

Sydney A. Spangler, Nursing & Global Health, 07/30/2015
Medical Anthropology for Health Practitioners: The Social Context of Health and Illness

Over the progress of the Piedmont Project and my work on the syllabus for this new course, my thinking and understanding about sustainability has evolved considerably. Initially, my assumption was that the logical place for sustainability in the course would be at the end, in thinking about sustainable solutions for improved delivery of health services and health outcomes in the current climate of globalization. In exploring the issue in more depth, this idea expanded to the dire unsustainability of persistent, uneven patterns of health and illness across populations – i.e., health disparities resulting from systematic socio-economic inequalities – and potential ways to confront contributing power structures and address these problems. Further thought about this issue and work on the syllabus (reviewing readings, speaking with colleagues in environmental health, etc.) made it abundantly clear that sustainability in terms of planet and environment was deeply relevant to issues of human behavior, medical systems, and health-related consequences.

In the end, I was able to successfully integrate sustainability issues into the course in all of the above respects. In particular, I included a number of excellent options in the course list of selected books and ethnographies, such as *Baptized in PCBs: race, pollution, and justice in an all-American town* (Spears, 2014), *Fresh fruit, broken bodies: migrant farmworkers in the United States* (Holmes, 2013), and *Tom's river: a story of science and salvation* (Fagin, 2013). Additionally, I dedicated a full class session to health, environment, and sustainability as a focus issue of critical medical anthropology or CMA, which includes a number of other relevant readings/materials (see Oct. 21st in the course schedule). Finally, I attempt to tie it all together in the concluding week of the course, demonstrating the essential inseparability of health, social justice, and environmental sustainability (see Dec 2nd in the course schedule).

EMORY UNIVERSITY
NELL HODGSON WOODRUFF SCHOOL OF NURSING

COURSE NUMBER & TITLE	NRSG 660 – Medical Anthropology for Health Practitioners: The Social Context of Health and Illness
PREREQUISITES	NRSG 309 – Social Responsibility and Bioethics in Nursing NRSG 315 – Population Health: Community and Public Health Nursing Courses from other schools may be substituted with faculty approval
CREDIT ALLOCATION	2 credits of graduate-level seminar (2 contact hours = 30 hours)
PLACEMENT	Fall Semester, 2015; Wednesdays 5-6:50pm
FACULTY/INSTRUCTOR	Sydney A. Spangler, PhD, MSN, CNM email: s.spangler@emory.edu ; phone: 801-557-8680

COURSE DESCRIPTION

This course introduces students to central concepts of medical anthropology and social medicine, and applies these concepts to the clinical encounter and to the role of the health practitioner (RN, APRN, or other health professional). Building on previous courses that cover population health, cultural humility, and social responsibility in the healing professions, this course presents a close examination of the social context of health and illness. It exposes students to diverse theories of disease causation, prevention, and healing efficacy (including the relevance of belief/placebo effect), exploring the concept of medical pluralism through clinical case studies of overlap in current medical “cultures.” It then considers ways in which systems of medicine and healing – including biomedicine – also act as social institutions, sources of authoritative knowledge, and ultimately systems of power. Particular focus is given to processes by which social structures and political-economic forces shape population patterns of wellness, illness, and suffering. Throughout the course, implications of this content for clinical practice is evaluated, including the development of strategies through which students, as new health practitioners, might effectively navigate the “figured world” of the clinical encounter and provide higher quality care.

