe any symbols.Have several students read their descriptions and discuss. What things did they not see? How might they better improve their observation skills?Repeat the above exercise. Only this time tell the students they will be seeing a clip from the Nacirema and read a section from Horace Miner ‘s article such as:“In the hierarchy of magical practitioners, and below the medicine men in prestige, are specialists whose designation is best translated "holy-mouth- men." The Nacirema have an almost pathological horror of and fascination with the mouth, the condition of which is believed to have a supernatural influence on all social relationships. Were it not for the rituals of the mouth, they believe that their teeth would fall out, their gums bleed, their jaws shrink, their friends desert them, and their lovers reject them. They also believe that a strong relationship exists between oral and moral characteristics. For example, there is a ritual ablution of the mouth for children which is supposed to improve their moral fiber. The daily body ritual performed by everyone includes a mouth-rite. Despite the fact that these people are so punctilious about care of the mouth, this rite involves a practice which strikes the uninitiated stranger as revolting. It was reported to me that the ritual consists of inserting a small bundle of hog hairs into the mouth, along with certain magical powders, and then moving the bundle in a highly formalized series of gestures (Miner 1956:504).”**\***Miner, Horace “Body Ritual among the Nacirema ” American Anthropologist, New Series, Vol. 58, No. 3 (Jun., 1956), pp. 503-507 Published by: Wiley on behalf of the American Anthropological Association Stable URL: http://www.jstor.org/stable/665280 .Then have half of the students leave the room. Show another photograph or video clip depicting Western medicine patient – doctor interaction but make sure to turn off the sound so that the students are forced to observe rather than listen to narration. Tell the students to describe the interaction as if they were from a distant planet and had never seen humans before, and had never seen anything like it before. Remind the students to not use “Western” categories such as “nurse” or “doctor” or “patient” – but rather they should simply describe what they see. Have them read their descriptions to the students who left the room. Ask the students who had left the room if they could name the culture that was described. Compare and contrast the responses perhaps relating it to Horace Miner’s exotification of American culture (Nacirema is “American” backwards).  |
| **Discussion:** |
| Who are the Nacirema? Why is this description funny to us? Use this as a springboard to discuss how we might view cultures other than our own as exotic or foreign.Students should be reminded of the key terms presented – are their descriptions “ethnocentric” or “culturally relative”? Did they provide rich detailed descriptions? |
| **Adaptations** |
| The in class activity should allow time to observe the image or video, and the two 5 minute writing exercises, as well as discussion and presentation. One standard hour –fifteen-minute class period would suffice, but perhaps can be done within a half hour if they only looked at one video link and did one 5 minute writing. This exercise would be suitable for smaller class sizes no larger than 40 but perhaps could be modified for a lecture demonstration if students handed in written descriptions. |
| **Materials needed** |
| 1) Anthropology key terms (See below)2) Video link(s) (See Below)3) Horace Miner’s article (See citation below – available on JSTOR) |
| **Other Resources** |
| Possible links:•Pdf course notes•Powerpoint slides•List of online resources |
| **Evaluation/Assessment:** |
| The in class exercise serves as a preparation for a fieldwork observation paper. Students must observe a public event, such as a sporting event, street festival, a religious mass, etc. This exercise teaches them observation and writing skills. |

GENERAL EDUCATION LEARNING OUTCOMES/ASSESSMENT METHODS

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| LEARNING OUTCOMES | ASSESSMENT METHODS |
| 1. KNOWLEDGE: Students develop a knowledge of the concepts and theories  | 1. Discussion of Anthropology terms following exercise |
| 2 SKILLS: Students develop and use the tools needed for communication, inquiry, analysis and productive work. | 2. Exercise emphasizes observation and descriptive writing skills. |
| 3. INTEGRATION: Students work productively within and across disciplines. | 3. They are applying anthropology terms to real world applications. |
| 4. VALUES, ETHICS, AND RELATIONSHIPS: Students understand and apply values, and ethics | 4. Students learn not to judge cultures other than their own in a culturally sensitive way (cultural relativism). |

**References:**

Arntfield, Shannon L., Kristen Slesar, Jennifer Dickson, Rita Charon “Narrative medicine as a means of training medical students toward residency competencies” Patient Education and Counseling. [Volume 91, Issue 3](http://www.sciencedirect.com.citytech.ezproxy.cuny.edu:2048/science/journal/07383991/91/3), June 2013, Pages 280–286

Bernard HR (1994) Research Methods in Anthropology, 2nd edn. Alta Mira Press, Walnut Creek, CA

Coughlin, Christine “An ethnographic study of main events during hospitalization: Perceptions of nurses and patients” Journal of Clinical Nursing (J CLIN NURS), 2013 Aug; 22 (15/16): 2327-37. <http://dx.doi.org.citytech.ezproxy.cuny.edu:2048/10.1111/j.1365-2702.2012.04083.x>

Dimsdale, JE “Nacirema Revisted” Annals Of Behavioral Medicine: A Publication Of The Society Of Behavioral Medicine [Ann Behav Med] 2001 Winter; Vol. 23 (1), pp. 75-6.

Emerson, Robert, Rachel Fretz and Linda Shaw. 2011. Writing ethnographic field- notes. Chicago and London: The University of Chicago Press. 320 pp. Hb: $19. ISBN 0-226-20683-1.

Miner, Horace “Body Ritual among the Nacirema ” American Anthropologist, New Series, Vol. 58, No. 3 (Jun., 1956), pp. 503-507 Published by: Wiley on behalf of the American Anthropological Association Stable URL: http://www.jstor.org/stable/665280 .

Walford, Geoffrey “The Practice of Writing Ethnographic Fieldnotes” Ethnography & Education. Jun2009, Vol. 4 Issue 2, p117-130. 14p.

**KEY TERMS:**

***Fieldwork:*** The anthropologist collects information about the people he/she studies by going to the place where they live. The anthropologist conducts research in the natural environment rather than a controlled environment such as a laboratory as the goal is to understand people, and the societal and cultural context that informs their experience and understandings of self in what can be defined as their Worldview.

***Participant Observation***: Participant observation involves living with the people one studies for a prolonged period of time and doing the same activities they would do in order to better understand their experience and culture.

***Emic/Etic:*** Anthropologists use the concept “emic” to explain the perspective of the people one studies. How do the people perceive their culture? How do they interpret the world in which they live? In contrast, the anthropologist must also retain the “etic” perspective, the view of the scientific observer. The etic perspective allows the anthropologist to step back and analyze the culture using the various theories in which to interpret a culture’s practices (i.e. Cultural Marxism/social conflict theory, Functionalism, Practice theory, Reflexive Anthropology/writing culture, etc.)

***Cultural Relativism/ ethnocentrism:*** When conducting research there are times when we may be tempted to twinge or react in a negative way to something that might appear strange to us. This might be an example of “ethnocentrism” as we judge a culture different than our own as perhaps exotic, strange, or weird. Ethnocentrism runs the risk of being prejudice; hence trained anthropologists strive for “cultural relativism,” the belief that one should see the cultural practice within the context of that culture, and to refrain from judgment in a neutral and unbiased way. It helps to remind students that we Americans also do things that another culture might see as odd (See Miner 1956).

