

CLST 4399 Cultural Violence, the Arts, and Global Health

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Course Description

Seeing health as our own responsibility feels normal: If we eat right, we will not get sick. If we exercise, we will stay healthy. But this is only a small part of the picture. Societies create, sustain, and destroy a person's physiological and mental wellbeing, often simultaneously. The underlying power structures that determine health are less apparent than a virus. We will discuss why it is important to challenge the everyday practices that often seem trivial. The first sessions will serve to create a shared toolbox. This will help us to identify cultures of violence and to situate them within their historical, political, and socio-economic context. Students will present works of art that help us perceive and analyse cultural violence, including its causes, impacts, and remedies. Examples can come from all around the globe and from different times.

Course Objectives

By the end of the semester, students should be able to:

- Identify and explain the empirical manifestations of cultural violence in different contexts with the help of theories presented during the seminar.
- Differentiate between cultural practices that cause violence, the health outcomes associated with it, and recognize how art can help overcome health disparities.
- Use interdisciplinary perspectives to solve real world problems.

Class Schedule and Sequence of Instruction

Below is a tentative plan of activities for this class.

	Session 1	<i>Introductory session</i> What is cultural violence? How does it relate to other forms of violence?
Bloc 1: Basics	Session 2	<i>Monopolies on violence</i> Types of power that are at play in cultural practices
	Session 3	<i>Cultural practices and global health</i> Health disparities Social determinants of health
	Session 4	<i>Fear of the other</i> Orientalism Monster theory and othering
Bloc 2: Causes	Session 5	<i>Traditional gender roles</i> Ambivalent sexism Objectification theory
	Session 6	<i>Capitalism unleashed</i> Neo-liberalism Consumerism
	Session 7	<i>Compelled to win</i> Moral disengagement theory Traditional values

Bloc 3: Impacts	Session 8	<i>The response to Ebola 2014</i> Traditional practices facilitating the spread of Ebola Cultural components in the international response to the epidemic
	Session 9	<i>Nurtured at mothers' breast or fed by Nestlé</i> Public spaces and vulnerability Breast is best, or is it?
	Session 10	<i>Homelessness and public housing</i> Self-help practices in the US Public responses in the UK
Bloc 4: Remedies	Session 11	<i>Artists' approaches to diabetes</i> Changing the conversation Combating a rapidly spreading NCD
	Session 12	<i>Travelling to the happy place</i> The spread of empathy and the expansion of literacy Literature and depression
	Session 13	<i>Prosthetics and aesthetics</i> Form or function in prosthetics? Prosthetics as fashion statements
	Session 14	<i>Concluding session</i> Exam preparation Presentation

Required Textbooks and Materials

- Bandura, A. (1999). Moral Disengagement in the Perpetration of Inhumanities. *Personality and Social Psychology Review*, 3(3), 193–209. http://doi.org/10.1207/s15327957pspr0303_3
- Barnett, M., & Duvall, R. (2005). Power in International Politics. *International Organization*, 59(1), 39–75. <http://doi.org/DOI: 10.1017/S0020818305050010>
- Blowfield, M., & Frynas, J. G. (2005). Editorial Setting new agendas: critical perspectives on Corporate Social Responsibility in the developing world. *International Affairs*, 81(3), 499–513. Retrieved from <http://dx.doi.org/10.1111/j.1468-2346.2005.00465.x>
- Boydell, K., Gladstone, B., Volpe, T., Allemang, B., & Stasiulis, E. (2012). The Production and Dissemination of Knowledge: A Scoping Review of Arts-Based Health Research. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 13(1). URL: <http://dx.doi.org/10.17169/fqs-13.1.1711>
- Braveman, P. (2006). Health Disparities and Health Equity: Concepts and Measurement. *Annual Review of Public Health*, 27(1), 167–194. <http://doi.org/10.1146/annurev.publhealth.27.021405.102103>
- Cohen, J.J. (1996). Monster culture (seven theses), in J.J. Cohen (ed.), *Monster theory: reading culture* (pp. 3-25). Minneapolis, Minn.: University of Minnesota Press
- Dowrick, C., Billington, J., Robinson, J., Hamer, A., & Williams, C. (2012). Get into Reading as an intervention for common mental health problems: exploring catalysts for change. *Medical Humanities*, 38(1), 15 LP-20. Retrieved from <http://mh.bmj.com/content/38/1/15.abstract>
- Dube, L., Van den Broucke, S., Housiaux, M., Dhoore, W., & Rendall-Mkosi, K. (2015). Type 2 diabetes self-management education programs in high and low mortality developing countries: a systematic review. *The Diabetes Educator*, 41(1), 69-85.

- Galtung, J. (1990). Cultural Violence. *Journal of Peace Research*, 27(3), 291-305. URL: <https://www.galtung-institut.de/wp-content/uploads/2015/12/Cultural-Violence-Galtung.pdf>
- Henwood, B. F., Cabassa, L. J., Craig, C. M., & Padgett, D. K. (2013). Permanent Supportive Housing: Addressing Homelessness and Health Disparities? *American Journal of Public Health*, 103(S2), S188–S192. <http://doi.org/10.2105/AJPH.2013.301490>
- Issaka, A. I., Agho, K. E., & Renzaho, A. M. N. (2017). Prevalence of key breastfeeding indicators in 29 sub-Saharan African countries: a meta-analysis of demographic and health surveys (2010–2015). *BMJ Open*, 7(10). Retrieved from <http://bmjopen.bmj.com/content/7/10/e014145.abstract>
- Murray, C. D. (2009). Being like everybody else: the personal meanings of being a prosthesis user. *Disability and Rehabilitation*, 31(7), 573-581. <https://doi.org/10.1080/09638280802240290>
- Russo, N. F., & Pirlott, A. (2006). Gender-Based Violence. *Annals of the New York Academy of Sciences*, 1087(1), 178–205. <http://doi.org/10.1196/annals.1385.024>
- Said, E. (1979). Knowing the Oriental, in S. Edward *Orientalism* (ch. 1). New York: Random House
- Victory, K. R., Coronado, F., Ifono, S. O., Soropogui, T., Dahl, B. A., & (CDC), =Centers for Disease Control and Prevention. (2015). Ebola transmission linked to a single traditional funeral ceremony - Kissidougou, Guinea, December, 2014-January 2015. *MMWR. Morbidity and Mortality Weekly Report*, 64(14), 386–388. Retrieved from <http://europepmc.org/abstract/MED/25879897>

Grading

A-F

Assignments:

Overall between ~19,000 and ~22,800 characters (always w/o spaces)

- Discussion prompt in class based on observations in German media (based on German media's English outlets)
- 1 synthesis of 1 assigned reading, ~1,900 characters
- Summary of own observation related to cultural violence in Germany ~3,800 characters
- Outline of the course paper, ~3,800 characters due one week before course ends
- Term paper at the end of the course, between ~9,500 and 13,300 characters

Warning:

Throughout the course, we may use materials that can be considered inappropriate or distressing. Please use trigger warnings in your presentations where appropriate. Give your fellow students time to leave the room or prepare mentally before showing disturbing materials. This is not to scare anyone away. If you know that you react to certain materials, you are allowed to leave the room. You can still take the class.

Medical conditions

If you have a medical condition that requires us to adapt (e.g. seating arrangements), please let me know. I do not need details, just a heads-up on how we can work together.