

Communication 676C
Culture, Communication & Health
Spring 2009

Instructor

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Office Hours: MW 1:30-2:30 and by appt.

Course Philosophy

Hunger, substance abuse, HIV/AIDS, - we live in a world fraught with social problems. Social change, in many instances, is the only avenue for building a healthy world; in other cases, it is a precursor to the process of building healthy cities, healthy villages and healthy neighborhoods. The willingness and the intent to make positive changes in society bring us together in this course. Although intellectual fervor and critical thinking are the essential tools to the process of social change, a commitment to apply the knowledge in different social change settings lies at the heart of our endeavor.

Application is especially critical in the context of serving the at-risk populations of society. These are often the populations that are left out of academic and practitioner discourse. Culture, Communication and Health ultimately strives toward theory-based development of health applications targeted toward addressing health disparities. The topic of the course demands that we approach the classroom with openness and mutual respect. I call upon you to actively participate toward creating a climate that is mutually rewarding and intellectually stimulating.

Course Overview

This course explores the intersection of culture, communication and health. The production, exchange, maintenance, propagation and metamorphosis of cultural symbols are explored in depth here, with special focus on health-based meanings. Organized around the fundamental questions "How does culture construct health and illness? How do communicative practices vary across cultures?" this course seeks to understand health communication from a cultural perspective. Particular emphasis is laid on understanding preventive behaviors and the different interpretations of such behaviors across cultures. Based on the review and synthesis of the literatures on cross-cultural communication and the cultural aspects of health, the student will engage in building a theory of cross-cultural health communication. Issues discussed in class will include AIDS, unhealthy eating, cancer, drug consumption, heart disease, mental illness, sexual abuse, and domestic violence.

Course Objectives

The student is expected to attain the following goals in this course:

- Understand the role of culture in the construction of communication.
- Examine existing theories of cross-cultural, development and international communication.
- Understand the relationship between culture and health, with particular emphasis on the meanings of preventive behaviors
- Compare, contrast and synthesize the different theoretical foundations of cross-cultural research with the aim of developing “new knowledge.”
- Develop an understanding of methodological tools that illuminate the epistemology of cross-cultural research.

Evaluation Criteria

1. Course Readings & Effective Class Participation (10% = 100): Effective class participation is based upon thorough engagement with the assigned course readings and is not automatically guaranteed. Special attention must be paid to understanding the objectives of the individual paper, the research methodology, and the presentation of the results. Since we will be discussing a wide range of topics on each day, synthesis will be highly valued in the class.

In addition, each of you will post a blog entry on the topic of discussion for the upcoming week by noon on the Friday preceding the class. For instance, for the week of January 24, the questions are due by Friday, January 21. There are no exceptions to this policy. Please be prepared to discuss your blog responses with the class. Also, please be prepared to be individually called on to answer a question related to the course content.

2. Proposal (30% = 300): Each student will write a proposal for a research project. The proposal should examine how a particular aspect of culture plays out in the realm of health communication. It should include a) introduction of the problem, (b) literature review, and (c) research questions you are going to ask.
3. Research Paper (40% = 400): After the development of an appropriate approach that fits the problem (in the proposal), students are required to design and implement a research project that enhances current understanding of health campaigns. The research paper will address a relevant social change problem, for instance substance abuse, unsafe sex, reproductive rights, aging etc. and will build upon the proposal, implementing the methodology laid out in the proposal, reporting results and discussing them. The choice of topic must be relevant to the concept of culture. The end product is a high quality critical or synthesis paper that may be presented at a professional conference.

4. Final Examination (10% = 100): A take-home final will test your ability to compare, analyze, synthesize and apply the content discussed in class. The emphasis here will be on your ability to effectively criticize the current knowledge of cultural issues in the construction of health, disease, and medicine.

Academic Misconduct

As a student in this course, it is assumed that you have read and imbibed the official position of Purdue University on matters of academic misconduct (see the University Regulations booklet). If misconduct occurs in the context of this course, it will be handled according to the procedures specified in the University Regulations booklet.

Course Policies

Late assignments will **not** be accepted except in case of documented emergency situations. The student is responsible to contact me and make other arrangements in case of an emergency. This is a graduate class and a key indicator of your performance is your ability to maintain and manage deadlines.

