

ANG 6737 Medical Anthropology

Wednesday, 6:15 – 9:00 p.m.
Frazier Rogers Hall 106

Dr. Clarence C. Gravlee

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In reality, if medicine is the science of the healthy as well as of the ill human being (which is what it ought to be), what other science is better suited to propose laws as the basis of the social structure, in order to make effective those which are inherent in man himself? Once medicine is established as anthropology, and once the interests of the privileged no longer determine the course of public events, the physiologist and the practitioner will be counted among the elder statesmen who support the social structure. Medicine is a social science in its very bone and marrow....

Rudolph Virchow, *Die Einheitsbestrebungen*, 1849

I should perhaps briefly state the reasons that have progressively led me—a microbiologist not trained in medicine—to explore some of the biological and social implications of man's response to his total environment. My concern with such problems emerged from an increasing awareness of the fact that the prevalence and severity of microbial diseases are conditioned more by the ways of life of the persons afflicted than by the virulence and other properties of the etiological agents. Hence the need to learn more of man and of his societies in order to try to make sense of the patterns of his diseases.

René Dubos, *Man Adapting*, 1965

Course Description and Objectives

Medical anthropology is a broad and vibrant discipline that draws on the four traditional subfields of anthropology—cultural, biological, linguistic, and archaeology—to examine the biocultural basis of health and to understand the cultural dimensions of illness experience and treatment. This seminar examines the major theoretical frameworks and key areas of empirical research in contemporary medical anthropology. We will focus on three broad topics: (1) the biocultural basis of health; (2) healing systems in cross-cultural perspective; and (3) applications of anthropology in medicine, nursing, and public health.

Teaching Philosophy

As you know, the aims of graduate school are fundamentally different from those of undergraduate education. Undergraduate education is concerned primarily with instilling the essential knowledge in a field and—at its best—with preparing students for a lifetime of learning. Graduate education is about turning students into professional researchers and teachers. These different aims correspond to distinct responsibilities for both teachers and learners at the graduate and undergraduate levels. As aspiring professionals, you are responsible for taking initiative to master the key ideas and literature in the field and for seeking out the resources you need. My role is to facilitate your learning and professional development as independent scholars by introducing you to pertinent literature, by challenging you to evaluate and synthesize the material, and by rewarding individual initiative. The course format, assignments, and evaluation of your performance are designed to meet these aims.

Course Format

In practice, my teaching philosophy means that you will be actively engaged in mastering the course material. The course will be conducted as a seminar. You will be required to complete assigned readings before class and come prepared to discuss and analyze the issues the readings address. In addition, most weeks you will have a writing assignment designed to help you think through the material and to develop your own arguments on the issues we consider.

Course Materials

Required Readings

- Dettwyler, K. A. 1994. *Dancing Skeletons: Life and Death in West Africa*. Prospect Heights, IL: Waveland.
- Farmer, P. 1999. *Infections and Inequalities: The Modern Plagues*. Berkeley: University of California Press.
- Hahn, Robert A, and Marcia C. Inhorn. 2009. *Anthropology and Public Health: Bridging Differences in Culture and Society*. Second ed.: Oxford University Press.
- Moerman, Daniel E. 2002. *Meaning, Medicine and the 'Placebo Effect'*. New York: Cambridge University Press.
- Scheper-Hughes, Nancy. 1992. *Death Without Weeping: The Violence of Everyday Life in Brazil*. Berkeley: University of California Press.
- Wiley, Andrea S., and John S. Allen. 2009. *Medical Anthropology: A Biocultural Approach*. New York: Oxford University Press.

The books are available locally at the UF Bookstore. Additional required readings will be made available electronically on the course website (www.gravlee.org/medanthro).

Supplementary Readings

- Baer, H. A., M. Singer, and I. Susser. 1997. *Medical anthropology and the world system: a critical perspective*. Westport, CT: Bergin & Garvey.
- McElroy, A., and P. K. Townsend. 2004. *Medical anthropology in ecological perspective*, 4th edition. Boulder, CO: Westview Press.
- Trostle, James A. *Epidemiology and Culture*. New York: Cambridge University Press, 2005.
- Sargent, C. F., and T. M. Johnson. Editors. 1996. *Handbook of medical anthropology: contemporary theory and method*, Revised edition. Westport, CT: Praeger Publishers.