CURRICULAR THREADS	Ethics/social responsibility, scholarship/evidence-based practice, patient and family-centered care
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COURSE OBJECTIVES

1. Recognize different systems of medicine and healing ascribed to by diverse populations (naturalistic, supernatural, biomedical/allopathic approaches), including definitions, theories, and understandings of disease, disease causality, and modes of healing
2. Describe the concept of medical pluralism and the implications of existing pluralities for care-seeking, care-accepting, and self-care behaviors
3. Explore medical systems as socially constructed systems of knowledge and power, considering power differentials in patient-provider interactions and interprofessional collaborations as well as responses to these imbalances among patients and practitioners

4. Specifically analyze biomedicine as a socially constructed system of medicine, including the meanings and effects of its associated technologies
5. Critically examine reasons for existing disparities in health and illness, tracing global to local pathways through which specific inequities are produced and perpetuated (at transnational, national, community, family, and individual levels); describe related concepts such as embodiment, social exclusion/inclusion, structural violence, symbolic violence, modernity and risk distribution, and global health
6. Integrate reflexive ethnography into clinical practice as a means of understanding the “figured world” of the clinical encounter and as a tool to develop strategies for effectively engaging and communicating with diverse patient populations
7. Demonstrate the relevance of medical anthropology and social medicine for health practitioners in considering a) questions regarding the implications of globalization for current health care systems and b) possibilities for developing sustainable solutions to achieve greater equity in health

BSN ESSENTIALS MET

Essential I. Liberal Education for the Baccalaureate Generalist Nurse
 Essential VI. Interprofessional Communication and Collaboration
 Essential VII. Clinical Prevention and Population Health
 Essential VIII. Professionalism and Professional Values

MSN ESSENTIALS MET

Essential I. Background for Practice from Sciences and Humanities
 Essential IV. Translating and Integrating Scholarship into Practice
 Essential VI. Health Policy and Advocacy
 Essential VII. Interprofessional Collaboration
 Essential VIII. Clinical Prevention and Population Health

NHWSN POLICY

Refer to the current student MSN and BSN handbooks for policies on: ADA and students with disabilities, plagiarism, diversity, NHWSN grading scale, academic integrity, inclement weather, communication w/faculty, and the student health center.

Student handbooks can be accessed at: http://www.nursing.emory.edu/_includes/docs/sections/admission/handbooks/

COURSE REQUIREMENTS AND GRADING

Seminar participation and facilitation – 50%

Because this course is structured as a small graduate-level seminar, attendance is particularly important; each *unexcused* absence will result in a 5% deduction from the final grade. Please let me know as far in advance as possible if you have an emergency related to health or family. Beyond attendance, you are also expected to facilitate seminar discussions. Adequate preparation for discussions means completing all required reading/viewing activities and completing recommended readings according to your level of interest. In addition to participating in seminar discussions, students will submit a set of 3-5 questions based on required activities (at least one question per activity, specified weeks are starred in the below course schedule). Questions will be selected to guide discussions and should thus demonstrate critical thinking as well as authentic inquiry. Question sets are due *by 12pm on the day of their corresponding classes* (via email); each of the 10 sets will be assigned 1-3 points and comprise 5% of the course grade.

Book Report – 15%

From the list of ethnographies/books in the next section, select your 3 top choices and submit via email by 8/30. After reading your assigned book, prepare oral book report and written summary to be shared with the class. Book reports will occur on 9/30 and will each be allocated about 15 minutes, depending on class size. Reports should address each of the below areas but place particular emphasis on personal reaction. Written summaries are due on 10/02 and should be uploaded to the course Blackboard site. Summaries should include the full citation (APA style), be 2-3 pages in length (12 pt. font, single spaced with double spacing between paragraphs), and fully address each of the following areas:

- General context and population, author's main objective/s and central problem
- Author's positioning in relation to the subjects (social, political, economic, etc.)
- Primary findings and arguments
- Relevance of the findings/arguments for health systems and health practitioners in the context of the book, and possible lessons for health systems/practitioners in any context
- Personal reaction
 - New insights or surprises, challenges to pre-existing understandings or assumptions
 - Critical reflections (i.e., what did you find to be effective and ineffective, how might the author have improved his or her argument?)
 - Points of confusion
- Overall recommendation

Course Project (select ONE of the below options) – 35%

Mini-Ethnography of a Clinical/Practicum Setting

Conduct a reflexive mini-ethnography of your current clinical or practicum experience. This project will include formulation of initial questions and preliminary expectations, participant and direct observation (over at least 20 hours), iterative field note analysis/reassessment of questions, and personal reflections. Specific instructions are provided below; write up is due via email by 12/05.

