

Department of Anthropology and Sociology (ANSO)

Academic year 2019-2020

Medical Anthropology I: Health and Illness in Cross-Cultural Perspective

ANSO103- Autumn - 6 ECTS

[Schedule & Room](#)

Course Description

This course offers an introduction to medical anthropology by exploring the historical and theoretical basis for medical anthropology. A particular concern will be to illuminate the increasingly intertwined relationship between medical anthropology and global health. A survey of cross-cultural studies of health and illness and the sociology of science and technology will be used to understand the development of the field, the tensions between "applied" and "critical" medical anthropology, and the shift towards an anthropology of biomedicine. Readings will focus on seminal ethnographies, and be used to chart the genealogy of contemporary theoretical paradigms. While highly recommended for ANSO students interested in these topics, this course will also be accessible to others interested in understanding the role of anthropology in global health today.

Recommended, but not required, as a prerequisite for ANSO 111 Medical Anthropology II: Contemporary Approaches to Biomedicine, Technology and Global Health

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Syllabus

Rationale and detailed description

This course has been developed for students beginning the Master's in Anthropology and Sociology, and those in the interdisciplinary masters' programs and disciplinary doctoral programs with an interest in anthropology and health. A background in social sciences, health sciences and/or global health is desirable but not necessary.

The main goal of the course is to introduce students to the key debates that have structured the field, and to distinguish and examine the relationship between different approaches within medical

anthropology. Concerns around the persistence of belief in supernatural causation – i.e. witchcraft – provide a narrative thread through our line of ethnographic inquiry.

The course will explore the emergence of the field by examining the genealogy of key concepts and placing them in their historical and intellectual context. In doing so we will seek to understand how anthropology moved from studying the beliefs of ‘primitive’ peoples and exotic healing phenomena such as shamanism and spirit possession to focussing on biomedicine:

1. Health and illness in cross-cultural perspective

A broad range of work dating from the earliest days of ethnography describes and seeks to understand the meaning and efficacy of “traditional” or “indigenous” healing systems in comparative perspective. Since the seminal work of WHR Rivers, this approach shares many concerns and approaches with the anthropology of religion. In this view, medical (or religious) efficacy emanates from social structure and collective representations and is therefore inherently symbolic.

2. Witchcraft and rationality

While anthropological studies in witchcraft emerge from the interest in religion and healing they come to play a specific and foundational role in medical anthropology subsequent to EE Evans-Pritchard’s seminal 1937 *Witchcraft Oracles and Magic among the Azande*. In this magisterial study, Evans-Pritchard effectively demonstrates (*contra* Rivers, Lévy Bruhl, and indeed the dominant thinking at the time) that belief in witches is rational, rather than a symptom of primitive cognition or “pre-logical” thought, that rationality is culturally bound, and lays the groundwork for understanding all medical systems as fundamentally concerned with managing misfortune.

3. The birth of medical anthropology

The period after World War II was the heyday of modernization and of scientific attempts to measure and improve human health. As a result anthropologists were increasingly drawn into efforts to assist public health programs in developing countries and, more broadly, to understand broader sociocultural barriers to the adoption of health-promoting behaviour. Ethnographic methods were developed to rapidly identify and address cultural barriers, as well as participatory methods that sought to mobilize communities in the service of health; both remain as mainstays of global health today.

4. Interpretive medical anthropology

Starting in the 1980s, an influential school of medical anthropology pursued the interest in meaning, semantics and narratives in understanding affliction. Building on the cross-cultural and comparative perspective seen in Theme 1, culture was seen as resource for giving meaning to affliction notably through semantic and narrative mechanisms that help to socialize illness and embed it within shared understandings. Importantly, this approach was concurrent with, and itself influenced by, the reflexive turn in anthropology. These approaches sparked interest in the use of literary methods in clinical settings, or “narrative medicine”, and a nascent interest in the culture – and unexamined assumptions – of biomedicine itself

5. The political economy of health

Paralleling the interest in meaning and interpretation another approach, broadly allied with social justice movements and sympathetic to Marxist analyses, has stressed how health and illness are produced by political-economic forces and criticized the “medicalization” of social issues. Currents present within this broad approach include a more sociological and quantitative approach to elucidating social determinants of health and analysing health policies’ impact on them, activist stances that denounce health inequalities, and newer approaches concerned with the economy of biotechnology in global health.