***Fieldnotes:*** To document and record the information we gather, Anthropologists write fieldnote descriptions of our observations. These fieldnotes can sometimes resemble diary entries except for the emphasis is to learn about the culture of the people we are studying. An anthropologist might have a particular research topic in mind and hence focus his/her fieldnotes on that topic. This is considered “raw data as they tend to be descriptive notes with little if any analysis. From these descriptions we “code” the fieldnotes to highlight “patterns” in the culture. First you might look for overall themes, but then the researcher might look at interpretive codes that focus on recurring trends or patterns. These codes can be written in the margins beside each paragraphs, or input into qualitative software analysis programs such as invivio. If there tends to be a repeating pattern, this might tell us about the things or practices that uniquely define the culture. These patterns can serve to support a theoretical analysis about a topic within the culture, and be written in a monograph or “ethnography” (an analytical written description of a culture). (See Emerson et al. 2011, Walford 2009).

**Suggested photograph images or videolinks:**

***I. First exercise: looking at a healer from another country (Try to pick clips without too many English subtitles or narration)***

Alternative Medicine Shamanic Witch Doctor Cure Disease (2:12 minutes)

<http://www.youtube.com/watch?v=8lnhhK15ZG4>

African Voodoo Witchdoctor Treats Man for Migraine (2:01 minutes)

<http://www.youtube.com/watch?v=yWRRG7gsuAc>

Shamanic Healing Ceremony in Peru (5:49 minutes)

<http://www.youtube.com/watch?v=FmXA542VmK8>

Healing Ceremony with a Tibetan Shaman in Pokhara, Nepal (2:56 minutes)

<http://www.youtube.com/watch?v=XOvQOnjA-5A>

***II. Second exercise: looking at patient doctor or nurse interactions in terms of a Western medical context. (Remember to turn off sound/narration)***

Taking a Patient’s History (Nurse/Patient) (8:14 minutes)

<http://www.youtube.com/watch?v=NW-ZRo6GJnA>

ABC’s of nursing skills (2:55 minutes)

<http://www.youtube.com/watch?v=KUpTiuEqSpA&list=PLUoa6vhuvtTG1SJ5H0x0m8DTESD6kw5RQ>

Nurse Patient Relationship/Communication (4:49 minutes)

<http://www.youtube.com/watch?v=NnBbE1RoBSU>

Difficult patient -- angry about office wait – emphatic (4:30 minutes)

<http://www.youtube.com/watch?v=vM3su8ZcriY>

**Work Sheet to Facilitate fieldnotes:**

|  |  |  |
| --- | --- | --- |
|  |  | **Field jottings: write quick simple key words or bullet lists while you are observing below (this is NOT your fieldnotes but rather what you write before more detailed descriptions):** |
| **Describe the temporal and spatial environment:** How long did each activity take? What does the space or room look like? |  |  |
| **Describe the language or discourse:** What kind of words does the speaker use? Describe the manner of speaking (scared, blunt, assertive, etc.) or dialect? Are there verbal expressions such as songs, chants or ritual statements? |  |  |
| **Describe gestures or body movements:** How is the person moving (i.e. standing, sitting, arm movement, etc.)? What kind of body language do you see and what do you think it means? (i.e. stern stare, flirtatious, shuddering with fear, happily smiling, etc.) |  |  |
| **Describe the clothes or body ornaments:** (Incl. costumes, formal v. regular attire, makeup, hairstyle, etc.) |  |  |
| **Describe the colors that you see:** Are some colors more prominent than others? Can there be symbolic meaning in terms of the colors you see? |  |  |
| **Describe the Material objects that you see**: (Items such as books, pictures, food, statues, etc.) |  |  |
| **Describe the Emotions:** (happy, sad, scared, etc.) How did you feel? How did the participants appear to be feeling? |  |  |
| **Describe microcultural factors:** What are the people’s race, ethnicity, class, gender, age, etc. |  |  |
| **Describe explicit or implicit rules and norms:** |  |  |
|  |  |  |

**FIELDNOTES:**

1) **Take time to write**: After you have observed the event and taken “field jottings” you should take more time to write detailed descriptions of what you observed. Often these notes are written soon after your observation and can be written at home.

2) **Expand and reconstruct details:** When expanding on your notes reconstruct events, add details and impressions. Elaborate on your personal experiences as a participant and problems you may come across as an observer. A field researcher records activities and interactions with others, often in chronological order.

3) **Use adjectives and adverbs.** (A cat sits in the sun – or -- A fluffy orange tabby cat wiggles in the warmth of the sun). Use vivid fresh language. Emphasize what makes what you observed interesting, or unique. Use specific descriptive details.

4) **Use more descriptive and active verbs/ active voice:** Go through your paper and circle any time you use a “to be” verb (i.e. “am” “is”, “are,” “was” “were” “will”). Try to replace this with a more descriptive verb. *The turtle is slow. The turtle slowly moves across the road.* Try to use an active verb*: the cake was baked by me. I baked the cake.* Passive voice is not the same as past tense*. I have been insulted (passive voice)* verses *Sam insulted me (active voice).*

5) **Reactions and Experiences:** Give an impression for the reader by describing what you see, hear, smell, taste, and feel. Researchers should also note their own reactions and thoughts to the experiences observed.

**For this in class exercise, take a few minutes to write your fieldnotes. In reality this would take more time, and should be typed:**

\*This in class exercise serves as preparation for a 5-page observation paper (See the following rubric.)

**SHORT PAPER PROJECT: Observation and Description Paper**

**Due Week 5**

Objectives:

Fieldwork is an important component to Anthropological research. The objective of this assignment is to introduce you to fieldwork research and to have you write up your own fieldnotes.

Format:

1) 5 typed pages, double-spaced

2) 1 inch margins, 10 to 12 pt. font.

3) No citations or outside references -- this is pure description based on your own observations. If you should use an outside source you must provide a reference and bibliography (for example if you used an image that you found on the internet you need to list the website where you found it). Do not resort to internet sources as this paper is about what you can personally observe.

Possible Research Projects:

***You must pick something that you can initially observe in person during this semester*** before this paper is due (not something in the past). Ideally you should pick something you can observe more than once because once you start trying to analyze your data for your final paper, you may want to go back to fill in details you might have missed. Sometimes, however, you are only able to observe an event once, in this case, it is especially important to write down detailed information because you might not get another chance to fill in the gaps.

When selecting a topic, you might review the articles assigned to this course for ideas. Consider describing a sporting event as a ritual, a cultural event, festivals, holidays, church services, a marriage, bar mitzvah, etc. If you have no clue as to what you should observe, please come talk to me during my office hours to discuss possible ideas. I have found that the best papers are about things that are of interest to you. Try to pick something that is of interest to you. Think of hobbies or activities that you like to do. Can this be something you can observe for this assignment?

Be sure to be honest with the people you are observing. Tell the people you are observing that you would like to write a paper for a course based on your observations. Ask permission to observe an event. Inform them of your intent to write a paper for a class based on your observations.

Research Purpose: what is your topic and what is your research question? Do you have a hypothesis? (What do you think is the underlying meaning of what you observed?)