Required Texts

Course Readings

The readings are divided into two components. The first Volume of readings provides the foundation to culture, communication, and health (Weeks One through Four). The second Volume of readings provides substantive insights into the different content domains where culture interacts with issues of health.

Preparation Week: Introductions

Week One: Culture: Epistemology & Ontology

Required

1. Airhihenbuwa, Chapters 2 & 5
2. Dutta, Communicating health, Introduction & Chapters 1, 2, & 3
3. Bauman, Z. (1999). Culture as concept. In Z. Bauman (1999), *Culture as praxis* (pp. 1-46). Thousand Oaks, CA: Sage.
4. Bauman, Z. (1999). Culture as structure. In Z. Bauman, *Culture as praxis*. New Delhi: Sage Publications.

5. Darby, R., et. al., A Rose by Any Other Name? Rethinking the Similarities and Differences between Male and Female Genital Cutting. *Medical Anthropology Quarterly* v. 21 no. 3 (September 2007) p. 301-23
6. Das, V. (1998). Wittgenstein and Anthropology Author(s): Veena Das Source: Annual Review of Anthropology, Vol. 27 (1998), pp. 171-195.
7. Dressler, W. (2001). Medical Anthropology: Toward a Third Moment in Social Science? *Medical Anthropology Quarterly*, New Series, Vol. 15, No. 4, Special Issue: The Contributions of Medical Anthropology to Anthropology and beyond (Dec., 2001), pp. 455-465
8. Geertz, C. (1973). Thick description: Toward an interpretive theory of culture. In C. Geertz, *The interpretation of cultures*. London: Hutchinson.
9. Geertz, C. (1973). Ideology as a cultural system. In C. Geertz, *The interpretation of cultures*. London: Hutchinson.
10. Geertz, C. (1973). The cerebral savage: On the work of Claude Levi-Strauss. In C. Geertz, *The interpretation of cultures*. London: Hutchinson.
11. Geertz, C. (1973). The impact of the concept of culture on the concept of man. In C. Geertz, *The interpretation of cultures*. London: Hutchinson.
12. Hahn, R. A., & Kleinman, A. (1983). Belief as Pathogen, Belief as Medicine: "Voodoo Death" and the "Placebo Phenomenon" in Anthropological Perspective. *Medical Anthropology Quarterly*, Vol. 14, No. 4 (Aug., 1983), pp. 3-19
13. Spivak, G. The politics of interpretations. In G. Spivak, *In other worlds*. New York: Methuen.

Suggested

Singer, M., & Baer, H. (1995). Medical anthropology and its transformation. In M. Singer & H. Baer, *Critical medical anthropology*, (pp. 11-58). Amityville: Baywood Publishing.

Derrida, J. (1976). The end of the book and the beginning of writing. In J. Derrida, *Of grammatology* (pp. 6-26). Baltimore, WA: The Johns Hopkins University Press.

Derrida, J. (1976). Linguistics and grammatology. In J. Derrida, *Of grammatology* (pp. 27-73). Baltimore, WA: The Johns Hopkins University Press.

Geertz, C. (1975). Common Sense as a Cultural System. *The Antioch Review*, Vol. 33, No. 1 (Spring, 1975), pp. 5-26.

Week Two: Culture, Experience, & Identity

Required

1. Airhihenbuwa, Chapters 1, 2, & 3.
2. Dutta, M. Communicating health, Chapter 4.
3. Postcolonial disorders, Part 1, Chapter 2, *Indonesia Sakit*.
4. Carson, R. A. (2002). The hyphenated space: Liminality in the doctor-patient relationship. In R. Charon & M. Montello (Eds.), *Stories matter: The role of narratives in medical ethics* (pp. 171-182). Routledge.
5. Good, B. J. (2005). Semiotics and the study of medical reality. In B. Good, *Medicine, rationality, and experience: An anthropological perspective* (pp. 88-115). Cambridge University Press.
6. Good, B. J. (2005). The body, illness experience and the lifeworld. In B. Good, *Medicine, rationality, and experience: An anthropological perspective* (pp. 116-134). Cambridge University Press.
7. Jackson, J. (1992). After a while no one believes you: Real and unreal pain. In M. Good, P. Brodiwn, B. Good, & A. Kleinman (Eds.), *Pain as human experience* (pp. 138-168). Berkeley: University of California Press.
8. Lewton, E., & Bydone, V. (2000). Identity and Healing in Three Navajo Religious Traditions: Sa'ah Naaghái Bik'eh Hózhó. *Medical Anthropology Quarterly, New Series*, Vol. 14, No. 4, Theme Issue: Ritual Healing in Navajo Society (Dec., 2000), pp. 476-497.