Course Outline

1. Introduction
2. Ecology, adaptation, and evolution
3. Culture, political economy, and health
4. Health transitions
5. Nutrition, growth, and child health

6. Reproductive health
7. Everyday violence
8. Infections and inequalities, I
9. Infections and inequalities, II
10. Social inequalities, stress, and disease
11. Embodiment
12. Meaning, mind, and body
13. *No class—Thanksgiving*
14. Anthropology and public health, I
15. Anthropology and public health, II

Course Requirements and Grading

Your final grade has four components: in-class participation (20 percent), seminar moderator (20 percent), seminar notes on the class wiki (20 percent), and a research project (40 percent). Final grades will be A (90-100), A- (87-89), B+ (84-86), B (80-83), B- (77-79), C+ (74-77), C (70-73), C- (67-69), D+ (64-66), D (60-63), D- (57-59), E (<57)

1. *Class participation (20%)*. I expect you to attend each class meeting and to take an active part in discussions and activities. Active participation requires that you read all assigned readings and prepare thoughtful questions and critical discussion points. I will evaluate your class participation on the quality of your contributions, not just on how often you speak in class. The purpose of evaluating your participation is to facilitate your grasp of the material by encouraging you to prepare for class and by promoting thoughtful analysis and discussion.
2. *Seminar Moderator (20%)*. Each week one or two students will be assigned to moderate the seminar. You will be responsible for the following:
 - a. *Wiki page*. You will post a brief (~500-word) summary and analysis of the week's readings to the course wiki. You can access the wiki from the main course web page (<http://gravlee.org/medanthro/>). Your wiki page should synthesize the readings and highlight important points for discussion. Possible strategies for writing your page include (a) reflecting on themes that cut across readings, (b) examining the assumptions and evidence that different authors use, (c) relating the week's readings to other material from the course, or (d) identifying issues that should be addressed in future research. Your page should raise 5-10 thought-provoking questions for seminar participants to address on the wiki and in class. Your summary and analysis must be posted to the blog **72 hours** before the class meets (i.e., Sunday afternoon). The purpose of this time frame is to allow seminar participants to react to your page and to prepare for the seminar discussion.
 - b. *Discussion leader*. You will be responsible for facilitating our discussion in class meetings. You should begin with a brief (≤10-minute) summary of 2-4 key points from the week's readings. You should have a flexible plan for guiding our discussion through the key elements of the week's readings, using the questions you posted to the blog. Also, be prepared to share your insights about the answers to these questions.
3. *Wiki Notes (20%)*. Working in groups, you will be responsible for adding notes from our in-class discussion to the wiki page created by seminar moderators each week. To add your notes, go to the wiki page for the week you are assigned. Below the seminar moderators' original summary and analysis, add the following three sections:

- a. *Discussion summary.* A brief (~250-word) summary of the day's discussion. Identify the key points and questions that emerged from our discussion, and comment on any new ideas or perspectives about the week's readings.
- b. *Key passages.* Transcribe at least three but no more than five passages that we talked about in class, and explain how they related to the main points.
- c. *Glossary.* Identify and define key terms that came up in class or in the readings. Where possible, link to external resources that relate to the term.

Wiki notes are due each week before our next class meeting. Each group will be responsible for three entries on the wiki. Together the three wiki entries contribute 20% toward your final grade in the course. Each wiki entry is worth 5% toward the final grade; I will evaluate entries for completeness, proper grammar and syntax, and clarity of organization and style. The remaining 5% toward your final grade will be based on your peers' evaluation of your contribution to the group effort.

4. *Research Project (40%).* The purpose of the term research project is to give you an opportunity to develop expertise in an area of interest to you. The project may be (1) a review paper, (2) an analysis of secondary data, (3) primary research, or (4) a grant proposal. The paper should be 15-20 pages, double-spaced, with one-inch margins and 12-point Times New Roman font. References are not included in the page limits. The paper is due in class on **December 9**. I encourage you to discuss your plans for the paper with me early in the semester.
5. *Course web site.* You are responsible for all materials posted on the course web site (<http://gravlee.org/medanthro>), including required readings, announcements, details on assignments, and other supplementary material. You can access the wiki from a link on the course web page. I will maintain a course blog to let you know about relevant news or events around campus, to share my thoughts about how the themes of the course relate to current events, and to stimulate your thinking about assigned readings. I encourage you to subscribe to the course RSS feed by email or using your a service like [Bloglines](#) or [Google Reader](#). I also encourage you to post comments on the blog; I will consider your contributions to the blog as a form of class participation.