Methodology

In this section of your paper you should describe the methods you used to gather your data. You must address the following 3 questions in detail: (These will be discussed in class in more detail).

1) What is the source of your research subject and what are your selection criteria? (Why did you choose this group?)

2) Describe your procedures (How did you collect your data?)

3) Describe how you addressed ethics (Ask permission, Give informed consent, protect identity/pseudonym, etc.)

Observations

In your descriptions you should describe everything you see, hear, smell, feel. Consider drawing diagrams or pictures. You should describe **at least three** of the following:

 1) The temporal and spatial environment. (Use of time and space)

 2) Language or discourse (Incl. songs, chants, ritual statements, etc.) What did you hear?

 3) Gestures or body language (Incl. dance, movement, etc.)

 4) Clothes or body ornaments (Incl. costumes, formal v. regular attire, makeup, etc.)

 5) Colors

 6) Material objects including food.

 7) Emotions (happy, sad, scared, etc.) How did you feel? How did the participants appear to be feeling?

 8) Describe microcultural factors such as race, ethnicity, class, gender, age, etc.

 9) Describe explicit or implicit rules and norms.

Use detailed descriptions. Use adjectives and adverbs. (A cat sits in the sun – or -- A fluffy orange tabby cat wiggles in the warmth of the sun). Use vivid fresh language. Emphasize what makes what you observed interesting, or unique. Use specific descriptive details. Give an impression for the reader by describing what you see, hear, smell, taste, and feel. Researchers should also note their own reactions and thoughts to the experiences observed.

Your midterm paper should be a cleaned up form of your original field jottings. It should be typed and written in full sentences. ***Remember – focus on the details. Detailed descriptions are important***.

PAPER TOPIC IDEAS: This must be a group of people participating in an event or common activity that you can observe in person.

Observe a sporting event such as a baseball game, football game, or cricket match as a ritual that reflects cultural values.

Observe a concert, festival, parade, or holiday event.

Observe a wedding, a funeral, a quinceanera, or a bar mitzvah.

Observe a routine activity such as a church service. Try to observe a service other than your own.

If you know a priest or priestess, consider asking permission to observe the service.

Consider looking at “ritual spaces” or “liminal spaces” – places that contain groups of people that form a particular group identity or belief.

POINT BREAKDOWN:

1. Format: 5 full written typed pages, 10-12 point font, 1-inch margins. (5 points)

2. Description of research purpose (5 points)

2. Description of your **methodology** – how did you gather your data? (15 points)

3. Must observe first-hand in the first 5 weeks of class. (Not something from the past)(5 points)

4. **Detailed descriptions of at least 3 out of the 10 points listed above**. (35 points)

5. Conclusion -- Overall impression of what you observed (25 points)

6. Overall spelling, grammar, style (10 points)

7. Plagiarism will result in an automatic “F”

GRADING RUBRIC FOR 5 PAGE OBSERVATION PAPER

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DESCRIPTION OF ASSIGNMENT REQUIREMENTS: | POINTS | POOR/ WEAK | FAIR/ OKAY | EXCELLENT/ AMAZING | COMMENTS |
| *1.Introduction* – theme, topic, goals of assignment, Description of research purpose. What did you learn about belief systems in the US from your observations? And why is this important? | **5pts** |  |  |  |  |
| 2. *Description of your methodology:* You must address the following 3 topics in detail: a. Selection Criteria: Why did you choose this group? (Must observe public event in NY during semester. How will this group answer your questions about belief systems in USA? Do you have a personal reason for selecting this group? Are you a “participant observer”? etc. How did you find this group?)b. Procedures: State where you conducted your research. How did you observe the event? (length of time, # of times, etc.). How did you record your data? (fieldnotes, photos, audio recordings, etc.).c. Ethics: Describe if there was any potential harm or benefit to the people you studied. Describe how you handled confidentiality and your use of pseudonyms. \*You must state that you gained informed consent or explain why it was not necessary.*Other/optional*: Participant Observation – are you a member of the community that you are studying? Describe research problems (issues of microculture, culture shock, technical problems, etc.). Was the event in English or another language? (Are you fluent in that language or did you use a translator?). If you conducted interviews: describe interview type (Informal, semi-structured, structured), describe type of questions, and type of person interviewed and how you handled ethics. (Save responses from interview for your data description). | **15 pts.** |  |  |  |  |
| 3. Detailed description of event or observation you have done within the first 5 weeks of class. (First hand observation – no internet data) | **5 pts.** |  |  |  |  |
| 4. Detailed descriptions of at least 3 (At least ½ page description of each) out of the 10 points listed below. 1) The temporal and spatial environment. (Use of time and space), 2) Language or discourse (Incl. songs, chants, ritual statements, etc.) What did you hear? 3) Gestures or body language (Incl. dance, movement, etc.), 4) Clothes or body ornaments (Incl. costumes, formal v. regular attire, makeup, etc.), 5) Colors , 6) Material objects including food., 7) Emotions (happy, sad, scared, etc.) How did you feel? How did the participants appear to be feeling?, 8) Describe microcultural factors such as race, ethnicity, class, gender, age, etc., 9) Describe explicit or implicit rules and norms.  | **35 pts** |  |  |  |  |
| 5. *Brief Summary Conclusion:* Overall impression of what you observed. What theme from the course do you wish to explore further in relation to what you observed (ritual, symbols, worldview, identity, etc.)? Can you relate your observations to your own personal experience? | **25 pts** |  |  |  |  |
| 6. Format: 5 full written typed pages, 10-12 point font, 1-inch margins.  | **5 pts** |  |  |  |  |
| 7. Overall spelling, grammar, style, proper citation format | **10 pts** |  |  |  |  |
| \*\* THIS OBSERVATION PAPER IS YOUR RAW DATA. USE OF OUTSIDE SOURCES FROM THE INTERNET WILL RESULT IN DEDUCTIONS; UNCITED MATERIAL WILL RESULT IN AN “F”.\*\* Daily point deductions for late papers (1 pt per day) |  |  |  |  |  |
| TOTAL (Out of 100 possible points): |  |  |  |  |  |

ASSIGNMENT #2: CULTURAL WORLDVIEW

TEACHING MODULE (Designed by Lisa Pope Fischer)

