

Anthropology 439/Global Studies 439
CULTURE AND GLOBAL HEALTH

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Office Hours: Tuesday and Thursday, 11 am – 12 noon and by appt

Course description: We will explore contemporary global health through the lens of cultural anthropology and related social sciences. Through in-depth ethnographic case studies, we will analyze local communities' response to globally-directed intervention into disease. We will also read scholarly articles about the "global health movement" and its major ideologies and institutions. Readings examine two central claims:

- Local knowledge and political dynamics are crucial to the success of mass treatment programs for malaria, AIDS, severe mental illness, and other conditions. Cultural perceptions of illness and healing often underlie people's response to outsider-led interventions into disease.
- The global health movement itself is a powerful network of medical professionals, governments, corporations, and non-governmental organizations. It follows its own ideologies and logics. Its technical interventions reflect Western biomedical concepts of illness and the body. Its capacity to diffuse expert knowledge and practices across borders reveal the complex relations between peripheral communities and centers of global influence.

The course emphasizes both the applied and critical uses of anthropology. We will study the local face of global health disparities, particularly the socio-cultural contexts of disease in marginalized rural and urban communities. Such research helps to tailor interventions to distinctive perceptions of risk, personhood and healing. We will also criticize the assumptions and operation of the global health movement. Its interventions often have unanticipated effects. Conflicts of values can divide global health workers from their intended beneficiaries. These conflicts reveal the friction between outsider professionals and the residents of resource-poor communities.

Pre-requisite: Junior standing is required to enroll in this course.

Grading:	<u>Undergraduate</u>	<u>Graduate</u>
1 st take home essay	30%	30%
2 nd take home essay	30%	30%
3 rd take home essay	40%	N/A
Research paper	N/A	40%

Class participation: Students must complete all assigned readings prior to each class session. This course will be conducted as a seminar, and all are encouraged to participate in discussions.

Written assignments:

Take-home essays (both undergraduate and graduate students): Each student will choose to answer one out of several essay questions. The essay must be at least 1700 words long (approximately 5 pages, 12 point type, 1 inch margins, double-spaced). Students must bring the complete essay to class for the in-class peer critique, and then hand in the revised essay on the stated due date.

GRADUATE STUDENTS ONLY: All graduate students must write a substantial and original research paper about current issues and controversies in the anthropology of global health. The paper must be based on your reading of assigned course materials, at least three book-length ethnographies, and at least five additional peer-reviewed articles from scholarly social science journals. Please consult with the professor about your topic at least five weeks before the end of the semester. Minimum word count: 7000 (approx. 25 pages).

Grade scale: Grades will be based on the proportion of points a student has earned in the three written assignments, according to the following rubric. If you get the highest possible grade on every assignment and participation, your final grade will be 100 (=A). Numerical grades from 93.4 to 100 = A, 90 to 93.3 = A-, 86.7 to 89.9 = B+, 83.4 to 86.6 = B, 80 to 83.3 = B-, etc.

Readings: All readings are required and must be completed by the start of class. All required articles/chapters are in the sourcebook, available for purchase at Clark Graphics, 2915 N. Oakland Ave., Milwaukee, 962-4633. There is one required book: Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic by Julie Livingston (Duke University Press 2012 paperback ISBN: 978-0-8223-5342-3) available for purchase on uwm.ecampus.com.

Academic expectations: Each student is expected to work an average of 9 hours per week (total time for in-class and out of class activities) in order successfully to pass this course. Attendance is required, and assigned readings must be completed before each class session. There are no specific penalties for absence.

All take-home examinations must be handed in by the date stated in the syllabus. E-mailed papers will not be accepted, and will receive a grade of zero. Make-ups and extensions will be granted only for documented emergency situations. In the case of emergency, students must provide proof (medical excuse on official letterhead stationery) and must be arranged at least 24 hours prior to the due date of the examination. Any person not making prior arrangements will automatically be given a failing grade (zero points) for that paper. Extensions for any other reason must be negotiated personally with the professor, at least one week before the due date. Academic misconduct -- including plagiarism -- will not be tolerated. If instances of academic misconduct are detected or suspected, action will be taken in accordance with written university policies. Plagiarism will result in a grade of zero points for the entire assignment. For further rights and responsibilities as a student, please consult www.uwm.edu/Dept/SecU/SyllabusLinks.pdf

Please turn off all cell phones, pagers and other mobile devices in class. Students are not allowed to send or receive text messages while in class. Personal computers are allowed only for taking notes. Any use of computers for other purposes (consulting email or websites) will lead to a ban on all computers in the classroom. The professor reserves the right to alter this syllabus via announcements in class or via email or course website.