Policy on Late Assignments

You are required to complete all assignments by the stated due dates. Late assignments will lose one half-letter grade for each day past the deadline. There are no make-up opportunities for any assignment, as you will have ample time to complete each requirement. I will not assign grades of "incomplete" except in the most unusual, extreme circumstances of incapacitating illness, death of family members, or other university-approved excuses. You must provide documentation of such circumstances from a medical doctor, funeral home, or other appropriate authority.

Academic Honor Code

Unless it is specifically connected to assigned collaborative work, all work should be individual. Evidence of collusion (working with someone not connected to the class or assignment), plagiarism (use of someone else's published or unpublished words or design without acknowledgment) or multiple submissions (submitting the same paper in different courses) will lead to the Department's and the University's procedures for dealing with academic dishonesty.

All students are expected to honor their commitment to the university's Honor Code (available online at <http://www.registrar.ufl.edu/catalog/policies/students.html>).

Accommodation for Students with Disabilities

Students requesting classroom accommodation must first register with the Dean of Students Office. The Dean of Students Office will provide documentation to the student who must then provide this documentation to the Instructor when requesting accommodation. *Please make any requests by the second week of class.*

UF Counseling Services

Resources are available on-campus for students having personal problems or lacking clear career and academic goals that interfere with their academic performance. These resources include:

- University Counseling Center, 301 Peabody Hall, 392-1575, personal and career counseling
- Student Mental Health, Student Health Care Center, 392-1171, personal counseling
- Sexual Assault Recovery Services (SARS), Student Health Care Center, 392-1161, sexual counseling
- Career Resource Center, Reitz Union, 392-1601, career development assistance and counseling.

Syllabus Change Policy

This syllabus is a guide for the course and is subject to change with advanced notice.

Course Schedule and Readings

Week 1 (Aug. 26) Introduction and overview

- Expectations—mine and yours
- History and scope of the field
- Medical anthropology and allied disciplines

Required reading

Wiley & Allen, Ch. 1-2 (p. 1-35)

Hahn & Inhorn, Introduction (p. 1-31)

Holtz, T. H., Holmes, S., Stonington, S., & Eisenberg, L. (2006). Health is still social: contemporary examples in the age of the genome. *PLoS Medicine*, 3(10), e419.

Leslie, C. (2001). Backing into the future. *Medical Anthropology Quarterly*, 15(4), 428-439.

Lock, M. (1998). Menopause: lessons from anthropology. *Psychosomatic Medicine*, 60(4), 410-419.

Hemmings, C. P. (2005). Rethinking medical anthropology: How anthropology is failing medicine. *Anthropology & Medicine*, 12(2), 91-103.

Further reading

Trostle, Ch. 1-2

Lieban, R. W. (1977). The field of medical anthropology. In D. Landy (Ed.), *Culture, disease, and healing: studies in medical anthropology*. (pp. 13-31). New York: Macmillan.

Inhorn, M., C. (2007). Medical anthropology at the intersections. *Medical Anthropology Quarterly*, 21(3), 249-255.

Week 2 (Sept. 2) Ecology, adaptation, and evolution

- Biocultural adaptation
- Disease ecology
- Evolutionary medicine

Required reading

Wiley & Allen, Ch. 4 (p. 71-106)

Trevathan, W. R., Smith, E. O., & McKenna, J. J. (2007). Introduction and Overview of Evolutionary Medicine. In W. R. Trevathan, E. O. Smith, & J. J. McKenna (Eds.), *Evolutionary Medicine and Health: New Perspectives* (pp. 1-54). New York: Oxford University Press.

McDermott, R. (1998). Ethics, epidemiology and the thrifty gene: biological determinism as a health hazard. *Social Science and Medicine*, 47(9), 1189-1195.

Singer, M. (1996). Farewell to adaptationism: unnatural selection and the politics of biology. *Medical Anthropology Quarterly*, 10(4), 496-515.