**Cultural Worldview: Different understandings of health and Illness**

Class Dates or time:

|  |
| --- |
| **Overview/Essential Question:** |
| Essential to Anthropology is the ability to be sensitive to cultural differences. In terms of understandings of illness, one culture may have a different interpretation of, and different treatment for particular illnesses. I designed this exercise by drawing on issues and concerns presented in Ann Fadiman’s work with Hmong immigrants (1997, 2000). The objective of this module is to teach students skills of perception and interpretation. The module begins with reviewing some basic anthropological concepts and key terms. The duration of the exercise requires preliminary preparation such as assigning the readings to the students. The in class activity should allow time to discuss and review the material. This exercise would be suitable for smaller class sizes no larger than 40 but perhaps could be modified for a lecture demonstration if students handed in written descriptions. |
| **Objectives/Goal of Lesson:** |
| The objective of this module is to briefly outline the anthropological concepts of “cultural relativism,” “worldview” and “emic/etic” as tools for understanding that different cultures may interpret illness differently. This is important in terms of making diagnoses as well as treating patients in a culturally sensitive manner. |
| **Activities/Content:** |
| The module begins with reviewing some basic anthropological concepts and key terms (See attached sheet below). The Fadiman book The Spirit Catches You, wonderfully exemplifies issues of cultural difference and perceptions of illness, but she also has a short article that focuses on epilepsy that can also be used to illustrate cultural difference. A full-length film documents the story of a Hmong shaman, (Split Horn), but you can also use short video clips to illustrate the point of cultural difference. The duration of the exercise requires preliminary preparation such as assigning the readings to the students and handouts for the mock patient/healthcare practitioner interaction. ***Activity: Cultural Perceptions***I. Review the Anthropological concepts either using PowerPoint or in handouts (See below). This exercise gets students to think about how we might be quick to judge other cultures (ethnocentrism), yet also understand how others might perceive us.**KEY TERMS/ CONCEPTS:** ***Cultural Relativism***: Anthropologists attempt to be neutral non-judgmental observers that take into account the culture’s practices relative to their own cultural understandings. ***Ethnocentrism:*** People might judge a culture’s practices in a negative manner simply because they might be different from their own. Anthropologists try not to be “ethnocentric” or “Western centric” as it is important to understand why a culture might perceive or do something rather than judge it in a prejudice manner.***Emic/Etic***: Anthropologists use the concept “emic” to explain the perspective of the people one studies. How do the people perceive their culture? How do they interpret the world in which they live? In contrast, the anthropologist must also retain the “etic” perspective, the view of the scientific observer. The etic perspective allows the anthropologist to step back and analyze the culture using the various theories in which to interpret a culture’s practices (i.e. Cultural Marxism/social conflict theory, Functionalism, Practice theory, Reflexive Anthropology/writing culture, etc.)***Worldview:*** Refers to how a person views their world and their place within it. Whereas some people may define themselves and behave according to a religious worldview, an atheist can also have a worldview. Different cultures may have different types of worldviews that affect perceptions of time and space, feelings about moral behavior, how they think about and how they seem themselves within their society.***Culture Bound illnesses:*** These are illness that might be found within particular societies.***Mind/Body dualism:*** Western medicine tends to separate understandings of how illness in the body might be separated from the mind whereas many cultures see the two as closely related.II. Give illustrative examples to spur discussion about ethnocentrism and cultural relativism. Encourage students to look at cultures in a culturally relative way by reminding them that people outside our own culture may view American practices as unusual as well.1. **Female brutality or beauty?** Female circumcision is a practice in which elders cut off a young woman’s clitoris to prepare her for womanhood. This practice evokes much debate about brutality and mutilation of women, yet studies indicate that women from these societies may perceive this practice as a means to obtain purity and femininity (Gruenbaum 2006). Ask students in what ways do American women brutalize their bodies in the pursuit of femininity or beauty? To shock them you might show an image of the Cat lady who has had too many plastic surgeries, or a hyper thin anorexic looking fashion model. (See suggested short video clips from youtube below – following the bibliography)
2. **Food delicacy or garbage?** Students often cringe when they hear that in some cultures grub worms or monkey brains might be considered a delicacy, however, there are foods that Americans eat that other cultures might find repulsive. How, for example are grub worms similar to shrimp? For people outside the United States, peanut butter might look like mud or feces. People might perceive fine cheese as smelly rotten dairy. In the south, or even at the Coney Island Nathans, one can buy fried frog legs. Americans often perceive French food as elite fine food, yet they make “escargot” from common snails, and they perceive horsemeat as a healthy specialty.

III. Discuss how the above examples illustrate an understanding of “ethnocentrism,” but also connect to the idea of “emic” and “etic” as a matter of different cultural perceptions. Expand their understanding of emic /etic by connecting to an example of interpretations of cultural illness. In Freed’s (1999) work, “Taraka’s Ghost”, a young bride in a strange new village experiences spirit possession, but is this a form of anxiety attack or depression? Would anti-depressants work if she truly believed she needed a shaman to remove the spirit? Several anthropologists have looked at the culture bound illness “Susto” prevalent among Mexican and other Hispanic communities in which they believe a person who has a sudden fright or trauma may develop loss of energy, loss of appetite, sleeplessness, and depression. Whereas from a Western medical perspective “susto” might be explained as a psychosocial illness in which the person becomes antisocial and uses the excuse of illness to withdraw, “susto” also has underlying physical symptoms that may be covering up serious illnesses such as diabetes (Poss & Jezewszi 2002) or tuberculosis (Rubel and Moore 2001), or hypoglycemia (Bolton 1981). IV. Instigate discussion of the suggested Fadimon reading with a mock patient and doctor interaction exercise. You can have student volunteers improvise a discussion between an ill person and a healthcare practitioner or have the students all do the exercise in pairs. See handout of an exercise scenario between a Hmong immigrant family with a sick daughter and a Western medical practitioner. (See attached handout) |
| **Discussion:** |
| **(Also provide these questions on handout for students)**1. How might differences in language affect diagnosis and treatment? Why is it important to have access to skilled interpreters? What might be the challenges of having an interpreter?2. How might cultural differences affect diagnosis and treatment? How might it be helpful to practice both allopathic and folk medicine? What are the challenges?3. How did the patient interpret the doctor? What did they think about the doctor and his/her treatment of them?4. How did the doctor interpret the patient? What did the doctor think about the patient? (I.e. “noncompliance” – patients refusal to disregard instructions)5. What is the “culture of medicine”? How do Western doctors perceive health, illness, diagnosis and treatment? 6. How is Western medicine linked to legal practices (i.e. Child protective services/child endangerment, Brain dead = death,) and how might this conflict with the patient’s perspective?7. Why is the patient’s view of their illness important even if it is culturally different from the Western Medical perspective?8. How might there be inequality between doctor and patient? How might a patient’s perception of doctor’s as authority figures?9. Why is it important, as Fadiman suggests, for health care practitioners to “develop certain habits of listening, empathy, and flexibility” (2000: 6). |
| **Adaptations** |
| The in class activity should allow time to present the concepts and themes, and have students perform the mock patient and healthcare practitioner scenario, followed by discussion of the issues raised in the reading and presentation. One standard hour –fifteen-minute class period would suffice but allowing a class period to view the film might expand the topic. This exercise would be suitable for smaller class sizes no larger than 40 but perhaps could be modified for a lecture demonstration if students handed in written responses to the discussion questions. |
| **Materials needed** |
| 1) Anthropology key terms (See below)2) Readings: Book: Fadiman, Ann. The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures. Farrar, Straus, & Giroux, 1997. ORArticle: Fadiman, Ann. "The Spirit Catches You and You Fall Down": Epilepsy and the Hmong. Epilepsy & Behavior: E&B [Epilepsy Behav] 2000 Feb; Vol. 1 (1), pp. S3-S8. (Available thru City Tech library article database EBSCO)3) Xerox of mock patient/healthcare practitioner scenario (see attached)4) Optional: Video “Split Horn: Journey of a Hmong Shaman”. Or you might show a short video clip from youtube that shows a Hmong Shaman doing a ritual cure (See suggestions below after bibliography of references and suggested reading). |
| **Other Resources** |
| Possible links:•Pdf course notes•Powerpoint slides•List of online resources• Google images are a good way to find pictures AND Youtube.com has a number of short video clips. |
| **Evaluation/Assessment:** |