6. Networks and standards

The sociology of science, initially concerned with developing social explanations for failed theories and “false” science, has gradually turned to focus on “true” science as well, drawing on Evans-Pritchard’s conclusion that rationality is culturally bound to examine the culture(s) of science using

ethnography. More recently, science and technology studies (STS) have included a focus on technology and mobilized findings from philosophy and gender theory to explore the how society and nature are “co-produced” rather than being independently pre-existing entities. STS is increasingly mobilized to examine how biomedical facts are stabilized and standardized, and analyse the global networks and assemblages that underpin diagnosis and therapy.

7. Anthropology of biomedicine and global health

The global dissemination of biomedicine and the emergence of a global health apparatus is drawing increasing ethnographic scrutiny. Today biomedicine and global health efforts seek to tame risk and order life and thus are privileged sites for understanding core socio/anthropological questions around social order, reproduction, and belonging. We will focus on anthropological studies of how population control, reproductive technologies, organ transplants, developments in genetics, and new epidemics challenge prevailing moral assumptions, shed new light on anthropological theories of kinship and exchange, and argue for consideration of biology as local or “situated”.

Throughout, we will explore the tension between approaches where anthropology is primarily used to understand and address global health problems – so-called “applied” anthropology more oriented to practical solutions – and approaches that primarily seek to critically address academic and theoretical debates. A second aim of the course therefore is to examine how “applied” anthropology can contribute to fundamental issues regarding embodiment, power, subjectivity, and social structure, and how “critical” anthropology can contribute to addressing pressing global health problems today.

Significantly, we will explore these issues by reading **five** seminal book-length monographs, rather than a disjointed collection of articles. This will allow us to fully appreciate the kind of understanding that in-depth ethnographic studies afford and to contrast them with journal articles. Key readings for the conceptual issues raised will be offered for further explanation, but this material will be covered in lectures.

The books

Evans-Pritchard, E. E. 1981 (1937). *Witchcraft, Oracles and Magic among the Azande*. Oxford: Oxford University Press.

Farmer, P. 1992. *AIDS and Accusation: Haiti and the Geography of Blame*. Berkeley: University of California Press. Translated into French as [SIDA en Haïti: la victime accusée](#). Paris: Karthala.

Favret-Saada, J. 1980 (1977). *Deadly Words: Witchcraft in the Bocage*. Cambridge: Cambridge University Press. Original French version: Favret-Saada, J. 1977. *Les mots, la mort, les sorts*. Paris : Gallimard (Folio).

Lock, M and V K Nguyen. 2018. *An Anthropology of Biomedicine*, Second Edition. London: Wiley Blackwell.

Rivers, W. H. R. 2001 (1924). *Medicine Magic and Religion*. London: Routledge.

Monographs (one to be chosen from the following or if not to be approved by the instructor):

Brotherton, P. S. 2012. *Revolutionary Medicine: Health and the Body in Post-Soviet Cuba*. Durham, London: Duke University Press.

Caduff, C. 2015. *Pandemic Perhaps: Dramatic Events in a Public Culture of Danger*. Oakland: University of California Press.

Dewachi, O. 2018. *Ungovernable Life: Mandatory Medicine and Statecraft in Iraq*. Stanford: Stanford University Press.

Garcia, A. 2010. *The Pastoral Clinic: Addiction and Dispossession Along the Rio Grande*. Berkeley, Los Angeles, London: University of California Press.

Livingston, J. 2012. Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic. Durham, London: Duke University Press.

Nguyen, V K. 2010. The Republic of Therapy: Triage and Sovereignty in West Africa's Time of AIDS. Durham, London: Duke University Press.

Petryna, A. 2003. Life Exposed: Biological Citizens after Chernobyl. Princeton, Oxford: Princeton University Press.