Illness Narrative

Develop an illness narrative based on: a) an in-depth interview with a family member, friend, or patient who has or is experiencing significant illness; or b) an in-depth interview with someone who has been or is a caregiver for a significant other or family member struggling with illness and undergoing treatment. Specific instructions are provided below; write up is due via email by 12/05.

COURSE READINGS AND RESOURCES

Primary text for the course: Singer M & Baer H. *Introducing Medical Anthropology: A Discipline in Action*, 2nd ed. Plymouth, UK: AltaMira Press; 2012.

A secondary, more advanced text containing required and recommended readings: Baer H, Singer M, Susser I. *Medical Anthropology and the World System: Critical Perspectives*, 3rd ed. Santa Barbara, CA: Praeger/ABC-CLIO; 2013.

ONE of the following books/ethnographies:

- A heart for the work: journeys through an African medical school (Wendland, 2010)
- Affliction: health, disease, poverty (Das, 2014)
- AIDS, sex, and culture: global politics and survival in southern Africa (Susser, 2009)

- Baptized in PCBs: race, pollution, and justice in an all-American town (Spears, 2014)
- Birth on the threshold: childbirth and modernity in south India (Van Hollen, 2003)
- Cancer in the community: class and medical authority (Balshem, 1993)
- Complications: a surgeon's notes on an imperfect science (Gawande, 2003)
- Death without weeping: the violence of everyday life in Brazil (Scheper-Hughes, 1993)
- Family secrets: risking reproduction in central Mozambique (Chapmen, 2010)
- Improvising medicine: an African oncology ward in an emerging cancer... (Livingston, 2012)
- Infections and inequalities: the modern plagues (Farmer, 2001)
- Fresh fruit, broken bodies: migrant farmworkers in the United States (Holmes, 2013)
- Local babies, global science: gender, religion, and in-vitro fertilization in Egypt (Inhorn, 2012)
- Managing motherhood, managing risk: fertility and danger in west central... (Roth Allen, 2004)
- The pastoral clinic: addiction and dispossession along the Rio Grande (Garcia, 2010)
- The spirit catches you and you fall down: a Hmong Child, her American... (Fadiman, 2012)
- Tom's river: a story of science and salvation (Fagin, 2013)
- Will to live: AIDS therapies and the politics of survival (Biehl, 2009)

Supplemental texts and resources consist of contemporary ethnographies, scholarly articles, films, news media, and popular works of non-fiction. These texts and resources – both required and recommended – are specified in the course calendar and can be accessed on the course Blackboard site or on Emory Course Reserves at least 1 week prior to the corresponding class. Where applicable, links to websites are provided in the course schedule.

COURSE SCHEDULE & MODULES

MODULE 1: Introduction – Medical Anthropology and the Social Context of Health and Illness

Aug 26th

Course orientation, review of syllabus

Central concepts related to health, illness, disease, and healing

Required:

- Singer & Baer, Chapters 1 & 3 **-OR-** Baer, Singer & Susser, Chapter 1
- How should we define health? (Huber, 2011)

Recommended: N/A

Sept 2nd

Anthropological approaches to knowledge, and relevance for health practitioners*

Review of course project and discuss project ideas

Required:

- Singer & Baer, Chapter 2
- Reflexivity and ethnographic research (Davies, 2008)
- When the field is a ward or a clinic: hospital ethnography (Long, et al., 2008)
- Learning from stories: narrative interviewing in cross-cultural research (Mattingly & Lawlor, 2000)

Recommended:

- Using reflexivity to enhance in-depth interviewing skills for the clinician researcher (McNair, et al., 2008)
- Hospital ethnography: introduction (van der Geest & Finkler, 2004)
- Personal illness narratives: using reflective writing to teach empathy (DasGupta & Charon, 2004)

MODULE 2: Systems of Medicine, Systems of Power

Sept 9th

The culture (and hegemony) of biomedicine*

Required:

- Overkill (Gawande, 2015); accessible at: <http://www.newyorker.com/magazine/2015/05/11/overkill-atul-gawande>
- Biomedicine (Gaines & Davis-Floyd, 2004)
- “Learning medicine:” the constructing of medical knowledge at Harvard medical school (Good & Good, 1993)

Recommended:

- The medical imaginary and the biotechnical embrace: subjective experiences of clinical scientists and patients (Good, 2007)
- Evidence-based medicine: a new ritual in medical teaching (Sinclair, 2004)
- What is specific to biomedicine? (Kleinman, 1997)
- Studying biomedicine as a cultural system (Rhodes, 1996)

Sept 16th

Ethnomedicine, “alternative” approaches, and more on medical pluralism*

Required:

- Singer & Baer, Chapters 4 & 5 **-OR-** Baer, Singer & Susser, Chapters 11 & 12
- Devils, parasites, and fierce needles: healing and the politics of translation in Southern Tanzania (Langwick, 2007)
- Eating Chinese medicine (Farqhar, 1994)

Recommended:

- Systems of medicine and nationalist discourse in India: towards new horizons in medical anthropology and history (Khan, 2006)
- Illness transmission and proximity: local theories of causation among the Bissa in Burkino Faso (Samulson, 2004)
- Why not call modern medicine “alternative?” (Bates, 2000)
- The diseased heart of Africa: medicine, colonialism, and the black body (Comaroff, 1993)
- The notion of witchcraft explains unfortunate events (Evans-Pritchard, 1976)

Sept 23rd

Belief as pathogen, belief as therapy*

Required:

- Unpacking the placebo response: lessons from ethnographic studies of healing (Kirmayer, 2011)
- From peculiar psychiatric disorders through culture-bound syndromes to culture-related specific syndromes (Tseng, 2006)
- Medical anthropology and the problem of belief (Good, 1994)
- The doctor’s white coat: the image of the physician in modern America (Blumhagen, 1979); also see *What happened to the white coat?* (Parikh, 2011), at http://www.salon.com/2011/03/14/disappearing_white_coat_poprx/

Recommended:

- Anti-vaccination movement (RationalWiki, 2015); accessible at http://rationalwiki.org/wiki/Anti-vaccination_movement
- “Just some spirits:” the erosion of spirit possession and the rise of “tension” in South India (Halliburton, 2005)

- The placebo effect in alternative medicine: can the performance of a healing ritual have clinical significance? (Kaptchuk, 2002)
- Menopause, local biologies, and cultures of aging (Lock & Kaufert, 2001)

Sept 30th

Student book reports

Required:

- Selected book/ethnography

Recommended:

- The story catches you and you fall down: tragedy, ethnography, and cultural competence (Taylor, 2003)

MODULE 3: Critical Medical Anthropology (CMA)

Oct 7th

Embodied inequality – the political economy (or macro level) of health and illness*

Required:

- Baer, Singer & Susser, Chapter 2, p.42-66
- Singer & Baer, Chapter 6
- On suffering and structural violence (Farmer, 2005)
- Anthropology, inequality, and disease: a review (Nguyen & Peschard, 2003)

Recommended:

- Baer, Singer & Susser, Chapter 5
- How race becomes biology: embodiment of social inequality (Gravlee, 2009)
- Bleeding babies in Badakhshan: symbolism, materialism, and political economy of traditional medicine in post-soviet Tajikistan (Keshavjee, 2006)
- Emotions and the intergenerational embodiment of social suffering in rural Bolivia (Tapias, 2006)
- AIDS and HIV-related stigma and discrimination; a conceptual framework and implications for action (Parker & Aggleton, 2003)
- Theories for social epidemiology in the 21st century: an ecosocial perspective (Krieger, 2001), and A glossary for social epidemiology (Krieger, 2001)

