Anthropology 440

MEDICAL ANTHROPOLOGY

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This course explores the social and cultural contexts of health, disease, and healing. Readings will focus on three central claims:

* Sickness involves more than biological dysfunction. It is also produced by larger scale forces, notably the political economy, history and inequalities of specific societies. The disease profile of entire populations as well as the personal experience of sickness reflect such macro-social forces .

* Biomedicine ("Western" or "scientific" medicine) is not culture-free or value-neutral. The organization of medical knowledge in the US is not inevitable. The ways a community understands illness and devises treatments bear the marks of distinctive cultural worldviews and political arrangements.

* At one level, caring for the sick is a natural human response that reflects universal ethical values. But people enact care in culturally specific ways and in particular institutional settings. The meanings of "care" can vary dramatically according to local contexts.

In this course, we will master theoretical writings about ***structural violence***, ***disciplinary power*** and ***care***. We will then apply these theoretical models to case studies of illness and medical treatment from the United States, Haiti, Brazil, South Africa, Thailand and India. This course emphasizes the vocabulary, outlook and method of medical anthropology. All students will learn how to apply fundamental concepts of anthropology to a range health care issues (including malnutrition, diabetes, and severe mental illness, among others). Students aiming at clinical or public health careers will learn what social science can contribute to health care research.

COURSE REQUIREMENTS

1. Prerequisites: Junior standing. Anthro 102 or Soc 101 are advisable but not required.

2. Attendance: Attendance at all class meetings is required. Classroom discussions are crucial for learning. Your presence and active participation will make the course more worthwhile and enjoyable.

3. Readings: Each day's readings must be completed by the start of class There is one required course book: Lorna Rhodes, Total Confinement: Madness and Reason in the Maximum Security Prison (ISBN: 0-520-24076-6) for sale through uwm.ecampus.com and available on reserve at the UWM library. All other readings are in the course sourcebook (for sale at Clark Graphics, 2915 N. Oakland, 962-4633. Request it by the course number and my name.) A copy of the sourcebook is on "honors reserve" in Sabin 315.

4. Study guide questions are included at the end of this syllabus, or they will be posted on the Canvas course site. Please review the questions before completing the reading. Classroom discussions will follow these questions.

5. Grading: Grades are based on written work and class participation. Each assignment receives a numerical grade. If you get the highest possible grade on every assignment and participation, your final grade will be 100. Letter grades are calculated according to the following scale:

60.0 to 63.3 = D-	70.0 to 73.3 = C-	80.0 to 83.3 = B-	90.0 to 93.3 = A-
63.4 to 66.6 = D	73.4 to 76.6 = C	83.4 to 86.6 = B	93.4 to 100 = A
66.7 to 69.9 = D+	76.7 to 79.9 = C+	86.7 to 89.9 = B+	

Undergraduates	Graduate students
Essay question #1: 30%	Essay question #1: 30%
Essay question #2: 30%	Essay question #2: 30%
Essay question #3: 40%	Research paper: 40%

6. GRADUATE STUDENTS ONLY: All graduate students must write a substantial and original research paper about current issues and controversies in medical anthropology. (The paper should not simply apply the course readings to issues from other disciplines, such as nursing or psychology). 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 (not book chapters). Please consult with the professor about your topic at least five weeks before the end of the semester. Minimum of 20 pages, not including title page and bibliography.

7. Time expectations: This case meets twice weekly for 75 minutes, for a total of 45 hours of required class time (lecture & discussion). You should expect to take about 2.5 hours of reading in preparation for each class (total of 75 hours). There are 3 take-home essays, and you should expect to spend 10 hours writing each essay (total of 30 hours). All told, this class is likely to take 150 hours of your time. Please note: this workload is an estimate, and students will be assessed on their performance, not the amount of time put into the course.

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 For other academic misconduct policies, please consult… https://uwm.edu/deanofstudents/conduct/academic-misconduct/

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, via email or the Canvas website. Participation in discussions is an important form of learning. Students enrolled for credit have absolute priority over non-credit students and senior auditors during classroom discussions.