🌀 Further reading

Wiley, A. S. (1992). Adaptation and the biocultural paradigm in medical anthropology: a critical review. *Medical Anthropology Quarterly*, 6(3), 216-236.

Nesse, R. M. & Williams, G. C. (1998). Evolution and the origins of disease. *Scientific American*, 279(5), 86-93.

Brown, P. J., Inhorn, M. C., & Smith, D. J. (1996). Disease, ecology, and human behavior. In C. F. Sargent & T. M. Johnson (Eds.), *Handbook of medical anthropology: contemporary theory and method*. (Revised ed., pp. 183-218). Westport, CT: Praeger Publishers.

Week 3 (Sept. 9) Culture, political economy, and health

- Critical medical anthropology
- Thinking with the body
- Interpretive and meaning-centered approaches

📖 Required reading

Singer, M., Valentin, F., Baer, H., & Zhongke, J. (1992). Why does Juan Garcia have a drinking problem? The perspective of critical medical anthropology. *Medical Anthropology*, 14(1), 77-108.

McElroy, A. (1996). Should medical ecology be political? *Medical Anthropology Quarterly*, 10(4), 519-522.

Leatherman, T. (2005). A space of vulnerability in poverty and health: political-ecology and biocultural analysis. *Ethos*, 33(1), 46-70.

Lock, M. & Scheper-Hughes, N. (1996). A critical-interpretive approach in medical anthropology: rituals and routines of discipline and dissent. In C. F. Sargent & T. M. Johnson (Eds.), *Handbook of medical anthropology: contemporary theory and method*. (Revised ed., pp. 41-70). Westport, CT: Praeger Publishers.

Martin, E. (1992). The end of the body? *American Ethnologist*, 19(1), 121-140.

Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine*, 88, 251-258.

🌀 Further reading

Garro, L. (2000). Cultural meaning, explanations of illness, and the development of comparative frameworks. *Ethnology*, 39(4), 305-334.

Lock, M., Freeman, J., Chilibeck, G., Beveridge, B., & Padolsky, M. (2007). Susceptibility genes and the question of embodied identity. *Medical Anthropology Quarterly*, 21(3), 256-276.

Week 4 (Sept. 16) Health transitions

- Health in prehistory
- Epidemiologic transitions
- Globalization and health

Required reading

Martin, D. L. & Goodman, A. H. (2002). Health conditions before Columbus: Paleopathology of Native North Americans. *Western Journal of Medicine*, 176(1), 65-68.

Bloom, B. R. (2005). Public health in transition. *Scientific American*, 292(9), 92-99.

Barrett, R., Kuzawa, C. W., McDade, T., & Armelagos, G. J. (1998). Emerging and re-emerging infectious diseases: the third epidemiologic transition. *Annual Review of Anthropology*, 27, 247-271.

Koivusalo, M. (2006). The impact of economic globalisation on health. *Theoretical Medicine and Bioethics*, 27(1), 13-34.

Navarro, V. (1999). Health and equity in the world in the era of "globalization". *International Journal of Health Services*, 29(2), 215-226.

Godoy, R., Reyes-García, V., Gravlee, C. C., Huanca, T., Leonard, W. R., McDade, T. W. et al. (2009). Moving beyond a snapshot to understand changes in the well-being of Native Amazonians: Panel evidence (2002-2006) from Bolivia. *Current Anthropology*, 50(4), 563-573.

Anderson-Fye, E. P. (2004). A "Coca-Cola" shape: cultural change, body image, and eating disorders in San Andrés, Belize. *Culture, Medicine & Psychiatry*, 28(4), 561-595.

Popkin, B. M. (2007). The world is fat. *Scientific American*, 297(3), 88-95.

Further reading

Gandy, M. & Zumla, A. (2002). The resurgence of disease: social and historical perspectives on the 'new' tuberculosis. *Social Science & Medicine*, 55(3), 385-396.

Barkey, N. L., Campbell, B. C., & Leslie, P. W. (2001). A comparison of health complaints of settled and nomadic Turkana men. *Medical Anthropology Quarterly*, 15(3), 391-408.