GLOBAL HEALTH DISPARITIES – HISTORY AND CURRENT DILEMMAS

- Sept 3: Overview of course and requirements
Basic definitions: Global health (the study of transnational health issues, determinants and solutions) and the “global health movement” (the network of organizations and ideologies that devises interventions, scales them up, and delivers them to particular populations and communities).
- Sept 5: Sernou: Class – A world of rich and poor, pp. 12-26
McMichael: Instituting the development project
- Sept 10: Webster: Modernisation theory
Sernou: Class – A world of rich and poor, pp. 26-36
- Sept 12: Webster: Theories of Underdevelopment

- Sept 17: Desjarlais: Global context of well-being
- Sept 19: World Health Organization: Fact file on health inequities
Bonita and Mathers: Global health status at the beginning of the 21st century
- Sept 24: United Nations: The Millennium Development Goals

CULTURE AND IDEOLOGY OF THE “GLOBAL HEALTH MOVEMENT”

- Sept 26: Greene et al.: Colonial medicine and its legacies
- Oct 1: Packard: Malaria dreams: postwar visions of health development in the Third World
- Oct 3: World Health Organization: The Declaration of Alma-Ata
Brodwin: Politics, practical logic and primary health care in rural Haiti
- Oct 8: Greenough: Coercion and consent in smallpox eradication
Hand out questions for first take-home essay

WHAT CAUSES HEALTH DISPARITIES? CULTURAL BELIEFS AND STRUCTURAL POVERTY

- Oct. 10: Winch: The role of anthropological methods in a community-based mosquito net intervention in Bagamoyo district, Tanzania
- Oct 15: *Peer critique of first take-home essay*
- Oct 17: ***First take-home essay due at start of class***
Nichter: Cultural notions of fertility in South Asia ... impact on Sri Lankan family planning practices
- Oct 22: Nichter: Education by appropriate analogy
- Oct 24: Farmer: Culture, poverty and HIV transmission: The case of rural Haiti
- Oct 29: Farmer: The persistent plagues: Biological expressions of social inequalities

CARE AND CHRONIC ILLNESS: CANCER IN THE GLOBAL SOUTH

- Oct 31: Chapter 1 from Livingston: Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic
- Nov 5: Chapters 2-3 from Livingston: Improvising Medicine
- Nov 7: Chapters 4-5 from Livingston: Improvising Medicine
- Nov 12: Chapter 6 and Epilogue from Livingston: Improvising Medicine
Hand out questions for second take-home essay

GLOBAL MENTAL HEALTH: TENSION BETWEEN BIOMEDICINE AND LOCAL KNOWLEDGE

- Nov 14: Luhmann: Introduction to “Our Most Troubling Madness”
- Nov 19: In class peer critique of second essay
- Nov 21: **Second take-home essay due at start of class**
Desjarlais et al.: Mental illness and psychiatric services
- Nov 26: Heaton: Thomas Adeoye Lambo and decolonization ...
Asuni : Aro hospital in perspective
- Nov 28: Thanksgiving Day – No class
- Dec 3: Collins et al: Grand challenges in global mental health
Patel: Global mental health: From science to action
- Dec 5: Fernando: Transcultural psychiatry and mental health
Summerfield: Afterword: Against ‘global mental health’
- Dec. 10: Mazza: Work and respect in Chennai (case study)
Cassaniti: Return to baseline... psychosis in Thailand (case study)
- Dec 12: Myers: A fragile recovery in the United States (case study)
Luhmann: The culture of the institutional circuit in the United States
Hand out questions for third take-home essay

Take home essays & graduate papers due on Thursday Dec 19, 2019 at 9:30, under door of Sabin 180

DISCUSSION QUESTIONS FOR READINGS

Sernou: Class: A world of rich and poor (pp. 12-26)

1. Regarding the Human Development Index, why do you think increased school enrollment and/or increased GDP per capita correlate with greater life expectancy?
2. Regarding the GINI data: what patterns do you detect in the societies that are most unequal and least unequal?