Class schedule (draft)

		Topic		Reading/Evaluation
Sept	18	1. Introduction to the course		
	25	2. Mapping the field.	What is medical anthropology? And a quick overview of key approaches in Social Theory.	Read Byron Good
Oct	2	3. Health & Illness in cross-cultural perspective I	Overview of comparative method in anthropology and approach to primitive culture (optional background readings)	Read WHR Rivers
	9	4. Health & Illness in cross-cultural perspective II	Discuss Rivers' approach. Contrast with other approaches in Social Theory.	Notes on Rivers due
	16	5. Witchcraft	Discuss primitive mentality, context of EP's study	Read Evans-Pritchard
	23	6. Rationality	Discuss EP	Report on Evans-Pritchard due
	30	7. Using anthropology to improve health	History of international health (optional background readings)	Begin reading Favret Saada
Nov	6	8. Reflexivity in medical anthropology	Introduction to interpretive approaches: hermeneutics, symbolism (optional background readings)	Favret-Saada (continued)
	13	9. Current topics in medical anthropology I	TBA	Dissertation on Favret-Saada due
	20	10. Current topics in medical anthropology I	TBA	
	27	11. Interpretive medical anthropology II	Interpretive approaches in Medical anthropology: semantic illness networks, etc. (optional background readings)	Read Farmer
Dec	4	12. Political economy of health	Critical medical anthropology: approaches and controversies	Review of Farmer due
	11	13. Anthropologies of science & technology	The genealogy of STS (optional background readings)	Option 1: reading note due
	18	14. Towards an anthropology of biomedicine	What is the anthropology of biomedicine? (optional background readings)	Option 1: reading note due
Jan	7			Option 2: Review Essay due

Calculation of time needed for the course:

1 ECTS credit: 30 hours x 6 credits = 180 hours maximum.

In-class time: 12 x 2 hours = 24 hours

Readings per class 12 x 6 hours = 72 hours

Assignment 1: 8 hours

Assignment 2: 16 hours

Assignments 3: 24 hours

Assignment 4: 8 hours

Assignment 5: 24 hours

Total: 176 hours.

Evaluation

The **pedagogical strategy** will develop understanding through readings and their discussion in class to flesh out key concepts through examples. General skills to be developed include summarizing and synthesizing readings, formulating concepts clearly and concisely and illustrating them with examples, and applying them to complex qualitative phenomena as described in ethnographic case studies and anthropological monographs.

Methods

Assignment 1 (10 points): **reading note** of Rivers' *Medicine* **due 10 October**. The note should not be longer than 1000 words and offer a general overview of the book, the general themes, and the arguments proffered. The assignment will evaluate generic writing skills and identify points for improvement.

Assignment 2 (20 points): **review** of Evans-Pritchard's *Witchcraft*, **due 24 October**. The summary should be between 1000 and 2000 words and should offer a concise summary of the book which details chapter contents, outlines the main argument and derivative arguments and describes the structure of the argument (i.e. its logical articulation and kinds of evidence marshalled). The assignment will evaluate generic writing skills, the ability to succinctly summarize the book and identify key points clearly.

Assignment 3 (30 points) **dissertation** based on Favret-Saada's *Deadly Words* **due 14 November**.

The dissertation should not exceed 2000 words and will respond to a question identified and assigned in class on 7 November. The dissertation will require the student to develop a concept or an argument based on the book rather than simply reviewing it. Recourse to additional sources is encouraged but not mandatory. It will evaluate the ability to formulate an argument, mobilize concepts in readings and examples given in class, and stake out a position clearly based on a complex and sustained collection of data (the monograph).

Assignment 4 (10 points): **position paper** on Farmer's *AIDS and Accusation* **due 28 November**. The note should not be longer than 1000 words and offer a reasoned critical assessment of the book, ideally in terms of issues discussed in class and previous readings and/or contemporary developments in the field. The objective here is to develop a critical argument and substantiate it.

Assignment 5: **review essay** (30 points) **due 22 December**. Each student will select an ethnography from the list provided or in discussion with the instructor. The review will be due the last day of term. The review should be between 2000 and 3000 words and must **not** be simply a summary but rather a review that critically engages key arguments or methodological issues in light of class readings and discussion – an extended position paper. This assignment will evaluate students' ability to synthesize points and relate them to broader concerns that have been discussed in class.

Alternatively students may elect to submit 2 reading notes (15 points each) on 5 and 12 December that summarize the readings for that week.

Late policy

Five points will be deducted for every day the assignment is late without a valid written excuse; e.g., doctor's note.