INTRODUCTION TO COURSE THEMES

Jan 21: What is medical anthropology? Course overview and requirements

Section I. ILLNESS AND POLITICS: STRUCTURAL AND PERSONAL DIMENSIONS

Jan 23: Ethnographic vignette: the social production of sickness in Haiti
READINGS: Farmer: On suffering and structural violence

Jan 28: Historical background: Ludwig Virchow, the founder of social medicine
READINGS: Virchow: Report on the Typhus Epidemic in Upper Silesia
Waitzkin: The social origins of illness… (read section on Virchow and Engels)

Jan 30: Theoretical model of structural violence
READINGS: Galtung: Violence, peace & peace research (pages 167-174 & 177-181)
Klinenberg: Denaturalizing disaster: a social autopsy of the 1995 Chicago heat wave

Feb 4: How politics affects the definition of disease
READINGS: Smith: Black Lung: the social production of disease

Feb 6: Illness as a political act: the case of hunger in northeast Brazil
READINGS: Scheper Hughes: Hungry bodies, medicine, & the state

Feb 11: Subjectivity, illness and poverty in Porto Alegre, Brazil
READINGS: Biehl: A life between psychiatric drugs and social abandonment

Feb 13: Social forces and personal experience: the case of schizophrenia
READINGS: Rosenhan: On being sane in insane places

Feb 18: **READINGS:** Good: Studying mental illness in context

Feb 20: **READINGS**: Luhrmann: Social defeat and the culture of chronicity

Hand out questions for take-home essay #1
Tips on organizing and writing a convincing essay

Section II. THE ANTHROPOLOGY OF BIOMEDICINE

Feb 25: The background of medical pluralism
READINGS: Kleinman: Indigenous systems of healing

Feb 27: **In-class peer critique of take-home essay #1**

Mar 3: **Turn in final version of take-home essay #1**
Biomedicine in the United States: The history of professional sovereignty
READINGS: Starr: Medicine in a democratic culture
Berliner: Scientific medicine since Flexner

Mar 5: Michel Foucault's model of disciplinary power
READINGS: Foucault: Panopticism

Mar 10: Applying Foucault's model in South Africa
READINGS: Gibson: The gaps in the gaze in South African hospitals

Mar 12: The ethnography of mental health in prisons: (applying Foucault in the US)

Film: "The New Asylums" from PBS Frontline

Mar 17 and 19 **SPRING BREAK**

Mar 24: **READINGS**: Rhodes: Total Confinement: Intro. and chap. 1

Mar 26: **READINGS:** Rhodes: Total Confinement: chap. 2

Mar 31: **READINGS**: Rhodes: Total Confinement: chaps. 3

April 2: **READINGS**: Rhodes: Total Confinement: chap. 4

Hand out questions for take-home essay #2

April 7: **READINGS**: Rhodes: Total Confinement: chap. 6

April 9: **In-class peer critique of take-home essay #2**

Section III. ANTHROPOLOGY OF CARE: FROM THEORY TO PRACTICE

April 14 **Hand in final version of take-home essay #2**
Theoretical overview from moral philosophy
READINGS: Noddings: Introduction and Chap. 1: Why care about caring?

April 16 Autoethnography of care: the anthropologist at home
READINGS: Taylor: On recognition, caring, and dementia

April 21: Care vs. Choice
READINGS: Mol: The Logic of Care, Prologue and chaps. 1-2

April 23: **READINGS**: Mol: The Logic of Care, Chap. 6

April 28: Care as daily practice
READINGS: Aulino: Rituals of care for the elderly in Thailand

April 30: Care in the context of institutions
READINGS: Sufrin: Chapters 1 and 2

May 5: **READINGS:** Brodwin: Compromised care in carceral/therapeutic institutions

May 7: Wrap-up and discussion of course themes
Hand out questions for take-home essay #3 (final examination)

Turn in final version of take-home essay #3 on Thursday, May 14 at 9:30 am at Prof. Brodwin's office, Sabin Hall 180. Please slip under door.