McMichael: Instituting the development project

1. Define colonialism as (a) a political relationship and (b) an economic relationship: the “colonial division of labor”
2. What were some of the psychological and cultural dimensions of colonial rules?
3. Describe the puzzle of inequality and uneven development (p. 12 of reading)> That is, what are the implications of viewing present-day global inequality as a natural continuum or as a product of the colonial division of labor?
4. Thinking beyond this article... What does it imply about the origins of global health disparities? What does it imply about the proper and most effective solution of those disparities?

Webster: Modernization theory

1. According to modernization theory...
 - a. what are the defining values held by people in “traditional society”? How do they contribute to low levels of economic development?
 - b. What are the characteristic attitudes of “modern” societies, and how do they lead to a higher standard of living?
 - c. What drives the transition from traditional to modern society?
2. Do you think that all societies in the world will eventually become modern, as defined by the above criteria? Why or why not?
3. What are some criticisms of modernization theory?
4. Can you apply modernization theory to issues in medical treatment in developing societies? To the difference between biomedicine and traditional healing?

Sernou: Class: A world of rich and poor (pp. 26-36)

1. What are the main tenets of modernization theory? How would you apply them to the study of health disparities between rich and poor countries?
2. What are the main tenets of dependency theory? Do they explain global disparities in health outcomes and in access to health care services?

Webster: Theories of underdevelopment

1. According to Marx, what was the first step in the creation of wealth in European societies in the early modern period (16th and 17th Century)?
2. This article claims that the exploitation of “Third World” societies started with merchant capitalism and then continued with colonialism. Describe the main features of these two phases in global history.
How did these two historical processes impoverish societies in Africa and Latin America?
3. What is neo-colonialism? How does it perpetuate political and economic inequality, even after colonial territories become independent?
4. What is dependency theory? How does it differ from modernization theory?

Desjarlais: Global Context of Well-Being

1. Find the passages (para. 4 on page 17 and para. 4 on p. 25) that illustrate the dependency theory of global poverty.
 - In your own words, describe how these types of dependency operate.
 - Do these types of dependency carry forward the colonial relations at the heart of classic dependency theory?
2. Drawing on the section about “Poverty, Hunger and Malnutrition,” suggest some targeted interventions to address the health consequences of malnutrition.
 - What complexities or compromises would be involved in carrying out your suggestions?
3. At the end of the chapter, Desjarlais proposes several “local opportunities” for countering the pathogenic effect of large scale forces.
 - Describe these opportunities
 - Do you think they would be successful?
 - How do they derive from dependency theory?

Bonita and Mathers: Global Health Status at the Beginning of the 21st Century

1. Reviewing Figure 2.1, what patterns in this ranking can be explained by the notions of colonialism, modernization theory and dependency theory?

2. Consider the following statistic (pp. 30-31):

a) Proportion of deaths worldwide in children < 5 years old

<u>Lesser developed countries (LDC)</u>	<u>Developed countries</u>
99.3%	.07%

b) Percentage of deaths in each region that occur in adults >70 y.o

<u>LDC</u>	<u>Developed countries</u>
30%	70%

c) Percentage of deaths in each region that occur in people between 15 – 59 y.o.

<u>LDC</u>	<u>Developed countries</u>
30%	15%

Explain these statistical patterns in your own words.

How do the data in Table 2.1 (p. 35) explain these health disparities?

3. Only 10% of the money for health research worldwide aims at improving the health of 90% of the world's population (p. 48).

If more money were directed towards the health needs of LDC's, how should it be spent?

Answer by ranking the causes of death in developing countries (Table 2.1)

Which cause should be addressed first? What would you rank as 2-5?

Why do you rank them in this order?

United Nations: The Millennium Development Goals Report 2015

1. Which of the UN Millennium Development Goals are related to health? For each such goal, identify the metrics (forms of measurement) and the recommended interventions.

- Do these goals reflect modernization theory or dependency theory?

Greene, et alia: Colonial Medicine and its Legacies:

1. What were the pragmatic and ideological goals of colonial medicine?

- What images of non-Western people accompanied the rise of colonial medicine?

2. Did the discovery of the germ theory of disease change the way Western colonizers thought about and practiced medicine?