Oct. 14th

CMA focus issue: authoritative knowledge and reproductive health*

Required:

- Baer, Singer & Susser, Chapter 6
- To open oneself is a poor woman's trouble: embodied inequality and childbirth in south-central Tanzania (Spangler, 2011)
- Defining women's health: a dozen messages from more than 150 ethnographies (Inhorn, 2006)
- The social production of authoritative knowledge in pregnancy and childbirth: introduction (Davis-Floyd & Sargent, 1996)

Recommended:

- Adverse birth outcomes in African American women: the social context of persistent reproductive disadvantage (Dominguez, 2011)
- Confronting maternal mortality, controlling birth in Nepal: the gendered politics of receiving biomedical care at birth (Brunson, 2010)
- Who's judging the quality of care: indigenous Maya and the problem of not being "attended" (Berry, 2008)

- Analysis of a dialogue on risks in childbirth: clinicians, epidemiologists, and Inuit women (Kaufert & O'Neil, 1993)
- The egg and the sperm – how science has constructed a romance based on stereotypical male-female roles (Martin, 1991)

Further reading/viewing:

- The business of being born (Lake & Epstein, 2013); film accessible on YouTube
- Pragmatic women and body politics (Lock & Kaufert, 1998)
- Childbirth and authoritative knowledge (Davis-Floyd & Sargent, 1997)
- Conceiving the new world order (Ginsburg & Rapp, 1995)

Oct. 21st

CMA focus issue: health, environment, and sustainability*

Required:

- Singer & Baer, Chapter 7 **-OR-** Baer, Singer & Susser, Chapter 4
- Community impacts of factory farms: Steve Wing at TEDxManhattan, 2013; accessible at: <https://www.youtube.com/watch?v=7ZW8-LQftnY>
- Integrating epidemiology, education, and organizing for environmental justice: community health effects of industrial hog operations (Wing, et al., 2008)
- “Living is for everyone:” boarder crossings for community, environment, and health (Di Chiro, 2004)

Recommended:

- Baer, Singer & Susser, Chapter 3
- Race, wealth, and solid waste facilities in North Carolina (Norton, et al., 2007)
- The fruits of ill health: pesticides and worker’s bodies in post-World War II in California (Nash, 2004)
- Biological citizenship: the science and politics of Chernobyl-exposed populations (Petryna, 2004)

Further reading:

- Stuffed and starved: the hidden battle for the world food system (Patel, 2012)
- Changing planet, changing health (Epstein & Ferber, 2011)

MODULE 4: Applying Medical Anthropology

Oct. 28th

The clinical setting and clinical encounter (micro level/intermediate processes)*

Required:

- Beyond cultural competency: skill, reflexivity, and structure in successful tribal health care (Smith-Morris & Epstein, 2014) **-OR-** “If we sympathize with them, they’ll relax:” Fear/respect and medical care in a Kenyan hospital (Brown, 2010)
- Nurses and doctors in prime time series: the dynamics of depicting professional power (Turow, 2012)
- Measures of cultural competence: examining hidden assumptions (Kumas-Tan, et al., 2007)
- Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education (Tervalon & Murray-Garcia, 1998)

Recommended:

- Disengaged: a qualitative study of communication and collaboration between physicians and other professions... (Zwarenstein, et al., 2013)

- Beyond cultural competence: critical consciousness, social justice, and multicultural education (Kumagai & Lypson, 2009)
- A checklist to facilitate cultural awareness and sensitivity (Seibert, et al., 2002)
- Rethinking ethnography: reconstructing nursing relationships (Manias & Street, 2001)

Nov. 4th

Applied medical anthropology and global health*

Required:

- What can CMA contribute to global health? (Pfeiffer, 2008)
- Health interventions and the persistence of rumor: the circulation of sterility stories in African public health campaigns (Kaler, 2009)
- From health to human rights: female genital cutting and the politics of intervention (Shell-Duncan, 2008)
- To hell with good intentions (Illich, 1968)

Recommended:

- That obscure object of global health (Fassin, 2012)
- <http://www.npr.org/blogs/health/2012/10/17/162595455/how-the-taliban-is-thwarting-the-war-on-polio> (NPR, Jackie Northam, 2012)
- Medical anthropology and international health planning (Foster, 1976)

Further reading:

- When people come first: critical studies in global health (Biehl & Petryna, 2013)
- Reimagining global health: an introduction (Farmer, et al., 2013)

Nov. 11th

Student presentations of course projects

Nov. 18th

Student presentations of course projects

Nov. 25th

NO CLASS (Thanksgiving holiday)

MODULE 5: Health Praxis and the Struggle for a Healthy, Socially Just, Environmentally Sound World

Dec. 2nd

Bridging biology and culture to create sustainable solutions*

Required:

- Baer, Singer & Susser, Chapter 13
- Medical anthropology and public policy: using research to change the world from what it is to what we believe it should be (Singer, 2012)
- The future of medical anthropology (Singer, et al., 2009)

Recommended:

- A movement for global health equity? A closing reflection (Basilico, et al., 2013)
- Introduction: medical anthropology at the intersections – the first fifty years (Inhorn & Wentzell, 2012)

Further reading:

- Developing ecological consciousness: the end of separation (Uhl, 2013)
- The spirit level (Wilkinson & Pickett, 2009)

MINI-ETHNOGRAPHY PROJECT

Conduct a short reflexive ethnographic study of your current clinical experience that broadly addresses concerns of personal positioning, authoritative knowledge, and power relations in the “figured world” of your clinical setting – as well as the influence of these factors on the delivery and performance of health care and the healing experience. While engaging in your clinical hours, conduct structured observations (including informal interactions) and develop descriptive and reflexive field notes of these observations. The final written product should be 8-10 pages, single spaced with double spacing between paragraphs.

1. Specify your clinical site and, given this site, decide what types of observations make the most sense for you (i.e., anticipated subjects, locations, situations, dates, and time periods). Also clarify whether you expect to conduct participant observations, direct observations, or a combination of both. Do you intend to speak to anyone directly about the study issue/s? If so, who? In other words – develop a starting plan, with the understanding that this plan may change as the project progresses. (1/2 page)
2. Develop 3-5 initial study questions related to the clinical setting and above overarching purpose, and attempt to answer these questions before conducting any observations/interactions. Then consider your own social and material positioning (gender, race, class, other characteristics), and reflect on how this positioning may influence your assumptions/expectations, interactions, and interpretations. (1 page)
3. Conduct at least 15 hours of observation over 3 clinical sessions. Prepare a guide for descriptive and reflexive field notes, and use this guide as you take “rough” notes in the clinical site. Record non-verbal behaviors as well as physical descriptions of people and of the setting (create a map if useful). Also jot down events you observe or participate in, as well as informal verbal interactions with key informants or other actors. Finally, record your own reactions to the setting and events *as they are occurring*.
4. Create a set of expanded, formalized field notes. *As soon as possible after each of the 3 sessions – and before the subsequent session* – synthesize your findings into a document (at least 2 pages):
 - a) Report the date, time, general setting, and actors/titles, using pseudonyms as needed.
 - b) Review your descriptive field notes, and then rewrite these notes in great detail as you convert them into the Word document. Maps (if created) can be included as a sketch.
 - c) Consider your reflexive field notes and rewrite these. What were your personal responses to the observations and interactions? What difficulties did you face in conducting observations? How comfortable were you performing this activity? Were there specific problems you encountered? What went well? How might you change things if you could?
 - d) Return the questions you developed in #2. Has anything changed from your initial assumptions? Have any of your questions become more refined? Have any new questions come up? For the subsequent sessions, do any themes seem to be developing?
5. Finally, reflect on this activity. What new understandings or benefits did you gain in conducting this mini-ethnography? What were you surprised by? Do you view the clinical setting differently now? What about your role in this setting? What about the role of other actors? How might this exercise influence your approach to patient interactions in the future? How might such narratives improve provider skills and knowledge/research about illness more generally? (1 page)