Essays must be submitted as hard copy. No submissions accepted via email or Canvas.

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Guide for writing effective answers to essay questions

I. Prepare for writing

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 file cards (3 x 5 inch). You may also wish to copy particular quotations that capture the gist of an author's argument (and don't forget to include the page

number). Write down your ideas as soon as they develop. You may find that the kernel of your answer starts to appear at this stage, before you have even finished reading all the relevant sources.

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 needed for a single section of your answer. As you compile these stacks, return to the books, articles, or lecture notes for more information as needed.

II. Outline your answer

Write a rough outline before you try to write the final answer. An outline will make your answer more persuasive. You will see from you outline if your evidence really supports the general claims you have made, and if you are making claims with insufficient evidence. The outline will clearly show if you are repeating yourself, assuming points which should be spelled out, or wandering too far from the main theme.

An outline will also make your essay easier to write. It will force you to state your main points in the clearest possible way. Once your argument is mapped out, it will be easier to see which readings and which sorts of evidence best support it. An outline also helps you to break up the writing process. You can flesh out your answer one section at a time, and still be confident of covering all the main points.

III. Organize your answer into the following sections

Introduction: State your general theme and the basic answer to the question posed. The "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.

Development of argument: Each paragraph should have a topic sentence, announcing the main point. Your audience should be able to read the topic sentences of each successive paragraph to gain a good understanding of your basic answer.

After the topic sentence, introduce the supporting points and pieces of evidence relevant. Where necessary include transitional statements at the end of the paragraph in order to orient your reader to the next step in the argument.

Occasionally, provide summary statements for your reader (for example, "So far, I have reviewed the place of women in Nuer society. I will turn to the links between gender and ecology").

Conclusion and unanswered questions: Summarize your main points and re-state the basic answer to the question. An excellent essay will also discuss what issues remain unanswered or controversial, or what points of view have been excluded from your discussion. Reviewing the unanswered questions does not weaken your answer. To the contrary, it makes it stronger by showing how it fits into larger social issues or intellectual currents.

IV: 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"). When you paraphrase the ideas of someone else, you must also identify the source. The same rules apply when you learn something from a web-site; you must provide the attribution (the exact URL of the website and the date that you consulted it). When in doubt, you should identify the source.

Plagiarism is a very serious offense in academic settings. In this class, plagiarism will result in a grade of zero points for the 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. 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?

Guideline for revising take-home essay examinations

When learning how to write a short scholarly essay, there is no substitute for constant practice and revisions. As you revise your essay, try to make it worthy of the "positive comments" and to avoid the critiques listed below.

I. Positive comments – areas of proven accomplishment and writing skill

1. You show a good use of detail and ability to summarize case studies & ethnographic materials.

2. You have written an effective introduction which clearly states your argument.

3. You present a thoughtful review of the material. You show clearly that you have entered the debate and conversation carried out by the author(s). This essay has the potential of making an original contribution to our understanding of the topic.

4. You introduce some interesting new perspectives and offer critical insights on the material.

5. The essay is well-organized. You use a good outline, carefully introduce different stages of the argument, and handle evidence well.

II. Critiques – areas of improvement for the future

1. Break up your prose into shorter paragraphs; make your main points at the beginning or the end of each paragraph.

2. State the thesis of your paper as an argument, not just a list of topics that you will cover. Say what particular points you will make about each topic.

3. You do not fully answer key aspects of the question. Your need to present a clear answer to the question, and if you cannot, say why the question needs to be re-worded to make sense in light of the material.

4. Your essay is too general. You need to delve more deeply into the authors' case studies and ethnographic examples. Show how he builds his major points on the basis of concrete examples.

5. The essay ends too abruptly and/or with too many loose ends. You need to develop your conclusion more, show how it relates to assigned texts or course themes.

6. Although you adequately summarize the authors' points, you need to go beyond what the text says. Look at in a more original or critical way.