- Describe the "repressive public health measures" used in the era of tropical medicine.

3. How did practitioners of missionary medicine justify their work?

- What attitudes did they hold towards local conceptions of illness and healing?

4. Name some key innovations that characterizes the early international health organizations (such as PAHO and the Rockefeller Foundation).

5. Analyze the possible ways to eradicate malaria, as described in the reading. Which approach did the WHO eventually take, and why did it fail?

Packard: Malaria Dreams: Postwar Visions of Health and Development in the Third World

1. According to tropical medicine, what were the major intended economic benefits of combatting disease in poor areas of Asia, Africa and Latin America?

- What were the major intended political benefits of these disease eradication programs?

2. Name some of the technical and scientific reasons for the failure of malaria eradication programs.

3. What was the basic outlook of post-war development plans? How did it underlie efforts to combat malaria?

How did failure to involve the local population undercut these programs?

4. The author endorses the position of Russell's 1959 memorandum to the World Health organization: disease reduction programs should be based on "humanitarian reasons, with no insistence on deriving monetary profits..." (p. 293 of article). Do you agree? Why or why not?
5. The author also suggests that disease control programs should not be dependent on outside funding; they should instead be self-sustaining (footnote 12). Do you agree? Why or why not?

World Health Organization: The Declaration of Alma-Ata

1. Define "primary health care." What types of interventions does it include?
 - * How does it differ from disease-eradication programs? (Horizontal vs. vertical interventions)
 - * How do primary health care services fit in relation to other kinds of medical interventions (such as advanced and cutting-edge in-patient services; rehabilitation for chronic disease and disability)?
2. What political declarations, and political critiques, can you find in the Alma-Ata Declaration?
3. Do you think the declaration is overly idealistic? What is the function of this sort of high-level declaration? (For example, the World Health Organization – an agency of the UN – does not have its own funding or executive authority. The problems identified in this document still exist over 40 years later. In that light, was the Alma-Ata declaration a failure?)

Brodwin: Politics, practical logic & primary health care in ... Haiti

1. Describe the three approaches to the anthropological study of primary health care (PHC) projects: (a) the health beliefs model, (b) the political economy (dependency theory) model, and (c) focus on local interests and strategies
2. In what ways did the RHDS (Rural Health Delivery System) project in Haiti illustrate the principles of the Alma-Ata Declaration?
3. Describe the social relationships between clinical staff and patients in the Jeanty dispensary. What accounts for these the social patterns?
4. Trace the history of the community pharmacy in Jeanty. How did it fail, and should we blame the RHDS project for this failure?
5. Overall, what relevance does this case study have for the importance or utility of the Alma Ata Declaration?

Greenough: Coercion and consent in smallpox eradication

1. Describe the basic public health background of the smallpox eradication campaign in South Asia.
 - * What is "active epidemiologic surveillance"?
 - * What is "contact tracing" in public health work, and how was this method modified for the smallpox eradication program?
2. Describe the social relations between expatriate and local health workers who carried out activities of surveillance, containment and vaccination. What conflicts (and solidarity) arose between them?
3. What accounts for the confidence (and sometimes arrogance) of expatriate health workers?
4. Based on the case studies, why did some local villagers resist the vaccinations? What strategies of resistance did they use, and how did expatriate health officers overcome them?
5. Do you think the coercion was justified? That is, in the successful global campaign to eradicate smallpox, did the ends justify the means?

Winch: The Role of Anthropological Methods ...

1. Explain the difference between epidemic and endemic malaria. Why might endemic malaria pose special challenges to the mosquito net project?
 - What significant patterns can you detect in the surveillance data about endemic malaria in Tanzania? Are they relevant to this global health project?
2. How does the local population define and categorize the sickness that biomedicine labels as malaria?
 - Think about the local models of cause, diagnosis, and treatment.
3. The health educators in this project want to convince people to use mosquito nets. To achieve this goal, how did they respond to local conceptions and categories?

4. The project found that even when a household had a net, not every household member slept under it.
 - Describe the causes of this problem. Can you think of ways to solve it?
5. The nets should be regularly re-treated with insecticide for maximum effectiveness.
 - Why don't villagers follow the instructions to re-treat them? Can you think of ways to solve this problem?