Suggested

Braman, S. (2003). From the modern to the postmodern: The future of global communications theory and research in a pandemonic age. In B. Mody (Ed.), *International and development communication: A 21-st century perspective* (pp. 109-123). New Delhi: Sage Publications.

Hornik, R. (1988). Why communication for development so rarely succeeds. In R. Hornik, *Development communication: Information, agriculture, and nutrition in the Third World* (pp. 14-26). Lanham: University Press of America.

Hornik, R. (1988). The role of communication in education/information projects. In R. Hornik, *Development communication: Information, agriculture, and nutrition in the Third World* (pp. 3-12). Lanham: University Press of America.

Hornik, R. (1988). The role of information in agriculture. In R. Hornik, *Development communication: Information, agriculture, and nutrition in the Third World* (pp. 29-46). Lanham: University Press of America.

Hornik, R. (1988). The roles of information in nutrition. In R. Hornik, *Development communication: Information, agriculture, and nutrition in the Third World* (pp. 97-115). Lanham: University Press of America.

Latane, B. (1996). Dynamic social impact: the creation of culture by communication. *Journal of Communication*, 46(4), 13-25.

Melkote, S. R. (1999). Reinventing development support communication to account for power and control in development. In Wilkins, K. G. (1999). *Redeveloping Communication for Social Change* (pp. 39-54). New York, NY: Rowman & Littlefield Publishers.

Steeves, H. L. (1999). Gendered agendas: Dialogue and impasse in creating social change. In Wilkins, K. G. (1999). *Redeveloping Communication for Social Change* (pp. 7-26). New York, NY: Rowman & Littlefield Publishers.

Franck, T. M. (1997). Is personal freedom a Western value? *The American Journal of International Law*, 91(4), 593-598.

Dutta-Bergman, M. (2004). An alternative approach to entertainment education. *Journal of International Communication*, 10, 93-107.

Week Three: Culture, Modernist Paradigm, and Health

Required

1. Peet, R., & Hartwick, E. (1999). Marxist and neo-Marxist theories of development. In R. Peet and E. Hartwick, *Theories of development* (pp. 91-122). London: The Guilford Press.
2. Horkheimer, M., & T. Adorno. (1995). The concept of enlightenment. In M. Horkheimer & T. Adorno, *Dialectic of enlightenment*. New York: Continuum.
3. Mani, L. (1989). Multiple mediations: Feminist scholarship in the age of multinational reception. *Inscriptions*, 5, 24-41.
4. Nandy, A. (1988). The savage Freud: The first non-Western psychoanalyst and the politics of secret selves in colonial India. In A. Nandy *The savage Freud and other possible essays on possible and retrievable selves*. Princeton, NJ: Princeton University Press.

5. Nandy, A. (1988). Sati in Kali Yuga: The public debate on Roop Kanwar's death. In A. Nandy *The savage Freud and other possible essays on possible and retrievable selves*. Princeton, NJ: Princeton University Press.
6. Nandy, A. (1988). Modern medicine and its nonmodern critics: A study in discourse. In A. Nandy *The savage Freud and other possible essays on possible and retrievable selves*. Princeton, NJ: Princeton University Press.
7. Cayla R. Teal, Richard L. Street (in press). Critical elements of culturally competent communication in the medical encounter: A review and model
8. *Social Science & Medicine, In Press, Corrected Proof, Available online 18 November 2008.*
9. Mary-Jo Delvecchio Good. (1995). Cultural studies of biomedicine: An agenda for research. *Social Science & Medicine, Volume 41, Issue 4, August 1995, Pages 461-473.*
10. Hays, J. N. (1998). *The burdens of disease: Epidemic and human response in Western history*. New Brunswick, NJ: Rutgers University Press. Chapters 3, 5, and 10

