



Teaching Guide				
Identifying Data				2017/18
Subject (*)	Health Anthropology	Code	651516004	
Study programme	Mestrado Universitario en Discapacidade e Dependencia (plan 2015)			
Descriptors				
Cycle	Period	Year	Type	Credits
Official Master's Degree	1st four-month period	First	Obligatoria	4.5
Language	Spanish			
Teaching method	Face-to-face			
Prerequisites				
Department				
Coordinador	Couceiro Dominguez, Enrique	E-mail	enrique.couceiro.dominguez@udc.es	
Lecturers	Couceiro Dominguez, Enrique	E-mail	enrique.couceiro.dominguez@udc.es	
Web				
General description	Provide the student, through an introductory course, with theoretical and methodological knowledge in anthropology of health and disability, for the qualitative empirical understanding and analysis of the sociocultural aspects of disability and of illness and health, as life experiences and as Phenomena and conditions with an essential moral and symbolic dimension.			

Study programme competences	
Code	Study programme competences
A1	CE1. Ser capaz de integrar o fenómeno da discapacidade e a dependencia dentro da construción social do proceso saúde-enfermidade
A4	CE4. Capacidade para a análise da influencia das achegas sociais e científicas das ciencias socio-sanitarios sobre a discapacidade e a dependencia no sistema xurídico
B1	CB6. Posuír e comprender coñecementos que acheguen unha base ou oportunidade de ser orixinais no desenvolvemento e/ou aplicación de ideas, a miúdo nun contexto de investigación
B2	CB7. Que os estudantes saiban aplicar os coñecementos adquiridos e a súa capacidade de resolución de problemas en ámbitos novos ou pouco coñecidos dentro de contextos máis amplos (ou multidisciplinares) relacionados coa súa área de estudo
B3	CB8. Que os estudantes sexan capaces de integrar coñecementos e enfrontarse á complexidade de formular xuízos a partir dunha información que, sendo incompleta ou limitada, inclúa reflexións sobre as responsabilidades sociais e éticas vinculadas á aplicación dos seus coñecementos e xuízos
B7	CG2 Identificar, avaliar e resolver os problemas derivados da presenza de discapacidade e dependencia
B9	CG4 Ser capaz de intervir na problemática derivada da discapacidade e da dependencia
C1	CT1. Ser capaz de relacionarse de forma eficiente con e dentro do equipo multidisciplinar, intradisciplinar e transdisciplinar.
C4	CT4. Desenvolverse para o exercicio dunha cidadanía aberta, culta, crítica, comprometida, democrática e solidaria, capaz de analizar a realidade, diagnosticar problemas, formular e implantar solucións baseadas no coñecemento e orientadas ao ben común
C6	CT6. Valorar críticamente o coñecemento, a tecnoloxía e a información dispoñible para resolver os problemas aos que deben enfrontarse

Learning outcomes			
Learning outcomes	Study programme competences		
Understand and analyze the process of construction-representation and cultural management of disability, disease and health, with its etiological levels and its symbolic projection; Levels of causality, symptomatology, limitations and biophysical, social and moral implications of some or other diseases and forms of functional diversity.	AR4	BR1 BR2 BR7	
To detect and interpret the repercussions of such experiences / worldviews on the social level of the disabled people, and on the perception and treatment of them as categories of persons.	AR1	BR3	CR1 CR4
Analyze and investigate therapies and rehabilitative intervention from a cultural perspective; Resources and procedures for culturing the disease and disability; The therapeutic production of the sense of disease or disability: the discourse of the specialized diagnosis and its negotiation with the patient.		BR9	CR6



Contents	
Topic	Sub-topic
Unit 1. The social and cultural anthropology as a discipline.	What is Anthropology; What is its object and method.
Unit 2. Overview of anthropological approaches to disability and rehabilitation	Evolution of the study of disability and rehabilitation in cultural anthropology; Cultural Anthropology Literature on Disability and Rehabilitation; How can anthropology contribute to research on disability and rehabilitation
Unit 3. The cultural concept of normality. Anthropological perspective.	Liminality; Stigmatization; Some of the strategies to resist stigma
Unit 4. The anthropological perspective of health. Concepts of disease and healing	The anthropological perspective of disease and healing; The illness; The healing
Unit 5. Biomedicine as a culture. Values and contradictions of biomedicine	Cultural premises of biomedicine; The field of biomedicine and its compartmentalization in specialties; Values and practice in biomedicine;
Unit. 6. The new medical anthropology	Following biomedicine and public health where they lead. The "omics", biosciences and biomedical gyration. Bioethics and regulatory regimes Stem cells, gender and the modification of bodies. Drugs, the political economy of health and global medical markets.
Unit 7. Disability and dependency. Relationship and conceptual evolution	Deficiency, disability and disability. The dependence
Unit 8. Disability, identity and society.	Turning around with the changes in the concept of disability Victimization and identities
Unit 9. Towards a critique of disability: the relativity of sensory organization	Perception as an interpretation The view in the west; conclusio

Planning				
Methodologies / tests	Competencies	Ordinary class hours	Student?s personal work hours	Total hours
Supervised projects	A4 B2 B7 C1	6	10	16
Objective test	A1 C4	2	12	14
Guest lecture / keynote speech	B9 C6	30	0	30
Workbook	B3	12.5	12	24.5
Critical bibliographical	B1	14	12	26
Personalized attention		2	0	2

(*The information in the planning table is for guidance only and does not take into account the heterogeneity of the students.