Nichter: Cultural Notions of Fertility in South Asia

1. What is the dominant biomedical model of women's monthly cycle and periods of fertility?
2. Describe the South Asian model (the "folk model")?
3. What are the metaphors underlying the South Asian model?
4. Why do people continue to believe in a medically inaccurate model of fertility?
5. If you were a health educator in Sri Lanka, how would you help people to realize their family planning goals?

Nichter: Education by Appropriate Analogy

1. What is the "banking" mode of health education?
 - How does it exemplify the modernization approach to global health interventions?
2. What is the analogical mode of health education? How does it contrast with the banking mode?
3. Describe the basic steps in finding an appropriate analogy for biomedically-based health education.
 - Illustrate the use of analogies in the case of general nutrition education (p. 291), in the case of maternal and child health (p. 295), and in the case of immunization (p. 297).
4. Why does Nichter think that that education by appropriate analogy is both (a) more dignified and (b) more respectful than other types of health education? Do you agree?

Farmer: Culture, Poverty and HIV Transmission

1. Describe some common themes in the life histories of Anita, Dieudonné and Acéphie – three individuals from rural Haiti who became infected with HIV.
2. What are the major risk factors for AIDS among rural Haitian women (see Table 7)
 - What is a "case-control study"?
 - Compare these factors to the typically risk factors for AIDS in much epidemiological research (no. of sexual partners, use of intravenous drugs, and exposure to blood products).
3. How do population pressures, poverty, patterns of sexual unions and gender inequality interact as "social risk factors" for AIDS in this setting?
4. Contrast Farmer and Nichter in terms of the importance they place on culturally appropriate prevention messages.
 - What accounts for the difference between these authors?
 - Do you more strongly support one or other approach as a guide to global health interventions?
5. Describe the dilemma that Farmer originally faced when he treated the Marie's case of cerebral malaria.
 - When he wrote this essay many years later, how did he reframe the dilemma and move away from cultural relativism?

Farmer: The Persistent Plagues

1. According to Farmer, social inequality is the main driver of population-level disparities in HIV/AIDS. What causal model does he use to explain this process?
2. Outline the differences between Farmer's approach (championing bedside medical treatment) and other popular trends in global health.
3. Why do so many organizations regard universal access to medical treatment (for AIDS and TB) as "unrealistic" and "impractical"?
 - How does Farmer criticize their position?
4. Explain the difference between tuberculosis and multiple-drug resistant TB.
5. According to this chapter, what are the four reasons why treating multiple-drug resistant TB should be a priority for global health?

Livingston: Improvising Medicine, chapter 1

1. What does “clinical improvisation” mean?
 - How does Livingston contrast “improvisation” and other possible portrayals of medical practice?
 - What are the causes of improvisation in the context of Botswana hospitals?
2. What is causing the apparent epidemic of cancer in Africa?
3. Livingston writes that in Botswana, “triage is not left to market forces... but rather must occur within an explicit pragmatics of universal access” (p.19).
 - Explain how Botswana is able to provide universal access to health care.
 - Give some examples of decisions about triage from the book.
4. Contrast Livingston’s anthropological approach to global health to the frameworks used by Nichter, Winch and Farmer.

Livingston: Improvising Medicine, chapter 2

Presentation: The epidemiological transition

1. Analyze the standard model of the epidemiological transition in light of modernization theory.
2. Why is cancer often considered a “disease of civilization”?
 - Discuss the evidence that might support this notion.
 - What other assumptions (about race, development, African cultures, etc.) also support this notion.
3. According to Livingston, it was necessary to render cancer as an STD (sexually transmitted disease) for it to make sense within the logics of African public health (p. 46). What does she mean?
4. Occupational exposure most likely led to high cancer rates in among Botswana workers in South African mines. What makes this linkage difficult to perceive? (pp. 46-51).

Livingston: Improvising Medicine, chapter 3

Presentation: disease vs. illness

1. Contrast the illness experience of breast cancer among North American women with the experience of women in Botswana with the same disease.
2. What is the “bodily consciousness” of cancer for patients in Botswana?
 - That is, how do they encounter and come to know this disease?
3. How does the medical staff at PMH translate the notion of cancer to patients?
 - How are HIV and the CD4 count translated?
4. Do doctors and patients define treatment efficacy in the same way?