Week Four: Culture, Health, & Pain

Required

1. Postcolonial disorders, Introduction, Part 3, Chapters 10, 11, 12, 13, 14, 15
2. Basu, A., & Dutta, M. (2009). Sex workers and HIV/AIDS: Analyzing participatory culture-centered health communication strategies. *Human Communication Research, 35*, 86-114.
3. Beck, U. (1992). From industrial society to risk society: Questions of survival, social structure and ecological entertainment. In M. Featherstone (Ed.), *Cultural theory and cultural change* (pp. 97-123). New Delhi: Sage Publications.
4. Das, V. (1997). Language and body: Transactions in the construction of pain. In A. Kleinman, V. Das, & M. Lock (Eds.), *Social suffering* (pp. 67-91). Berkeley: University of California Press.
5. Foucault, M. (1977). Docile bodies. In M. Foucault, *Discipline and punish* (pp. 135-169). New York: Vintage Books
6. Foucault, M. (1977). The body of the condemned. In M. Foucault, *Discipline and punish* (pp. 3-31). New York: Vintage Books

7. Foucault, M. (1977). Panopticism. In M. Foucault, *Discipline and punish* (pp. 195-228). New York: Vintage Books
8. Foucault, M. (1984). The politics of health in the eighteenth century. In M. Foucault, *The Foucault reader*. New York: Pantheon Books
9. Good, B. (1992). A body in pain: The making of a world of chronic pain. In M. Good, P. Brodiwn, B. Good, & A. Kleinman (Eds.), *Pain as human experience* (pp. 29-48). Berkeley: University of California Press.
10. Kleinman, A., Brodwin, P., Good, B., DelVicchio Good, M-J. (1992). Pain as human experience: An introduction. In M. Good, P. Brodiwn, B. Good, & A. Kleinman (Eds.), *Pain as human experience* (pp. 1-28). Berkeley: University of California Press.
11. Målfrid Råheim and Wenche Håland. (2006). Lived Experience of Chronic Pain and Fibromyalgia: Women's Stories From Daily Life, *Qualitative Health Research, Jul 2006; vol. 16: pp. 741 - 761*.

Suggested

Eide, A. H. (1998). Cultural orientation and alcohol-type preferences among adolescents in four sociocultural subgroups in Zimbabwe. *Journal of Cross - Cultural Psychology*, 29(2), 343-358.

Markus, H. R. (1998). The cultural psychology of personality. *Journal of Cross - Cultural Psychology*, 29(1), 63-88.

Ho, D. Y. F. (1998). Indigenous psychologies. *Journal of Cross - Cultural Psychology*, 29(1), 88-104.

Edman, J. L. (1997). Cultural differences in illness schemas: An analysis of Filipino and American illness attributions. *Journal of Cross - Cultural Psychology*, 28(3), 252-266.

Biswas, U. N., & Pandey, J. (1996). Mobility and perception of socioeconomic status among tribal and caste group. *Journal of Cross - Cultural Psychology*, 27(2), 200-218.

Baum, A., & Posluszny, D. M. (1999). Health psychology: mapping biobehavioral contributions to health and illness. *Annual Review of Psychology*, 50, 137-163.

Lupton, D. (2003). Theoretical perspectives on medicine and society. In D. Lupton, *Medicine as culture*. Thousand Oaks, CA: Sage.

Lupton, D. (2003). The body in medicine. In D. Lupton, *Medicine as culture*. Thousand Oaks, CA: Sage.

Rozin, P. (2000). Evolution and adaptation in the understanding of behavior, culture, and mind. *American Behavioral Scientist*, 43(6), 970-986.

Cooper, C. R., & Denner, J. (1998). Theories linking culture and psychology: universal and community-specific processes. *Annual Review of Psychology*, 49, 559-584.