7. Pay more careful attention to the author's core concepts and terms. Your essay misstates some key points or definitions made in the texts.

Study guide questions for Medical Anthropology, Fall 2016

Farmer: On suffering and structural violence

1. Farmer wants to devise a "hierarchy of suffering": a way to identify the worst forms of suffering and those most at risk. Why does Farmer think this task is important? What would it accomplish? Do you agree that it is a worthy goal?
2. What cultural, economic and political factors help produce Acephie Joseph's death from AIDS?
3. On p. 40 (sourcebook p. 96), Farmer claims that the same social forces that produced Haiti's AIDS epidemic also led to Chouchou's death from torture. What does he mean, and what are those forces?
4. Define the terms "structural violence" and "human agency." How are they related?
5. Farmer lists many factors that produce the structural violence of disease: gender, race/ethnicity, sexual preference, and socio-economic status. How does he rank their relative importance? Do you agree with his ranking?

Virchow: Report on the Typhus epidemic [and] Waitzkin: The social origins of illness

1. According to Carl Virchow, what were the root causes of the Typhus epidemic in Silesia?
- How does he connect social conditions to biological causes of the disease?
    - Define the term "multifactorial etiology."
2. What preventive measures does he recommend to avoid future epidemics?
3. Explain Virchow's guiding principles of "Medicine is a social science" and "the physician is the natural attorney of the poor." Do these principles demand political activism?
4. Describe Frederick Engels's claim that social conditions cause the diseases and early death of the poor. What specific diseases and causes does he investigate? Do you agree with his conclusions?
5. How did Engels recommend preventing these diseases in the future? Do his tactics for prevention differ from Vichow's ideas?

Galtung: Violence, peace and peace research

1. What is Galtung's basic definition of violence?
    - How does he reject the conventional and more narrow definition?
    - Illustrate his definition with the cases of tuberculosis and low life expectancy.

2. In the context of Galtung's argument, discuss the difference between physical and psychological violence, and between actual and threatened violence.
3. How does he distinguish structural from personal violence?
    - What are the key characteristics of structural violence? Why is it often so hard to perceive?

Klinenberg: Denaturalizing Disaster

1. How does this article exemplify the structural violence approach? In your answer, use specific details about who died, where they died, and the social structure and politics of Chicago.
2. Map out the "multifactorial etiology" that produced the excessive deaths during the 1995 heat wave.
3. Stated succinctly, Klinenberg argues that "there is no such thing as a natural disaster." Nevertheless, many voices (in the media and city government, for example) did frame the heat wave as entirely natural. How does Klinenberg analyze their response? Do you agree with his argument?

Smith: Black lung: the social production of disease

1. Trace the changing biomedical conceptions of black lung disease from the origin of US coal mining in the 1860s to the established Appalachian coal industry of the mid-20th Century.
    - How did the social position of medical professionals affect their scientific descriptions of black lung disease?
2. Smith lays out a key turning point in the history of biomedicine: the eclipse of the older framework of social medicine by the germ theory of disease causation.
    - Discuss this turning point. When did it occur? How does Smith distinguish between the agent of disease vs. the cause of disease?
    - List the main factors in the social production of black lung disease. How did they interact?

3. Outline the eligibility criteria for black lung compensation used by the Social Security Administration (SSA).
    - Smith claims that the SSA individualized black lung, while the miner activists politicized it. What does she mean? Do you agree?
    - Is it possible for members of any of the affected groups (SSA officials, physicians, or miners) to have neutral scientific knowledge about black lung disease?

Scheper-Hughes: Hungry Bodies, Medicine and the State

1. Define "medicalization" . What does the notion of medicalization imply about the relations between disease and illness?
2. What are the symptoms of the "madness of hunger"?
3. How do people in this Brazilian shantytown talk about the illness of "nerves"? Why did the discourse on "nerves" replace the earlier discourse about hunger?
4. Describe Scheper-Hughes's strategy as an anthropologist. What does she want to accomplish in her meetings with shantytown residents? Do you think she is successful?
5. Define the terms "hegemony" and "bad faith." How does Scheper-Hughes use these terms to criticize the medical profession? Do you think her critiques are justified?