Livingston: Improvising Medicine, chapter 4

Presentation: cure vs. care

1. How does cancer pose the danger of dehumanization and depersonalization to patients?
 - What are some ways that PMH nurses, in response to this danger, rehumanize their patients.
 - What is empathy, and how do these nurses cultivate and practice it?
2. Nurses in this ward are not only clinicians. They are also civil servants who control access to resources.
 - What are some concrete examples of their bureaucratic role?
 - How does the national political ideology in Botswana – that all citizens have equal access to medical resources – affect the daily work of nurses?
3. What are some ways that oncology nurses encourage an atmosphere of hope on the ward?
4. The author finds much to admire in the nursing practices at PHM. Do you think these practices could be transplanted to the United States to improve nursing care in our medical system?

Luhrmann: Introduction to “Our Most Troubling Madness” Questions on Canvas website

Presentation: Common mental disorders (CMD) and Severe mental illness (SMI)

1. What is the DSM-III? Describe the major diagnostic features of schizophrenia, according to this psychiatric manual.

2. What were the major findings from the earliest anthropological research on schizophrenia (M.J. Field in Ghana and Leighton & Lambo in Nigeria)? What aspects of culture and social organization did they pinpoint as relevant for schizophrenia?
3. Describe the dominant viewpoint about the cause of schizophrenia within contemporary Western psychiatry (the “lightning-bolt” model). List some of the specific claims made by this model, and why it disregards the role of culture.
4. What are the “social risk factors” for schizophrenia? How do they help explain the differences in the experience of schizophrenia between the global South and global North?

Desjarlais: Mental Illness and Psychiatric Services

1. According to this author, what are the three main obstacles to mental illness becoming central to the global health agenda. What arguments and developments have helped overcome these obstacles?
2. Describe the WHO study comparing the course and outcomes of schizophrenia between developed and developing societies.
 - What are the main findings?
 - What social and cultural factors help explain these findings?
 - Could developed societies like the US reform the mental health system, based on this study?
3. Local cultural knowledge and western psychiatry have different ways to classify and respond to troubling symptoms.
 - Describe the difference, and overlap, in the case of “spirit loss” and shamanic healing in Nepal.
 - How different are Nepalese models of spirit loss and Western models of depression?
4. Desjarlais describes some basic conditions facing mental health in the global South:
 - the persistent shortage of psychiatrists
 - the presence of kinship based support networks
 - the danger that large centralized psychiatric hospitals lead to “warehousing” and human rights violations.
 - a) Explain how Dr. Lambo’s experiment in “village based mental health services” responded to those conditions
 - b) How did the Swaziland “Community Mental Health Program” respond to them?

Asuni: Aro Hospital in Perspective (and) Heaton: Thomas Adoye Lambo...

1. Describe the “village system” at Aro Hospital
 - What advantages did it have for patients?
 - What effects did it have on the general attitudes towards people with severe mental illness?
2. What was the colonial definition of the ‘African mind’? Criticize it from a post-colonial perspective
3. Describe the theory that “detrribalization” was the cause of mental illness among African colonial subjects.
 - Contrast to Lambo’s model of integration and disintegration, as the better explanatory framework for the social influences on mental illness.

Collins et al: Grand challenges in global mental health

1. Discuss the implications of renaming “mental illness” as “MNS”: mental, neurological and substance use disorders.
 - What are the advantages (and disadvantages) of using this new category?
2. Which of the recommendations in Table 2 are reflected in the case studies of interventions from Nigeria and Swaziland?

Patel: Global mental health: from science to action

1. What are some of the required features of global mental health interventions, according to Patel? (see first paragraph on p. 8)
2. What is “task-shifting”? Why is it important? What can be done to ensure effective clinical treatments delivered by non-specialist health workers?

Fernando: Transcultural Psychiatry and Mental Health

1. Fernando argues that psychiatry is not a universal or culture-free model. What are some of the philosophical and cultural roots of Western/biomedical psychiatry?
 - Why does contemporary psychiatry usually discount cultural and political factors connected to mental suffering?
2. Define “medicalization.” What are some conditions that are “medicalized” by biomedical psychiatry? Explain Fernando’s critique in terms of the distinction between disease and illness from medical anthropology.