Week Five: Culture and Suffering

Required

1. Dutta, Communicating health, Chapter 6
2. Postcolonial Disorders, Introduction, Part 1, Chapters 1, 3, 4, & 5
3. Trawick, M. (1997). Killing and healing revisited: On cultural difference, warfare, and sacrifice. In M. Nichter and M. Lock (Eds.), *New horizons in medical anthropology* (pp. 267-296). London: Routledge.
4. Daniel, E. V. (1997). Mood, moment, and mind. In V. Das, A. Kleinman, M. Ramphela, & P. Reynolds (Eds.), *Violence and subjectivity* (pp. 333-366).
5. Dickson, G., & Kim, J. (2003). Reconstructing a meaning of pain. *Qualitative Health Research*, 13, 675-688.
6. Mohan J. Dutta-Bergman. (2004). Poverty, Structural Barriers, and Health: A Santali Narrative of Health Communication. *Qualitative Health Research*, Oct 2004; vol. 14: pp. 1107 - 1122.
7. Kleinman, A. (1997). Suffering and its professional transformation. In A. Kleinman, *Writing at the margins*. Berkeley: University of California Press.
8. Kleinman, A. (1997). Pain and resistance: The delegitimation and relegitimation of local worlds. In A. Kleinman, *Writing at the margins*. Berkeley: University of California Press.
9. Kleinman, A. (1997). Violence, culture, and the politics of trauma. In A. Kleinman, *Writing at the margins*. Berkeley: University of California Press.
10. Soderberg, S., Lundman, B., & Norberg, A. (1999). Struggling for dignity: The meaning of women's experiences of living with fibromyalgia. *Qualitative Health Research*, 9, 575-587.
11. Warren, K. (1997). Mayan multiculturalism and the violence of memories. In V. Das, A. Kleinman, M. Ramphela, & P. Reynolds (Eds.), *Violence and subjectivity* (pp. 296-314).

12. Young, A. (1982). The anthropologies of illness and sickness. *Annual Review of Anthropology*, 11, 257-285.

Suggested

Lupton, D. (2003). The lay perspectives on illness and disease. In D. Lupton, *Medicine as culture*. Thousand Oaks, CA: Sage.

Week Six: Culture, Structure, and Health

Required

Dutta, Communicating health, Chapters 7 and 8

Postcolonial disorders, Part 2, Chapters 6, 7, & 8

New horizons, Chapters 2, 5, 7, 10, 11

Barrett, S. R. (2002). Power, culture, and social structure. In S. R. Barrett, *Culture meets power*. London: Praeger.

Wilkins, K. (1999). Accounting for power in development communication. In Wilkins, K. G., *Redeveloping Communication for Social Change*. New York, NY: Rowman & Littlefield Publishers.

Hays, J. N. (1998). *The burdens of disease: Epidemic and human response in Western history*. New Brunswick, NJ: Rutgers University Press. Chapter 9. Disease, medicine, and Western imperialism.

Benoit, C., Jansson, M., Millar, A., & Phillips, R. (2005). Community-academic research on hard-to-reach populations: Benefits and challenges. *Qualitative Health Research*, 15, 262-282.

Black, H. (2001). Jake's story: A middle-aged, working-class man's physical and spiritual journey toward death. *Qualitative Health Research*, 11, 293-307.

Dutta-Bergman, M. (2004). The unheard voices of Santalis: Communicating about health from the margins of India. *Communication Theory*, 14, 237-263.

Farmer, P. (1993). On suffering and structural violence: A view from below. In A. Kleinman, V. Das, & M. Lock (Eds.), *Social suffering* (pp. 261-283).

Foucault, M. (1984). The birth of the asylum. In M. Foucault, *The Foucault reader*. New York: Pantheon Books

Tarlo, E. (1997). Body and space in a time of crisis. In V. Das, A. Kleinman, M. Ramphele, & P. Reynolds (Eds.), *Violence and subjectivity* (pp. 242-270).

Warr, D. J. (2004). Stories in the flesh and voices in the heart: Reflections on the context and impact of research with disadvantaged populations. *Qualitative Health Research, 14*, 578-587.

Suggested

Barrett, S. R. (2002). Conceptualizing power. In S. R. Barrett, *Culture meets power*. London: Praeger.

Spivak, G. (1993). More on power/knowledge. In G. Spivak, *Outside in the teaching machine*. London: Routledge.

Mody, B. (1999). The context of power and the power of the media. In Wilkins, K. G., *Redeveloping Communication for Social Change*. New York, NY: Rowman & Littlefield Publishers.

Peet, R., & Hartwick, E. (1999). Poststructuralism, postcolonialism, and postdevelopmentism. In R. Peet and E. Hartwick, *Theories of development* (pp. 123-162). London: The Guilford Press.

Robert, S. A. (1999). Socioeconomic position and health: The independent contribution of community socioeconomic context. *Annual Review of Sociology, 25*, 489-516.