Biehl: A life between psychiatric drugs and social abandonment

1. Describe the origin and social function of Vita (the setting of this article). What makes it a compelling place to study the links between politics, illness, and subjectivity?
2. Biehl traces connections in Brazil between (a) the closure of large psychiatric hospitals (b) the growth of biological psychiatry and (c) the social pressures facing poor families.
    - What are those connections?
    - How do these general processes lead to the social exclusion of certain individuals?
3. Lay out the main events in Catarina's life: her marriage, family position, illness, and subsequent social exclusion. What combination of economic and interpersonal factors led to her abandonment to Vita?
4. Throughout his essay, Biehl moves between Catarina's poetic words and his own social science analysis.
    - How did you react to this writing style?
    - What does it imply about the distinction between the normal and the pathological, the sane and insane?

Rosenhan: On Being Sane in Insane Places

1. Describe the basic methods of Rosenhan's study. Who were the "pseudopatients"? How did they get admitted to psychiatric hospitals? Once admitted, how did they behave?
2. How did the professional hospital staff respond to the pseudopatients? Discuss in terms of Type I and Type II errors (false negatives and false positives).
3. What factors explain the persistent diagnostic errors made by psychiatric staff? Consider psychological, cultural and institutional/structural factors in your answer.
4. What are the main harmful effects of psychiatric hospitalization?
5. What does Rosenhan's article imply about the reality of (a) diagnostic categories of mental illness and (b) the personal suffering caused by conditions such as schizophrenia or depression?

Good: Studying mental illness in context: Local, global or universal?

1. Summarize the basic finding of the WHO (World Health Organization) nine country study of schizophrenia. What are the socio-cultural factors that might explain these findings?
2. How are psychiatric patients from US minority populations misdiagnosed? What factors could explain these patterns of misdiagnosis?
3. What is "involuntary commitment", and what criteria are used to commit people in the United States? What social and cultural factors explain the disproportionate number of minority individuals who get committed?
4. Based on the above information, how would you balance the biology of severe mental illness with its social and cultural determinants?

Tanya Luhurmann: Social defeat and the culture of chronicity

1. What are the core symptoms of schizophrenia, and how prevalent is the disease?
2. Describe the basic causal account of schizophrenia held by contemporary biological psychiatry. Why has this model become so popular?
3. Apply the "social medicine" approach from this course to the case of schizophrenia. List some of the main social factors that increase the prevalence of the disease for particular populations.
4. According to a broad scientific consensus, the prevalence and disability of schizophrenia, as well as rates of recovery, differ between developed and developing societies. What factors explain this difference?
5. Define the notion of social defeat. How does Luhrmann apply it to the experience of people diagnosed with schizophrenia in the United States? How then does she criticize the fragmentation of the US mental health services?

Kleinman: Indigenous Systems of Healing: Questions for Professional, Popular, and Folk Care

1. Describe the three sector model of the health care system presented in this article. Why is the "popular" sector represented as so much larger than the "folk" and "professional" sectors? Are the boundaries between these sectors rigid or porous? How do they change over time?
2. How would you define "professional" healing, and how does it contrast with the other sectors?
3. Discuss the professional vs. folk sectors in terms of the disease vs. illness distinction. Do you agree with Kleinman's conclusions?

Starr: Medicine in a Democratic Culture, 1760-1850

1. What are the attributes of a profession, according to the author?
2. Explain the difficulties in establishing professional medicine in colonial America and the early decades of the USA.
3. In the plural medical system discussed by Starr, what and who were the competitors to professional medicine? How did they criticize professional medicine?
4. Define "legitimate complexity." How does Starr use this term to explain the changing status of professional medicine?