Summerfield: Against “Global Mental Health”

1. The author claims that psychiatry “recasts the physiology of normal distress as pathology. We faced an epidemic of false positive diagnoses of mental disorder...” (p 520). What does he mean? 2. Name some specific critiques of psychiatry (prevalence rates, treatment efficacy, etc.) advanced in this article.
3. What is the core problem of validity, and how does it shape Summerfield’s argument about major depression?
4. Review the case studies of mental health interventions after the 2005 Pakistani earthquake and for Afghan refugees in Australia (pp. 525-526). How do these drive Summerfield’s critique of the global mental health movement?
5. Do you agree with his critique? Answer with reference to (a) common mental disorders and (b) severe mental illness.

Mazza: Work and Respect in Chennai

1. Apply the DSM-III criteria for schizophrenia to the case of Madhu Bhat (criteria are in the Luhrmann article assigned for November 14: “Introduction to Our Most Troubling Madness”).
 - Does Madhu fit the DSM classification? Why or why not?
2. Describe the culturally-specific elements of Madhu’s illness (for example, her relationship to the spirits and the importance of work)
 - If you were planning clinical services for people like her, how would you take advantage of this cultural context?
3. Read the short history of the Banyan organization (at <https://thebanyan.org/history>, also to be distributed in class). What features make The Banyan distinctive, in terms of the controversies in global mental health that we have discussed?

Cassaniti: Return to Baseline... in Thailand

1. Describe the main clinical features of Poi’s illness. In what ways does it fit, and not fit, the DSM classification of schizophrenia?
2. What aspects of Poi’s personal history – her life experience as a child, a young adult, and her relationships –influence the pattern and the symptoms of her illness?
3. How does Poi herself explain the cause of her illness and the way she seeks relief?
 - Do you think that religious interventions (Buddhist and Christina) help her? Why or why not?

Myers: A Fragile Recovery in the United States

1. Describe the value system of American middle-class individualism.
 - How does it affect people’s own sense of their moral worth?
 - How did it block Meg’s search for employment?
 - How does it influence the way people gain access to the state disability payments (SSDI)?
2. Why was the diagnosis of “depression” insufficient for Meg’s disability claim? Why was the diagnosis of “schizophrenia” successful?
 - Do you agree with these evaluation criteria for disability payments?
3. How does the author define “recovery” from severe mental illness? Do you think that adopting this definition would alter the agenda of global mental health?
4. List some of the factors that enabled Meg to recover and hence to exit the “institutional circuit” of public services for people with severe mental illness in the United States.

Luhrmann: The Culture of the Institutional Circuit in the United States No specific questions. Read as general background to the case study by Myers.

INSTRUCTIONS FOR WRITING FIVE-PAGE TAKE-HOME ESSAY

I. Assemble your notes

After choosing a particular question, make a list of relevant sources you will use in your answer. Review your syllabus and notes to determine which lectures and readings address the question. Write down all the relevant sources, and list them in order of priority.

As you re-read the sources, jot down relevant ideas, arguments, and evidence on 3x5 inch file cards. Copy particular quotations that capture the gist of an author's argument, and include page numbers for future reference. Write down your ideas as soon as they develop. The kernel of your answer may start to appear at this stage, before you have even finished reading all the relevant sources.

II. Organize your paper: start from the middle

Your paper should have three distinct parts: the introduction, the body, and the conclusion. Start by organizing the middle section or the body of your paper. In this section, you plunge into the details of the authors' arguments and evidence.

With all your file cards in front of you, start to organize your answer. Place the file cards in separate stacks, each containing the ideas, quotations, and pieces of evidence that support the emerging answer to the essay question. As you compile these stacks, return to the books, articles, or lecture notes for more information as needed. **The most intense thinking takes place at this stage.** You must experiment with different ways to organize your answer, and using file cards will help. You may need to revise your answer as you consider different points of view and weigh the supporting evidence.

The organization should follow a strict outline.

- A. Major point
 - 1. Subsidiary point
 - a. Supporting evidence
 - b. supporting evidence
 - c. ...
 - 2. Subsidiary point
 - a. Supporting evidence
 - b. supporting evidence
 - c. ...
- B. Major point.
 - 1. Subsidiary point
 - a. Supporting evidence
 - b. supporting evidence , etc.