Prepare to present your mini-ethnography project to the class (11/11 or 11/18) and offer a preliminary analysis of key findings. The class will collectively reflect upon your project and offer suggestions for the final written product. The project write up is due via email on 12/05.

ILLNESS NARRATIVE PROJECT

Pervasive socioeconomic inequality tends to promote uneven patterns of voice in biomedical systems, often discounting the subjective observations of patients. The illness narrative is a means of examining this subjectivity that can open up new spaces of expression and action. It has also been used to facilitate dialogue with caregivers and promote solidarity among sufferers. Based on the concept that people live illness through the body, illness narratives communicate the embodied experiences of people diagnosed with, living with, or recovering from disease. In so doing, they frequently challenge hegemonic notions of biomedical rationality, provider-patient relations, healing, caregiving, and more. The illness narrative is also a valuable method for health practitioners seeking to understand the patient perspective as well as illness as a rich and complex social experience. The final written product should be 8-10 pages, single spaced with double spacing between paragraphs.

1. Write your own illness narrative. Choose a personal illness experience that marked you in a significant way, and write a story describing this experience. Besides reporting the chronological events, describe your feelings and emotions. Consider what role your social and material positioning (gender, race, class, other characteristics) played in your personal response to the illness and to how you were treated, including your interpretation of treatment efficacy and your role as the “patient.” Finally, briefly reflect on this activity: what benefits did you gain in writing your story? How might this exercise change your approach to patient interactions or to health-related, human-subjects research? (3-4 pages)

2. Develop an illness narrative that is based on: a) an in-depth interview with a family member, friend, or patient who has or is experiencing significant illness; or b) an in-depth interview with someone who has been or is a caregiver for a family member struggling with illness. (5-6 pages)

- a) Describe your choice of interview partner (subject) and rationale behind this choice. (1/2 page)
- b) Formulate an interview guide, which should be comprised of 3-5 primary questions with probes. You may borrow from the McGill Illness Narrative Interview in creating this guide, but it should be more abbreviated with fewer questions. Note your preliminary assumptions/expectations for the interview as well as for your subject’s responses. Consider how your own positioning might influence the interview process. (1-2 pages)
- c) Using your interview guide, conduct an in-depth interview of your subject (lasting 1-2 hours) in a private and comfortable setting. This interview should be audio-recorded and field notes should be taken (i.e., notes about the interview – how it felt, difficulties faced, etc.).
- d) After listening back to the audio recording and reviewing your field notes, construct the illness narrative using a pseudonym for the subject. Do not translate the interview verbatim, but rather describe the story as best you can from the subject’s perspective; include direct quotes where relevant as examples of your main points. Consider the positioning of the subject as patient and how this positioning might have influenced his or her illness experience and interpretation. Also include your own personal responses/reactions. (3-4 pages)
- e) Finally, reflect on this activity. Revisit your initial assumptions – have they changed? What were you surprised by? What made you uncomfortable? What new understandings or benefits did you gain in writing this story? How might this exercise influence your approach to future patient interactions? How might such narratives improve provider skills and knowledge/research about illness more generally? (1 page)

Prepare to present your illness narrative project to the class (on 11/11 or 11/18) and offer a preliminary analysis of key findings. The class will collectively reflect upon your project and offer suggestions for the final written product. The project write up is due via email on 12/05.