Berliner: Scientific Medicine Since Flexner

1. What are the definitional criteria of scientific medicine, in terms of its model of disease as well as its social location?
2. What was the Flexner Report, and how did it change the face of the American medical profession?
3. Berliner claims that Americans became enthusiastic about scientific medicine long before it actually offered significant clinical gains. What does he mean, and how does he explain this historical phenomenon?

4. Explain the appeal of alternative medicine, in light of the historic emphases of professional scientific medicine. Give some examples of the co-optation of alternative therapeutic practices by mainstream medicine.

Foucault: Panopticism

1. Draw a diagram of the panopticon and explain how it functions as a "disciplinary mechanism."
2. Foucault says that the principle of the panopticon is used "to reform prisoners, to treat patients, to instruct school children, to confine the insane, to supervise workers [and] to put beggars and idlers to work" (p. 205). Describe some arenas of the contemporary US that function according to this principle. Supply concrete details of this disciplinary mechanism in action.
3. Foucault claims that we live in a society of surveillance. He says that this social order operates in ways that are often invisible and arouse little resistance. Do you agree? Can you think of instances of resistance to disciplinary power? Are they likely to succeed?

Gibson: Gaps in the Gaze in South African Hospitals

1. Gibson summarizes Foucault's model of power/knowledge as "the production of truth through power and the exercise of power through the production of truth." What does that mean in plain English? Connect this notion to the model of the Panopticon
2. When Gipson applies Foucault's ideas to her fieldwork in South African hospitals, what does she find? How does the model fit the data, and how does it fail? Discuss with reference to the cases of Mr. Mbatha and/or Mrs. Ruiters.
3. Compare the importance of two structures of power operating in South African medicine: (1) tactics of surveillance and visibility and (2) unequal access to treatment based on wealth. Which is more important, according to Gibson? Do these two structures of power operate in combination with each other?
4. Can you make this case study relevant to contemporary US society? Discuss these issues of the "medical gaze" and the effect of social inequality in terms of the American health care system, especially public sector services.

Lorna Rhodes: Total Confinement

Rhodes: Preface and Introduction

1. How does Rhodes define the categories of "mad" and "bad"? Are these clear-cut categories; and if not, what are the ambiguities?
2. The prisons that she studies feature both custodial (security) staff and mental health staff. How do these two groups intersect? How do they conflict? What are their respective aims, and how do they accomplish them?

Rhodes: Chapter One:

1. How does the panopticon serve as the blueprint for "control units" in current-day American prisons? How do such prisons extend the logic of the panopticon?
2. Where and how do prisoners resist the power of officers and guards? Does their resistance succeed or fail? What criteria of success should we use to answer that question?
3. How does the regime of total control in these prisons envelope both prisoners and guards? Are there similarities in their experience of total confinement?

Rhodes: Chapter Two:

1. Why is it important for prison guards to believe that inmates are rational and control their own behavior? What aspects of the daily work of prison guards depend on this belief?
2. From the prisoners' standpoint, why might it make sense to resist the guards? What other social codes and forms of respect are important to prisoners?
3. What techniques do the guards use in order to reform the prisoners? Do these techniques succeed? Comment on the contradiction involved in compelling prisoners to decide to change their own behavior.
4. Guards believe that making positive small choices can gradually lead prisoners to reform their lives as a whole. Do you agree? What is the relative influence of individual will and social environment upon prisoners' behavior.

Rhodes: Chapter Three:
1. From the inmate/patient perspective, what are the some of the main disadvantages of being labeled mentally ill? What are the main advantages?
2. How do the ordinary conditions of prison life exacerbate the symptoms of severe mental illness?
3. How do mental health workers in prison attempt to provide treatment for their patients/inmates? Are their interventions successful?

Rhodes: Chapter Four:
1. Describe the differences in the ways that custodial staff and mental health staff think about prisoners?
2. Describe Axis I and Axis II diagnoses. How do mental health staff members use this classification system to decide if a prisoner is "mad" or "bad"?
3. In what ways do custodial staff assume that prisoners are "rational"? What sorts of relationships are made possible by this assumption?