Methodologies	
Methodologies	Description
Supervised projects	<p>The student will select, to carry out his work, one of the following thematic options:</p> <ol style="list-style-type: none"> 1. Perception, classification and emic experience of the disability, and its specific sociocultural determinants. The specific process of conflict and negotiation developed between specialists and the disabled. 2. Models, answers and alternatives in the socio-cultural construction of the categories of illness / healing / health, or disability / treatment / integration, and specialist / patient or specialist / disabled roles. <p>The methodology will consist of a small study of the chosen subject, from the professional experience, assistance or training of the student, supported by the empirical description of some cases associated to one of the above topics, and developing an interpretation that takes into account social processes And cultural activities that operate around this phenomenon of disability. Due to the characteristics of the course, object and study objective will be very specific, and the scope of analysis limited.</p>
Objective test	It will consist of a thematic examination through questions with a brief response, the day and hour marked by the organization of the master. This exam will be optional for the students attending, but obliged for the student who does not attend at least 2/3 of the sessions.
Guest lecture / keynote speech	Presentation in class by the teacher, based on power-point projections, about the matter of each of the ten agenda items. Clarification and discussion of controversial or special interest questions to the presented issues.
Workbook	Reading, summary presentation in each session, and open discussion of 11 readings about issues concerning anthropology of health and disability
Critical bibliographical	<p>Making brief critical comments on the following readings:</p> <p>1ª Lísón Tolosana, Carmelo (2007) "Obertura en tono menor (Horizontes antropológicos)", Cap. 1º de Introducción a la Antropología social y cultural. Madrid, Akal</p> <p>2ª Martínez, Angel (2008) "Símbolos, cuerpos y alicciones. Las teorías culturales de la enfermedad", cap. 3º de Antropología médica. Teorías sobre la cultura, el poder y la enfermedad. Barcelona, Anthropos.</p> <p>3º Preat, J., Pujades, J., Comelles, J.(1980) "Sobre el contexto cultural del enfermar", en Kenny, Michael y Jesus M. de Miguel, comps. La antropología médica en España. Barcelona, Anagrama</p>

Personalized attention	
Methodologies	Description
Supervised projects Workbook	The personalized attention will consist of guidance and monitoring, both the development of the course work, and the preparation of the readings to expose and critically evaluate work.

Assessment			
Methodologies	Competencies	Description	Qualification
Critical bibliographical	B1	The critical capacity of the student when assessing the proposed text recession, its ability to make schematic summaries, and thereof the detection of key concepts, will be assessed,	10
Supervised projects	A4 B2 B7 C1	To assess the supervised proyect developed along the course, the course of basic study on the proposed topics will be estimated, taking into account the expressed experiential-professional or practical approach, and the interpretation thereof by the student from the theoretical models in Anthropology of Health, or of Disability.	40
Objective test	A1 C4	The final written test will be a tool to assess the theoretical knowledge gained from attention to the lectures. It will consist of answering ten short questions. On the basis of the readings on the program contents. It is mandatory for students not attending and for those who do not attend at least 2/3 of the sessions, and optional for regular attendees.	20



Workbook	B3	Analytical skills, problem identification and critical argument responses to them in presentation and personal commentary -followed by discussion, at the end of the sesión- on selected readings of Anthropology and Ethnography of health and disability, will be assessed	30
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Assessment comments

Non-attending students, or those who do not attend at least 2/3 of the sessions of the course, compulsory must carry out tests, as well as the other methodologies contemplated (non-attenders must agree on one session with the teacher to conduct the presentation and Oral commentary on Reading).

- Regular students can choose to take the objective test. For those that choose not to perform such test, the supervised work will represent a 50% of qualification, readings 35% and bibliographical review 15%

- The students who present themselves to the second-chance call must make use of those methodologies that have not been surpassed or have not been presented and should have been done in the first call.

Sources of information

Basic	Augé, Marc ? Jean-Paul Colleyn (2005) Qué es la Antropología. Barcelona, Paidós. Brown, Peter J. (1998) Understanding and Applying Medical Anthropology. Mountain View, Mayfield Publishing Company Comelles, Josep Mª - Angel Martínez (1993) Enfermedad, cultura y sociedad. Douglas, Mary (1998) Estilos de pensar. Barcelona, Gedisa. Giner Abati, Francisco (1992) Los Himba. Cap. 8º (?Medicina y magia entre los Himba?). Salamanca, Amarú Kuschik, Ingrid (1995) Medicina popular en España Madrid, Siglo XXI. Hahn, Robert A. (ed.) Anthropology in Public Health, New York, Oxford University Press Lévi-Strauss, Claude (1980) ?La eficacia simbólica?, en Id. Antropología estructural. Buenos Aires, Eudeba. Martínez, Angel (2008) Antropología médica. Teorías sobre la cultura, el poder y la enfermedad. Barcelona, Anthropos. Martínez, Angel (1996) ?Antropología de la salud. Una aproximación genealógica?, en Prat, Joan y Angel Martínez (eds.) Ensayos de antropología cultural. Barcelona, Ariel. Otegui, Rosario (2005) ? ?Una cosa fea?: VIH-SIDA y sistema de género entre los gitanos españoles?, en Revista de Antropología Social. Vol. 14. Publicaciones Universidad Complutense de Madrid. Turner, Víctor (1988) ?Niveles de clasificación en un ritual de vida y muerte?, en Id., El proceso ritual. Madrid, Taurus
Complementary	

Recommendations

Subjects that it is recommended to have taken before

Subjects that are recommended to be taken simultaneously

Research Methodology/651516001



Subjects that continue the syllabus
Other comments

(*)The teaching guide is the document in which the URV publishes the information about all its courses. It is a public document and cannot be modified. Only in exceptional cases can it be revised by the competent agent or duly revised so that it is in line with current legislation.