Schrecker, T., Labonte, R., & Devogli, R. (2008). Globalisation and health: the need for a global vision. *The Lancet*, 372(9650), 1670-1676.

Week 5 (Sept. 23) Nutrition, growth, and child health

- Breastfeeding
- Infant and child health
- Malnutrition and global health

Required reading

Wiley & Allen, Ch. 5 (p. 107-137)

Dettwyler, *Dancing Skeletons*, entire book

🌀 **Further reading**

Harris, M. (1985). *Good to Eat: Riddles of Food and Culture*. Long Grove, IL: Waveland Press.

Powdermaker, H. (1960). An anthropological approach to the problem of obesity. *Bulletin of the New York Academy of Medicine*, 36, 5-14.

Weismantel, M. (2005). *White. Fat: The Anthropology of an Obsession*. (pp. 45-62). New York: Penguin Books.

Fitchen, J. M. (1988). Hunger, malnutrition, and poverty in the contemporary United States: some observations on their social and cultural context. *Food and Foodways*, 2, 309-333.

Sobo, E. J. (1997). The sweetness of fat: health, procreation, and sociability in rural Jamaica. In *Food and Culture: A Reader* (pp. 256-271). New York: Routledge.

Ritenbaugh, C. (1982). Obesity as a culture-bound syndrome. *Culture, Medicine and Psychiatry*, 6(4), 347-363.

Gibbs, W. W. (2005). Obesity: An overblown epidemic? *Scientific American*, 292(6), 70-77.

Week 6 (Sept. 30) Reproductive Health

- Medicalization of sexuality and reproduction
- Pregnancy, birth, and mothering
- Social suffering and everyday violence

📖 **Required reading**

Wiley & Allen, Ch. 6 (p. 138-183)

Scheper-Hughes, *Death without Weeping*, Introduction – Ch. 2 (p. 1-97)

🌀 **Further reading**

Bell, K. (2005). Genital cutting and Western discourses on sexuality. *Medical Anthropology Quarterly*, 19(2), 125-148.

Darby, R., & Svoboda, J. S. (2007). A rose by any other name? Rethinking the similarities and differences between male and female genital cutting. *Medical Anthropology Quarterly*, 21(3), 301-323.

Baeten, J., Celum, C., & Coates, T. (2009). Male circumcision and HIV risks and benefits for women. *The Lancet*, 374(9685), 182-184.

Week 7 (Oct. 7) Everyday Violence

Required reading

Scheper-Hughes, *Death without Weeping*, Ch. 3-8 (p. 98-399) [Read at least three chapters in depth; skim the rest of the book and read if you have time]

Week 8 (Oct. 14) Infections and inequalities, I

Required reading

Farmer, *Infections and Inequalities*, Ch. 1-4 (p. 1-126)

Further reading

Wiley & Allen, Ch. 8-9 (p. 215-285)

Trostle, Ch. 5 (p. 96-121)

Week 9 (Oct. 21) Infections and inequalities, II

Required reading

Farmer, *Infections and Inequalities*, Ch. 5-10 (p. 127-282)

Dunavan, C. P. (2007). Awakening to global health. *Health Affairs*, 26(4), 1135-1140.

Further reading

Wiley & Allen, Ch. 10 (p. 286-323)

Trostle, Ch. 6 (p. 122-149)

Week 10 (Oct. 28) Social inequalities, stress, and disease

- Sociocultural context of stress
- Poverty and health
- Race, racism, and health

Required reading

Wiley & Allen, Ch. 11 (p. 324-356)

Dressler, W. W. (2004). Culture and the risk of disease. *British Medical Bulletin*, 69, 21-31.

Sapolsky, R. M. (2005). Sick of poverty. *Scientific American*, 292(12), 92-99.

Krieger, N. (2003). Does racism harm health? Did child abuse exist before 1962? On explicit questions, critical science, and current controversies: An ecosocial perspective. *American Journal of Public Health*, 93(2), 194-199.

David, R. J. & Collins, J. W., Jr. (2007). Disparities in infant mortality: What's genetics got to do with it? *American Journal of Public Health*, 97(7), 1191-1197.

Kahn, J. (2007). Race in a bottle. *Scientific American*, 297(2), 40-45.

Gravlee, C. C. (2009). How race becomes biology: embodiment of social inequality. *American Journal of Physical Anthropology*, 139(1), 47-57.