Rhodes: Chapter Six:
1. Described the rationale and basic principles for the prison reforms described in this chapter. In broad terms, how did the relationship between prisoners and staff change?
2. How does the "tier walk" operate? How does giving attention to prisoners function as a reform of the warehousing model?
3. Describe the "education booths" and their justification. Do you think they represent a true reform? Or do they merely perpetuate the same types of confinement and control?
4. Why is Rhodes hopeful about these attempts at humanizing prisons?

Noddings: Introduction and Chapter One

Introduction:

1. What is the "wellspring of ethical behavior"? In other words what is the primary and ideal caring relationship in human life that serves as the model for all other types of care?
2. What the main features of care, as an ideal relationship? How does a caring relationship differ from a contractual relationship?

Chapter One:

1. What are the some of the risks inherent to caring relationships?
2. A necessary ingredient of care is the "displacement of interest from my own reality to the reality of the other" (p. 14). What does this mean in plain English? What does "displacement of interest" look like in a real-world doctor-patient encounter? What are its limits?
3. Can I legitimately care for a complete stranger? For a person I meet only once and never see again?

Taylor: On Recognition, Caring and Dementia
1. Describe the cognitive decline characteristic of Alzheimer's dementia.
   - How does a person's cognitive decline affect the ability to follow normative rules of interpersonal conduct? .
2. What is Margalit's definition of care (see p. 318)? Why does he argue that memory loss reduces one's ability to care? Do you agree?
3. What is meant by the phrase "social death"? Why do family members and caregivers regard Alzheimer's dementia as a kind of social death?
4. Taylor argues that even meaningless communication can be a genuine practice of care. What does this mean, and how did she discover it?
   Is this practice relevant for non-intimate caring relationships, such as between a doctor and patient?

Mol: Logic of Care

Prologue and chapter 1

1. What are the standard justifications for the principles of "choice" and "free will" as norms governing relations between provider and patient?
2. Mol contrasts the ideals of patient choice and good care. Give some examples of these two ideals from the American health care system (and its different sectors: professional, folk, and popular)
3. Why does Mol use the term logic (of choice or care)? How do her research goals differ from the usual anthropological approach?

Chapter 2

What are some key elements of the logic of choice? How does Mol contrast them to the logic of care?

Mol: Logic of Care, Chapter 6

1. Mol outlines a basic conceptual framework in this chapter (and the entire book): The logic of choice opposes autonomy to domination. The logic of care opposes attentiveness to neglect. Define and give examples from contemporary health care
2. In the logic of choice, you gather evidence, make a decision, and then act on it. But In the logic of care, "uncertainty is chronic;… you try and try again." (p. 90). Discuss this difference. Then illustrate it with examples from medical practice, from your experience as a provider or patient.
3. Why does Mol claim (p. 95) that the logic of care is "better geared to living with a diseased and unpredictable body." Do you agree?
4. By the end of this chapter, Mol extolls the logic of care as a broad philosophy for many areas of life. What is her argument, and do you accept it?

Aulino: Rituals of care for the elderly in Thailand

1. According to Aulino, most definitions of care assume a "connection between inner states and emotions, on the hand, and outward actions and expressions on the other" (p. 4). What does she mean? Give some examples of such definitions from earlier readings about care.
2. The author claims that rituals and routines can be genuinely caring, even if those who perform them do not have a sincere, authentic "caring" attitude.
   - Describe some "rituals of care" in US medicine, nursing, counseling, social work, etc. Based on that evidence, do you accept the author's claim?
3. The adult daughters of Tatsanii, the elderly Thai woman in a persistent vegetative state, perform care by bathing, massaging and feeding their mother. Why are these actions caring, according to the Buddhist doctrine of karma?
4. Are there "rituals of care" in religious settings in the US that correspond to Aulino's example: rituals that have a caring effect because they are performed correctly, not because people have a sincere attitude or even deep knowledge of the "cared-for"?

Sufrin: Jailcare, chapters one and two To be posted on Canvas

Brodwin: Compromised care in carceral/therapeutic institutions To be posted on Canvas