GENERAL EDUCATION LEARNING OUTCOMES/ASSESSMENT METHODS

|  |  |
| --- | --- |
| LEARNING OUTCOMES | ASSESSMENT METHODS |
| 1. KNOWLEDGE: Students develop a knowledge of the concepts and theories  | 1. Discussion of Anthropology terms following exercise |
| 2 SKILLS: Students develop and use the tools needed for communication, inquiry, analysis and productive work. | 2. Exercise emphasizes the analysis of another culture in a cultural relative manner – to learn the ability to listen and observe without judgment. |
| 3. INTEGRATION: Students work productively within and across disciplines. | 3. They are applying anthropology terms to real world applications. |
| 4. VALUES, ETHICS, AND RELATIONSHIPS: Students understand and apply values, and ethics | 4. Students learn not to judge cultures other than their own in a culturally sensitive way (cultural relativism). |

**REFERENCES AND SUGGESTED READING:**

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Bolton, Ralph (1981) “Susto, Hostility, and Hypoglycemia” Ethnology , Vol. 20, No. 4 (Oct., 1981), pp. 261-276.

Fadiman, Ann. The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures. Farrar, Straus, & Giroux, 1997.

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Freed, Stanley A. and Ruth Freed (1999) “Taraka’s Ghost,” Natural History, October 1999, pp. 84-91.

Gruenbaum, Ellen. “Sexuality Issues In the Movement to Abolish Female Genital Cutting in Sudan.” *Medical Anthropology Quarterly,*  Vol. 20, Number 1, (2006) pp. 121-138

Hahn, Robert A. and Marcia Inhorn (eds.) (2010) Anthropology and Public Health, Second Edition: Bridging Differences in Culture and Society.Oxford University Press.

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 Oubre, Alondra. Shamanic trance and the placebo effect: The case for a study in psychobiological anthropology. PSI Research, Vol 5(1-2), Mar-Jun, 1986. pp. 116-144.

Poss, Jane and Mary Ann Jezewski (2002) “The Role and Meaning of Susto in Mexican Americans' Explanatory Model of Type 2 Diabetes” Medical Anthropology Quarterly , New Series, Vol. 16, No. 3 (Sep., 2002), pp. 360-377

[Rubel](http://www.jstor.org.citytech.ezproxy.cuny.edu:2048/action/doBasicSearch?Query=au%3A%22Arthur+J.+Rubel%22&wc=on&fc=on), Arthur J. and [Carmella C. Moore](http://www.jstor.org.citytech.ezproxy.cuny.edu:2048/action/doBasicSearch?Query=au%3A%22Carmella+C.+Moore%22&wc=on&fc=on) (2001)”T[he Contribution of Medical Anthropology to a Comparative Study of Culture: Susto and Tuberculosis](http://www.jstor.org.citytech.ezproxy.cuny.edu:2048/stable/649668?&Search=yes&searchText=disease&searchText=susto&list=hide&searchUri=%2Faction%2FdoBasicSearch%3FQuery%3Dsusto%2Bdisease%26fromHomePage%3Dtrue%26acc%3Don%26wc%3Don%26fc%3Doff&prevSearch=&item=1&ttl=275&returnArticleService=showFullText)” Medical Anthropology Quarterly, New Series, Vol. 15, No. 4, Special Issue: The Contributions of Medical Anthropology to Anthropology and Beyond (Dec., 2001), pp. 440-454

Thompson, Jennifer Jo Ritenbaugh, Cheryl Nichter, Mark. [Reconsidering the placebo response from a broad anthropological perspective.](http://ehis.ebscohost.com.citytech.ezproxy.cuny.edu:2048/ehost/viewarticle?data=dGJyMPPp44rp2%2fdV0%2bnjisfk5Ie46bFKsK%2bySK6k63nn5Kx95uXxjL6nrUmvpbBIr6qeSbCwsFG4qLM4zsOkjPDX7Ivf2fKB7eTnfLujr0q3r69QtamzSaTi34bls%2bOGpNrgVe7p94Ck6t9%2fu7fMPt%2fku0quprdFrqeuUbWjrki1nOSH8OPfjLvc84Tq6uOQ8gAA&hid=4205) Culture, Medicine and Psychiatry, Vol 33(1), Mar, 2009. pp. 112-152.

**Suggested photograph images or videolinks:**

Film Suggestion:

Split Horn: Journey of a Hmong Shaman

The spiritual healing of Hmong Shamanism (7:28)

<http://www.youtube.com/watch?v=ymJnUHxqRpE>

ASA Documentary: Second Generation Hmong Shaman (33:39)

<http://www.youtube.com/watch?v=OrSZBsGn-4M>

Anorexic Models: The curse of fashion modeling (2:47)

<http://www.youtube.com/watch?v=ZK-Lhy-HqCs>

Extreme Plastic Surgery (8:42)

<http://www.youtube.com/watch?v=9R149OXxsGg>

|  |  |  |
| --- | --- | --- |
| *Handout* |  | **Patient /Doctor scenarios:** |
| **Read book or article by Fadiman** |  | Each student will improvise or act out a “scene” that depicts a Hmong patient with a healthcare practitioner. We will discuss the reading in light of themes that result from this mock patient/doctor exercise.  |
| **Person one:** You are a Hmong immigrant whose baby daughter is sick. Based on what you read in Fadiman’s article or book, how might a Hmong patient describe and present their illness. Consider the following: |  | **The immigrants understanding of the illness or self-diagnosis:** The spirit catches you and you fall down. Her older sister slammed the door so loudly that her spirit was scared out of her and she fell down. Illness may have many causes but can be due to a loss of the soul to a malevolent spirit. It might be a sign that she will grow up to be a high status Shaman who can go into a trance and see the spirits and in this regard this illness (epilepsy) is highly distinguished and should not be cured as it may lead to prestige later in life.**Cultural perception of illness and health:** • Will not take pills if the colors are inauspicious.• Will refuse surgery, anesthesia, autopsies, blood tests, and spinal taps.•May wear a white “spirit string” on wrist that can’t be cut off while they are ill as their soul might endlessly wander.• Hmong traditional medicine may include herbs, amulets, and animal sacrifices. |
| **Person two:** you are a health care professional and you are trying to understand or interpret what the person is saying to develop a diagnosis. Based on what you read in Fadiman’s article or book, how might a Western Doctor describe and interpret the illness. Consider the following: |  | **Western Medicines cultural understanding of illness:**• Customs and traditions – desensitized empathy.• Cultural taboos- perception that only Western medicine can cure and to look at “alternative” practices would be inappropriate. There may be legal rules or “taboos” in treating patients, especially children.• Hierarchies—tend to be “rational” and controlling.•Have their own language that an ordinary patient might not understand.What type of questions does a typical healthcare practitioner ask?• What is your name, your date of birth• What brought you in today? What is your illness?• What kind of symptoms are you experiencing?• What is your medical history? Do you have prior ailments, surgeries, and/or allergies?• What medications do you take?• Is there a family history of illness? Does heart disease or diabetes run in your family?• Can your occupation play a role in your illness?•Review of systems: do you have headaches, vision troubles, trouble swallowing, nausea, etc.How might a Western doctor interpret the Hmong explanation about a malevolent spirit causing the illness?**Symptoms /diagnosis from Doctor’s perspective:** At first the doctors did not understand the parents and thought Lia had bronchitis or pneumonia and prescribed antibiotics. After the third time taking Lia to the hospital they saw she was suffering from a sudden attack of seizures or convulsions. |

**DISCUSSION QUESTIONS:**

1. How might differences in language affect diagnosis and treatment? Why is it important to have access to skilled interpreters? What might be the challenges of having an interpreter?