Ideally, the first paragraph of the paper's body begins with a one-sentence summary of the first major point, and then moves to a subsidiary point and then supporting evidence. Later paragraphs begin either with the next major point, or with continuing subsidiary points. (You should also include transitional statements at the end of the paragraph in order to remind your reader of the big picture. For example, "So far, I have reviewed the place of women in Nuer society. I will now turn to the links between gender and ecology.")

Sticking to this strict outline will help you organize your thoughts. It forces you to state your main points clearly and succinctly. You will also quickly see if you can actually support your argument. Outlines reveal where more conceptual development is needed. For example, you may need to break down your argument into smaller pieces (2 or

3 subsidiary points) in order to make it convincing. Using an outline also makes the writing process less intimidating. You can accomplish some solid work in a single sitting, and then come back later to tackle another section.

III. Write the introduction

Write the introduction after you have finished the body of the paper. The introduction accomplishes several main tasks. It must contain a thesis statement that (a) answers the original question and (b) orients the reader to everything that follows. It must engage the reader and make them want to know more.

The introduction must also contain a “road map” that lays out the overall shape of your argument. Here is a sample road map: “In this paper, I will first summarize the claims of Foucault about the modern prison. Then I will apply these notions to contemporary hospitals. I will explore the strengths but also the limits of Foucault’s theory.” NOTE: The road map is not a thesis statement! The thesis statement summarizes your definitive answer to the question. The road map simply shows how you will travel towards that answer. Sometimes the thesis fits into a single sentence, but you may also need to develop in two or three sentences.

Now that you have a first draft of most of the paper, extract the thesis statement and all of the one-sentence major points from body of the paper. Line them up in a row, and read it from start to finish. Does it sound like a coherent argument? Does each point follow logically from the previous one, and serve to advance your main idea? If not, more revisions are needed.

IV. Write the conclusion

The final section should restate your thesis. Ideally, the restatement is richer and contains more subtleties. After all, you have presented a lot of evidence, and now you can sum up your main points and point out some interesting relationships between them. The best conclusion also (a) acknowledges the limitations of the paper and (b) poses one or two unanswered questions. Show your readers that you know the real world is messier than a five-page academic essay. In return, they will consider you a well-informed and mature thinker.

V. Avoid plagiarism

Plagiarism refers to the deliberate use of someone else’s language or ideas without acknowledging their source. The best way to avoid plagiarism is to cite your source for all particular phrases and ideas. Obviously, direct repetitions from readings must be placed in quotation marks and attributed (with the author’s last name, date of publication, and page number, as “Herdt 2006: 18-19”). Plagiarism is the most serious offense in an academic setting. Any plagiarism in this class will result in a grade of zero points for that essay. Any student plagiarizing twice will receive an automatic failing grade in the course.

More information about the UWM policy on plagiarism is available at:

<http://www.uwm.edu/Dept/OSL/DOS/conduct.html>. A useful on-line guide to avoiding plagiarism is available at:
<http://owl.english.purdue.edu/owl/resource/589/01/>

Guidelines for in-class peer critique of essay examinations

I. General editorial comments

Attribution of all direct quotations (any consistent style is acceptable).

Correct spelling, grammar, and punctuation.

II. Organization

- A. Is there an introduction? What does it accomplish?
 - i. Provide a roadmap
 - ii. State the thesis and main points
- B. Is there a logical outline?
 - i. Does the first sentence of each paragraph advance the argument? Could you reconstruct the entire argument by reading only the first sentences?
 - ii. Is each major point supported by several pieces of evidence?
- C. Does the author provide “mini-summaries” along the way?
- D. Is there a substantial conclusion?
 - i. Does the author acknowledge loose ends or unanswered questions? Does he/she anticipate possible objections from the reader?
 - ii. Is the conclusion more complex and/or more comparative than the introduction?

III. Substantive argument

- A. Does the author accurately summarize the relevant texts and concepts?
- B. Does the author go beyond summaries, by skillful comparison, contrast and critique? Does the author shine new light on the topic or provide a mere book report?
- C. Does the author find the right balance between direct quotations and his/her interpretations?
- D. Is there an actual argument in the essay? Does the author devote enough space to each major part of the argument?

Available on demand from professor:

Learning goals; expected student outcomes; student effort expectations; anticipated time allocation; grading rubrics;