Week Seven: Narratives and health

Airhihenbuwa, Chapter 7

New horizons, Chapters 2, 5, 7, 10, 11

Adelson, N. (2001). Reimagining aboriginality: An indigenous people's response to social suffering. In V. Das, A. Kleinman, M. Lock, M. Ramphele, & P. Reynolds (Eds.), *Remaking a world: Violence, social suffering, and recovery* (pp. 76-101). Berkeley: University of California Press.

Chambers, T., & Montgomery, K. (2002). Plot: Framing contingency and choice in bioethics. In R. Charron & M. Montello (Eds.), *Stories matter: the role of narrative in medical ethics* (pp. 77-84). New York: Routledge.

Connelly, J. (2002). In the absence of narrative. In R. Charron & M. Montello (Eds.), *Stories matter: the role of narrative in medical ethics* (pp. 138-146). New York: Routledge.

Hawkins, A. (2002). The idea of a character. In R. Charron & M. Montello (Eds.), *Stories matter: the role of narrative in medical ethics* (pp. 69-76). New York: Routledge.

Perera, S. (2001). Spirit possessions and avenging ghosts. In V. Das, A. Kleinman, M. Lock, M. Ramphele, & P. Reynolds (Eds.), *Remaking a world: Violence, social suffering, and recovery* (pp. 157-200). Berkeley: University of California Press.

Poirier, S. (2002). Voice in the medical narrative. In R. Charron & M. Montello (Eds.), *Stories matter: the role of narrative in medical ethics* (pp. 48-58). New York: Routledge.

Ross, F. (2001). Speech and silence: Women's testimony in the first five weeks of public hearings of the South African truth and reconciliation commission. In V. Das, A. Kleinman, M. Lock, M. Ramphele, & P. Reynolds (Eds.), *Remaking a world: Violence, social suffering, and recovery* (pp. 250-279). Berkeley: University of California Press.

Week Eight: Culture, Health, and Ways of Knowing

Required

Airhihenbuwa, Chapters 6, 7, 8, 10, 12, 13

Dutta. Chapters 5

Leslie, C. (1992). Interpretation of illness: Syncretism in modern Ayurveda. In C. Leslie and A. Young (Eds.), *Paths to Asian knowledge*. Oxford: University of California Press.

Lock, M. (1992). The fragile Japanese family: Narratives about individualism and the postmodern state. In C. Leslie and A. Young (Eds.), *Paths to Asian knowledge*. Oxford: University of California Press.

Lock, M., & Nichter, M. (2002). Introduction: From documenting medical pluralism to critical interpretations of globalized health knowledge, policies, and practices. In M. Nichter and M. Lock (Eds.), *New horizons in medical anthropology*. London: Routledge.

Nichter, M. Of ticks, kings, and the promise of vaccines. In C. Leslie and A. Young (Eds.), *Paths to Asian knowledge*. Oxford: University of California Press.

Nichter, M. Popular perceptions of medicine: A South Indian case study. In M. Nichter & M. Nichter (Eds.), *Anthropology and international health*. London: Routledge.

Nichter, M. Pharmaceuticals, the commodification of health, and the health care-medicine use transition. In M. Nichter & M. Nichter (Eds.), *Anthropology and international health*. London: Routledge.

Nichter, M. Vaccinations in the third world: A consideration of community demand. In M. Nichter & M. Nichter (Eds.), *Anthropology and international health*. London: Routledge.

Seaman, G. (1992). Winds, waters, seeds, and souls: Folk concepts of physiology and etiology in Chinese geomancy. In C. Leslie and A. Young (Eds.), *Paths to Asian knowledge*. Oxford: University of California Press.

Unschuld, P. (1992). Epistemological issues and changing legitimation: Traditional Chinese medicine in the twentieth century. In C. Leslie and A. Young (Eds.), *Paths to Asian knowledge* (pp. 44-61). Oxford: University of California Press.

Suggested

Barnes, D. M. (1996). An analysis of the grounded theory method and the concept of culture. *Qualitative Health Research*, 6(3), 429-442.

Crawford, L. (1996). Personal ethnography. *Communication Monographs*, 63(2), 158-170.

Kleinman, A. (1997). The new wave of methodologies in medical anthropology. In A. Kleinman, *Writing at the margins*. Berkeley: University of California Press.

Davenport, B., McKinley, M., Ventsam, S., & Valdeavellano, E. (2002). Fostering reproductive health through entertainment-education in the Peruvian Amazon: The social construction of Bienvenida Salud! *Communication Theory*, 12(2), 192-205.