2. How might cultural differences affect diagnosis and treatment? How might it be helpful to practice both allopathic and folk medicine? What are the challenges?

3. How did the patient interpret the doctor? What did they think about the doctor and his/her treatment of them?

4. How did the doctor interpret the patient? What did the doctor think about the patient? (I.e. “noncompliance” – patients refusal to disregard instructions)

5. What is the “culture of medicine”? How do Western doctors perceive health, illness, diagnosis and treatment?

6. How is Western medicine linked to legal practices (i.e. Child protective services/child endangerment, Brain dead = death) and how might this conflict with the patient’s perspective?

7. Why is the patient’s view of their illness important even if it is culturally different from the Western Medical perspective?

8. How might there be inequality between doctor and patient? How might a patient’s perception of doctor’s as authority figures impact their interaction with the doctor?

9. Why is it important, as Fadiman suggests, for health care practitioners to “develop certain habits of listening, empathy, and flexibility” (2000: 6).

10. Why does Fadiman suggest doctors to ask : What do you think caused this illness? What do you call this illness? What are you most afraid of?

**ASSIGNMENT #3: NARRATIVE MEDICINE**

**TEACHING MODULE TEMPLATE** (Designed by Lisa Pope Fischer)

Applying Rita Charon’s “Narrative Medicine” to in-class exercises

3 exercises: 1. Pairs focusing on attention & representation, 2. Using readings as prompts for writing, 3. Writing about own experiences.

**Class Dates or time:**

|  |
| --- |
| **Overview/Essential Question:** |
| Rita Charon stresses the importance of healthcare practitioners learning storytelling particularly in the ability to learn how to better interact and understand their patients stressing the importance of 1) Attention, 2) Representation, and 3) Affiliation. She defines “narrative medicine” “as medicine practiced with the narrative competencies to recognize, absorb, interpret, and be moved by the stories of illness” and furthermore, she argues “ It became clearer and clearer to my colleagues and me that doctors, nurses, and social workers *need* rigorous and disciplined training in reading and writing *for the sake of their practice”* (Charon, Narrative Medicine 2005, 262). In a study that tested the effectiveness of narrative medicine, researchers found that student’s communication skills improved, and they were better able to empathize with their patients and be “patient centered” (Arntfield, et al. 2013, 282). “Students reported that narrative medicine is resisted by those unfamiliar with it even though the intended outcomes of training are consistent with ACGME/CanMED competencies. This disconnect likely arises out of the methods used for training which are viewed as counter-culture, a problem that is common to humanities-based programs in medicine. This finding strengthens existing arguments that training in behavior-oriented, non-biomedical education must be a mandatory, longitudinal component of medical training if it is to influence the process of cultural adaptation that students undergo during their immersion into the form, informal, hidden and null curricula” (Arntfield, et al. 2013, 285) This module applies Rita Charon’s ideas into in-class exercises. |
| **Objectives/Goal of Lesson:** |
| The main objective of the lesson is to teach healthcare practitioners to better interact and understand their patients through acquiring the skills of narrative medicine: Attention, Representation, and Affiliation. Students will learn how to do a close-reading analysis. |
| **Activities/Content:** |
| 1. ***Exercise between patient and healthcare practitioner focusing on “attention” and “representation”:***

***I. Attention:***“The teller of an illness needs a listener” (Charon, Narrative Medicine 2005, 263). How can one learn to be “attentive”? She states:“The sick person faces, in the doctor, a person who sees sickness fundamentally as something to be fixed and managed, a person whose training and clinical responsibility have spoiled his or her capacity to understand what living with sickness must be like. The doctor faces, in the patient, a person who sees sickness fundamentally as something to be undergone and made meaning of, a person whose very existence throws down a challenge to knowledge, a leering at powerlessness, a mute accusation that call cannot be cured, Unless grounds for trust already exist between these two participant prior to the onset of a serious malady, the obligatory exposures of medicine lead to the fear, blame, shame, and violation that will seam any efforts made toward genuine contact. The only path toward contact within these border-zones is through profound humility, modesty, mutual forgiveness, and deep and dynamic recognition of self and other (Charon, The Novelization of the Body 2011, 35). She argues that language connects the patient and doctor and language involves talking, listening, and communication and at times there is a clash of understanding stemming from different perspectives and agendas. It is this culture clash of communication that Rita Charon suggests needs to be resolved and “attentive” listening can help.1. Rita Charon suggests to simply ask the patient to “Please tell me what you think I should know about your situation” (Charon, Narrative Medicine 2005, 263)
2. At first do not write anything down, nor look at a computer, paper, or phone. Simply sit and listen. Look into the person’s eyes and respond to their story in a nonjudgmental way.

She argues the “self-telling body” highlights the connection of the body (the sight of the illness), to the self (the person or patient) (Charon, The Novelization of the Body 2011, 37). In other words separating the Body from the Mind leads to miscommunication and understanding. She argues that health care professionals working with the ill have a sense of what it is like to be ill but what needs to be done is to bring to healthcare the skills and capacities to hear a story [empathy], to imagine the situation of another, to enter an alien world that is described to you and to accept it as true, and to experience through imagination the patient experience. The receiver of the account puts him or herself in a receptive pose (we do this if we are good readers, film goers, music listeners). In this context: to receive a complex account of another. Offering oneself as a fertile field that can be created by that which can be broadcast. Attention leads to a donation of the self to receive fully that which another is telling. Often the person doing the telling doesn’t know the underlying meanings of what is said, making attention important. The second step towards resolving communication gaps is through representation that translates the meaning of the situation or interaction.***II. Representation***Rita Charon argues, “representation follows from attention in direct patient care. Sometimes, the acts of representation are accomplished privately by the clinician, producing texts not for the patient to read but in order for the clinician-writer to discover thoughts, feelings and perceptions. In our narrative medicine practice, we are finding that the clinician must *represent* what he or she has witnessed” (Charon, Narrative Medicine 2005, 265). Attention must be triangulated between the person and creative interaction. That is why Charon makes people write things down. It doesn’t matter if they know how to write but the process of describing allows one to step back and explain the context and then allow one to better see the context or situation. She defines the “novelization of the body” as “the exposure of the body’s plot, form, voice, temporality, and governing images. We have within our bodies themselves a means toward the deepest and most exposing telling of self, if only the signs are recognized and the story is told” (Charon, The Novelization of the Body 2011, 47). One method she uses in her practice is to start by listening (as above), but to then document the story the patient tells:1. Start to take notes about what the patient said using the patient’s own words. Simply record what the patient said.
2. Read the notes that you have made to the patient and give the patient a copy. Charon argues it is not simply a matter of knowing the physical cause of the illness, but also what the illness has done to the patient, and what is important to the patient.