Further reading

Trostle, Ch. 3 (p. 42-73)

Dressler, W. W. (1995). Modeling biocultural interactions: examples from studies of stress and cardiovascular disease. *Yearbook of Physical Anthropology*, 38, 27-56.

Dressler, W. W., Oths, K. S., & Gravlee, C. C. (2005). Race and ethnicity in public health research: Models to explain health disparities. *Annual Review of Anthropology*, 34(1), 231-252.

Gravlee, C. C., & Sweet, E. (2008). Race, ethnicity, and racism in medical anthropology, 1977-2002. *Medical Anthropological Quarterly*, 22(1), 27-51.

Gravlee, C. C., Non, A. L., & Mulligan, C. J. (2009). Genetic ancestry, social classification, and racial inequalities in blood pressure in southeastern Puerto Rico. *PLoS ONE*, in press.

Week II (Nov. 4) Embodiment

- Embodiment across disciplines
- The *body* in embodiment
- Developmental origins of adult health

Required reading

Krieger, N. (2005). Embodiment: a conceptual glossary for epidemiology. *Journal of Epidemiology and Community Health*, 59(5), 350-355.

Krieger, N. & Davey Smith, G. (2004). "Bodies count," and body counts: social epidemiology and embodying inequality. *Epidemiologic Reviews*, 26, 92-103.

Csordas, T. J. (1993). Somatic modes of attention. *Cultural Anthropology*, 8(2), 135-156.

Oths, K. S. (1999). *Debilidad*: A biocultural assessment of an embodied Andean illness. *Medical Anthropological Quarterly*, 13(3), 286-315.

Barker, D. J. P. (2004). The developmental origins of well-being. *Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences*, 359, 1359-1366.

Further reading

Csordas, T., J. (1990). Embodiment as a paradigm for anthropology. *Ethos*, 18(1), 5-47.

Week 12 (Nov. 18) Meaning, mind, and body

- Healers and healing
- Biomedicine and other ethnomedical systems
- “Placebo,” meaning, and human biology

Required reading

Wiley & Allen, Ch. 3 (p. 36-70)

Moerman, *Meaning, Medicine, and the ‘Placebo Effect’*, entire book

Further reading

Chavez, L. R., McMullin, J. M., Mishra, S. I., & Hubbell, F. A. (2001). Beliefs matter: cultural beliefs and the use of cervical cancer-screening tests. *American Anthropologist*, 103(4), 1114-1129.

Bates, D. G. (2000). Why not call modern medicine 'alternative'? *Perspectives in Biology and Medicine*, 43(4), 502-518.

Oldani, M. I. J. (2004). Thick prescriptions: toward an interpretation of pharmaceutical sales practices. *Medical Anthropology Quarterly*, 18(3), 325-356.

Pugh, J. F. (2003). Concepts of arthritis in India's medical traditions: Ayurvedic and Unani perspectives. *Social Science & Medicine*, 56(2), 415-424.

Week 13 (Nov. 25) No class—Thanksgiving

Week 14 (Dec. 2) Anthropology and public health, I

- Anthropological framing of public health problems
- Anthropological design of public health interventions

Required reading

Hahn & Inhorn, Parts I-II, select six chapters

Further reading

Trostle, Ch. 6 (p. 122-149)

Kleinman, A. & Benson, P. (2006). Anthropology in the clinic: the problem of cultural competency and how to fix it. *PLoS Medicine*, 3(10), e294.

Trostle, J. A. (1988). Medical compliance as an ideology. *Social Science & Medicine*, 27(12), 1299-1308.

Week 15 (Dec. 9) Anthropology and public health, II

- Anthropological evaluation of public health initiatives
- Anthropological critique of public health policy

 **Required reading**

Hahn & Inhorn, Parts III-IV, select six chapters

 **Further reading**

Trostle, Ch. 7-8 (p. 150-174)

Marshall, P. A. & Koenig, B. A. (1996). Bioethics in anthropology: perspectives on culture, medicine, and morality. In C. F. Sargent & T. M. Johnson (Eds.), *Handbook of medical anthropology: contemporary theory and method*. (Revised ed., pp. 349-373). Westport, CT: Praeger Publishers.