Mohr, J. W. (1998). Measuring meaning structures. *Annual Review of Sociology*, 24, 345-370.

Lipsey, M. W., & Corday, D. S. (2000). Evaluation methods for social intervention. *Annual Review of Psychology*, 51, 345-375.

Schoepf, B. G. (2001). International AIDS research in anthropology: taking a critical perspective on the crisis. *Annual Review of Psychology*, 30, 335-361.

Week Nine: Alternative ways of healing and knowing

Required

New Horizons in Medical Anthropology, chapters 1, 2, 3, 5, 8, & 9

Mansfield, C. J., Mitchell, J., & King, D. E. (2002). The doctor as God's mechanic? Beliefs in Southeastern United States. *Social Science & Medicine*, 54, 399-409.

Cho, H. (2000). Traditional medicine, professional monopoly and structural interests: A Korean case. *Social Science & Medicine*, 50, 123-135.

Trotter, G. (2000). Culture, ritual, and errors of repudiation: some implications for the assessment of alternative medical traditions. *Alternative Therapies*, 6(4), 62-68.

Abrums, M. (2000). "Jesus will fix it after awhile": meanings and health. *Social Science & Medicine*, 50, 89-105.

Zimmerman, F. (1992). Gentle purge: The flower power of Ayurveda. In C. Leslie and A. Young (Eds.), *Paths to Asian knowledge* (pp. 44-61). Oxford: University of California Press.

Suggested

Thompson, S. N., & Chambers, J. W. (2000). African self-consciousness and health-promoting behaviors among African American college students. *Journal of Black Psychology*, 26(3), 330-345.

Rosswurm, M. A., & Dent, D. M. (1996). Illness experiences and health recovery behaviors of patients in Southern Appalachia. *Western Journal of Nursing Research*, 18(4), 441-460.

Kar, S. B., & Alcalay, R. (2001). *Health Communication: A Multicultural Perspective*. Thousand Oaks, CA: Sage Publications. Chapters 1, 2, 3

Dressler, W. W., & Bindon, J. R. (2000). The health consequences of cultural consonance: cultural dimensions of lifestyle, social support, and arterial blood pressure in an African American community. *American Anthropologist*, 102(2), 244-260.

Greco, V., & Roger, D. (2001). Coping with uncertainty: the construction and validation of a new measure. *Personality and Individual Differences*, 31, 519-534.

Karnik, N. S. (2001). Locating the HIV/AIDS and India: cautionary notes on the globalization of changes. *Science, Technology, & Human Values*, 26(3), 322-348.

McQuiston, C., & Gordon, A. (2000). The timing is never right: Mexican views of condom use. *Health Care for Women International*, 21, 277-290.

Week Ten: Agency in Health Contexts

Required

Meyers, Todd. (2007). A Turn Towards Dying: Presence, Signature, and the Social Course of Chronic Illness in Urban America. *Medical Anthropology*, Jul-Sep2007, Vol. 26 Issue 3, p205-227

Gay Becker. (2007). The uninsured and the politics of containment in US healthcare. *Medical Anthropology*, 26:299–321.

Paul Boyce. (2007). Conceiving kothis: Men who have sex with men in India and the cultural subject of HIV prevention. *Medical Anthropology*, 26:175–203.

Everett YeuHong Zhang. (2007). Switching between traditional Chinese medicine and Viagra: Cosmopolitanism and medical pluralism today. *Medical Anthropology*, 26:53–96, 2007.

Wayland, C. Contextualizing the Politics of Knowledge: Physicians' Attitudes toward Medicinal Plants. *Medical Anthropology Quarterly* v. 17 no. 4 (December 2003) p. 483-500

Kim, M., et. al., The use of traditional and western medicine among Korean American elderly. *Journal of Community Health* v. 27 no. 2 (April 2002) p. 109-20.

Ugent, D. Medicine, myths and magic: the folk healers of a Mexican market [with appendixes]. *Economic Botany* v. 54 no. 4 (October/December 2000) p. 427-38.

Arakelova, V. Healing practices among the Yezidi sheikhs of Armenia. *Asian Folklore Studies* v. 60 no. 2 (2001) p. 319-28.

Week Eleven: Culture, Health, and Resistance

Required

Dutta, Chapter 9

Postcolonial disorders, Chapter 9

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