The doctor needs to learn how to translate the patient’s description of their illness into a diagnosis, yet as Charon suggests, it is also important to understand the person. Representation is one exercise in which to learn how to listen, observation, and understand. (Charon, The Novelization of the Body 2011, 39). She states “My writing is done in an effort to see it first, to behold the situation outside of the restricted frame of the medical clinic, and to use the knowledge to correct lacunae in my own visual practices and then my clinical practices. Writing shifts my position on the parallax, enabling me to take up another view of the real than the one I am trained to see. Such corrected vision improves my own capacity to register what a patient conveys about her experience” (Charon, The Novelization of the Body 2011, 41). She argues to facilitate “representation” and understanding is to draw on the skills of the humanities such as to read and interpret a text, and to express feelings and understandings through artistic expression such as photography, and art, but in particular expressive writing.1. Pairs focusing on attention & representation: *To illustrate the ideas of “listing” and “recording” a personal story, you can have students divide into pairs. Have one student tell a personal story for 5 minutes (the patient/story teller). Have the other student (the doctor/recorder) take at least 2 minutes to simply listen, then for 3 minutes start to record the first student’s story. At the end of the 5 minutes, have the student recording the story read what they have written to the storyteller. You can repeat the same exercise again reversing the roles of the storyteller and recorder. After the exercise have the class as a whole discuss the experience. What were the challenges? What were the benefits? What was unexpected? What did you learn?****B. Exercises to promote “representation” and “affiliation” through expressive writing – the healthcare practitioner’s observations and experiences:******Affiliation***The goal of “Attention” and “Representation” is to create real human contact between patient and doctor in the form of “Affiliation.” “Out of this work emerges the productive hypothesis that the development of attention increases the skills of representation and the skills of representing increase attention. Together, they spiral toward affiliation – with individual patients, colleagues, and the institution that houses them all. It is our task to harness the tremendous power of these artistic, creative acts of telling and listening and representing stores for the sake of our patients and out colleagues. It is our duty to bring our full selves into our practice – not just our cognitive apparatus but also all our resonant imaginative, meaning-making capacities so that the patients’ journeys toward health and meaning can be illuminated. Finally, attention and representation, we believe, can enable us to know in earthy, rich detail that we are affiliated as humans, all of us crumble in the face of time, ready to suffer our portion, and brave enough to help on another on our shared journeys” (Charon, Narrative Medicine 2005, 269)Rita Charon says “When health professionals write, in whatever genre and diction they choose, about clinical experiences, they as a matter of course discover aspects of the experience that, until the writing, were not evident to them” (Charon, Narrative Medicine 2005, 265) The process of writing, whether it be poetry, fiction, a letter, or pure description, helps the writer better process and understand the situation. The writing (or painting, or photography, etc.) is what enables the perception to become visible. Only once you have a visible representation one is able to see it.  2. Using readings as prompts for writing: ***Reading as prompts for writing*** *(from* (Arntfield, et al. 2013)This exercise starts with selective reading to prompt or encourage students to process their experiences. Do a close reading, analysis, and discussion of an assigned reading or a short reading that can be read in class.Suggested reading (Arntfield, et al. 2013): *1. Selections from: “The Wounded Story Teller“ by Arthur Frank.* (Frank, The Wounded Storyteller 1995)(Frank, Why I Wrote 2009)*Ask students to write about any illnesses narratives they had witnessed.**2. Selections from: “The Things We Carried” By Tim O’Brien* (O'Brien 2009)*Give students the writing prompt “How to tell a true medical story.”* (Arntfield, et al. 2013, 281)*3. “The Other Side of Silence: Levinas, Medicine, and Literature” by Craig A. Irvine.*These exercises can be handed in, and/or ask students to read aloud their own descriptions to further in class discussion and responses. 3. ***Writing about own experiences, and analyzing as text***Another exercise would be a more “self-reflective” exercise that asks students to process their own experiences. (Behar and Gordon 1996)1. *Write about your clinical experience using any form of language or genre of writing. This can be an in class exercise where the person writes for 3 to 5 minutes, and/or a short homework assignment.*
2. *Have students volunteer to read their writing to the class.*
3. *Discuss the manner in which the writer described the situation. Why did the writer choose particular words or images? Why did they use a particular genre of writing?*
4. *Discuss the process of writing. Ask the students how the process of writing made them feel. Did the writing help them to understand the context in a different way?*
 |
| **Discussion:** |
| These three exercises (1. Pairs focusing on attention & representation, 2. Using readings as prompts for writing, 3. Writing about own experiences) can be used to get students to discuss key themes raised in Rita Charon’s writings. Charon argues that attention is nourished by representation. Representation leads to affiliation. Given permission for a patient to tell her feelings and desires illustrates the importance of “telling” and finding a way for the doctor to listen. Ordinary medicine can be practiced with simple narrative skills. It is important to see the patient’s shape but also see a sense of her own self. “Self telling Body” gives a complex heard sense of self, and makes contact with another not on the context of illness, but on the context of her desires. Summary of possible discussion questions:*• What were the challenges? What were the benefits? What was unexpected? What did you learn?**• Discuss the manner in which the writer or storyteller described the situation. Why did the writer choose particular words or images? Why did they use a particular genre of writing?**• Discuss the process of writing. Ask the students how the process of writing made them feel. Did the writing help them to understand the context in a different way?* |
| **Adaptations** |
| These exercises would work best in smaller classes no larger than 40, and each activity can be done in separate class periods.  |
| **Materials Needed:**To prepare for one exercise, the analysis of writing, selected readings need to be prepared in advance, such as the selected sections from O’Brien, and Frank. Students might also prepare in advance by reading selections from Rita Charon’s work.Charon, R. (2005). Narrative Medicine: Attention, Representation, Affiliation. *Narrative* *, 13* (3), 260-270.Charon, R. (2011). The Novelization of the Body, or, How Medicine and Stories Need One Another. *Narrative* *, 19* (1), 33-50.Frank, A. W. (1995). *The Wounded Storyteller: Body, Illness, and Ethics.* Chicago: University of Chicago Press.Frank, A. W. (2009). Why I wrote. . .The Wounded Storyteller: a recollection of life and ethic. *Clinical Ethics* *, 4* (2), 106-108.O'Brien, T. (2009). *Things We Carried.* New York: Mariner Books. |
| **Other Resources:** |
| Possible links:•Pdf course notes•Powerpoint slides•List of online resources |
| **Evaluation/Assessment:** |
|  |

**GENERAL EDUCATION LEARNING OUTCOMES/ASSESSMENT METHODS**

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| **LEARNING OUTCOMES** | **ASSESSMENT METHODS** |
| **1.** KNOWLEDGE: Students develop a knowledge of the concepts and theories  | **1. Writing exercises** |
| **2** SKILLS: Students develop and use the tools needed for communication, inquiry, analysis and productive work. | **2. Process of listening and writing allows students to learn to better interact and understand patient’s experience** |
| **3.** INTEGRATION: Students work productively within and across disciplines. | **3. Analysis of story as text and writing supplies skills of humanities and social sciences to medical profession** |
| **4.** VALUES, ETHICS, AND RELATIONSHIPS: Students understand and apply values, and ethics | **4. Students learn to better understand and affiliate with patient.** |

**References:**

Arntfield, Shannon, Kristen Slesar, Jennifer Dickson, and Rita Charon. "Narrative Medicine as a means of training medical students towards residency competencies." *Patient Education and Counseling* 91 (2013): 280-286.

Behar, Ruth, and Deborah Gordon, . *Women Writing Culture.* Berkeley: University of California Press, 1996.

Charon, Rita. "Narrative Medicine: Attention, Representation, Affiliation." *Narrative* 13, no. 3 (October 2005): 260-270.

Charon, Rita. "The Novelization of the Body, or, How Medicine and Stories Need One Another." *Narrative* 19, no. 1 (January 2011): 33-50.

Frank, Arthur W. *The Wounded Storyteller: Body, Illness, and Ethics.* Chicago: University of Chicago Press, 1995.

Frank, Arthur W. "Why I wrote. . .The Wounded Storyteller: a recollection of life and ethic." *Clinical Ethics* 4, no. 2 (2009): 106-108.

O'Brien, Tim. *Things We Carried.* New York: Mariner Books, 2009.

Pennebaker, James W. "Writing About Emotional Experiences As A Therapeutic Process." *Psychological Science* 8 (May 1997): 162-166.

**Additional handouts:**

**ASSIGNMENT #4: Therapeutic Writing**

**(Adapted by Lisa Pope Fischer from Pennebaker)**

**TEACHING MODULE TEMPLATE**

Therapeutic Writing Exercise

**Class Dates or time:**

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| **Overview/Essential Question:** |
| The idea behind therapeutic writing suggests that the process of writing helps the individual not only address a key issue or concern in their life, but also gives perspective as one thinks through the situation and steps back to reflect on what they wrote. |
| **Objectives/Goal of Lesson:** |
| This exercise helps to better understand the perspective of the patient, and encourages writing. |
| **Activities/Content:** |
| 1. **Pick a topic:**

Focus on an issue of concern whether it be a past event in your life, or issue in the present. Is it a traumatic event? Is it a transitional moment in your life? For example, if you panic when taking tests, focus on one such event to write about. If you have a dread of flying in an airplane, focus on why. If you fear going to the dentist, can you describe one horrible dentist visit that you experienced. If you had a traumatic event in your past, such as the death of a close family member, try to describe how this impacted you. Do you have a recurring nightmare that you can focus on? Did you ever have to switch schools and make new friends? Is there something you worry about? Is there something that you have been avoiding?1. **Write.**

Spend five minutes on three separate days to write your experience.**Day one:** After you picked your topic, sit down and write continuously for 5 minutes. ***Focus on your thoughts and feelings***. If you have trouble starting, simply “brainstorm” – write whatever comes to your head and let go. At this point, don’t worry about grammar or sentence structure. The only thing you must do is write non-stop for five minutes. You can use pencil and paper if you wish. Put the paper aside.**Day two:** Read what you wrote the day before. Give yourself a couple minutes to think about what you wrote and why. Put this writing away. DO NOT CUT AND PASTE from your previous writing. Start with a fresh piece of paper, or new page. Set a timer for five minutes and write continuously about the same event ***focusing on your thoughts or feelings.*** You can use pencil and paper if you wish.**Day Three:** Read the previous two papers that you wrote. Give yourself a couple minutes to think about what you wrote and why. This time you can refer back to these two previous papers. Spend at least 10 minutes rewriting your story. This final version should be typed. Polish up your story – run a grammar and spell check. Try to use descriptive details and avoid the passive voice.1. **Hand in your papers:**

Staple to the back of your typed paper your previous 5 minute writing exercises (the day 1 & 2 papers should not be re-written – hand them in “as is” no matter how sloppy).1. **Tear up the papers**

As a way to symbolically get over the event, be prepared to throw out what you wrote. The real assignment is the process of writing and the self-reflection afterwards |
| **Discussion:** |
| **Discuss and Reflect**Come to Class with your three papers and be ready to discuss the process of writing.1. What do you notice as you re-read your three papers?
2. How do you feel about what you wrote?
3. Do you notice anything new or unexpected from this writing process?
4. What did you learn about yourself? (Past, present, future)
5. What did you learn about the relationships you have with others? (family, spouse, loved ones, friends, co-workers, etc.)

Towards the end of the discussion, have students tear their papers. Discuss how it made them feel to tear up their paper. |
| **Adaptations** |
| These exercises would work best in smaller classes no larger than 40, and each activity can be done in separate class periods.  |
| **Materials Needed:**To prepare for one exercise, the analysis of writing, selected readings need to be prepared in advance, such as Pennebaker’s article:Pennebaker, James W. “Writing About Emotional Experiences As A Therapeutic Process” *Psychological Science* 8 (May 1997): 162-166. |
| **Other Resources:** |
| Possible links:• <http://homepage.psy.utexas.edu/HomePage/Faculty/Pennebaker/Home2000/WritingandHealth.html> |
| **Evaluation/Assessment:** |
|  |

**GENERAL EDUCATION LEARNING OUTCOMES/ASSESSMENT METHODS**

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| --- | --- |
| **LEARNING OUTCOMES** | **ASSESSMENT METHODS** |
| **1.** KNOWLEDGE: Students develop a knowledge of the concepts and theories  | **1. Writing exercises explores Pennebaker’s theory.** |
| **2** SKILLS: Students develop and use the tools needed for communication, inquiry, analysis and productive work. | **2. Process of reflection and free writing exercise develops communication skills.** |
| **3.** INTEGRATION: Students work productively within and across disciplines. | **3. Incorporating a psychological approach to writing integrates understandings across disciplines.** |
| **4.** VALUES, ETHICS, AND RELATIONSHIPS: Students understand and apply values, and ethics | **4. Students learn to better understand the process of writing, and perhaps interaction with others.** |

**References:**

Pennebaker, James W. “Writing About Emotional Experiences As A Therapeutic Process” *Psychological Science* 8 (May 1997): 162-166.

**Additional handouts:**



 

MEMO

Date: April 22, 2015

To: Dr. Jean Kubeck Hillstrom

 Chair, Social Sciences

From: Professor Robert J. Russo

 Chairman, Vision Care Technology

Subject: Support for course in Medical Anthropology

I am writing in support of the proposed course in Medical Anthropology developed by the Department of Social Science. Students in Vision Care Technology learn about systemic diseases of the eye and how those diseases are treated medically. Certain medical diseases are very common among many different ethnic groups. I believe this course would assist Vision Care Technology students as a possible elective to understand why in certain cultures and ethnic backgrounds diseases such as diabetes, glaucoma, ptyergium are more prevalent from one group to another.

If you have any questions, please do not hesitate to contact me.