

PROSPECTUS
Understanding Health & Illness: A Health Studies Reader
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<http://dickinson.edu/~hoefler/health>

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Tuberculosis & Body Image at the Fin-de-siecle
Sharon Hirsh, Ph.D., Art History

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1. The Market

What is the market for which your project is intended? Which courses would be the most likely targets and why?

In addition to any number of interdisciplinary courses focusing on the general health studies theme, *Understanding Health & Illness* has substantial potential for adoption by instructors teaching in the following areas:

Anthropology: The teaching of anthropology (in the United States, and via U.S. influence, in many countries abroad) tends to take a four-field approach, and health plays a central role in two of those four subfields, as follows:

- biological (or physical) anthropology: population genetics, anthropometrics, forensic anthropology, osteology, and nutritional anthropology;
- socio-cultural anthropology: culture and social organization, economic and political organization, law and conflict resolution, patterns of consumption, gender issues, socialization, religion, mythology, and symbolism.

Sociology: The study of sociology includes a number of subfields that deal directly with issues of health, including:

- medical sociology
- human sociobiology, social demography, deviance, psychology, and gerontology;
- sociology of gender, food, art, and the body.

Psychology: Many courses in psychology are related to mental health and illness, including courses in areas of

- health psychology
- basic research in abnormal, biological, cognitive, and social psychology;
- clinical, counseling, and positive psychology.

Public Policy: Most general surveys of public policy touch on health-related issues because of the important and expanding role governments play in providing and regulating the provision of health care, both in the U.S. and abroad.

Nursing: Nursing education has become much more liberally interdisciplinary in recent years. In fact, the first of five principles identified by the American Association of Colleges of Nursing (AACN) is *Liberal Education*.¹ The AACN, one of two nursing school credentialing organizations in the U.S., further states that:

... Through liberal education, students encounter a diversity of thought that enables them to integrate varied perspectives and divergent experiences. . . Courses in the arts, sciences, and humanities provide a forum for the study of values, ethical principles, and

¹ American Association of Colleges of Nursing. 2005. *The Essentials of Baccalaureate Education for Professional Nursing Practice*. <http://www.aacn.nche.edu/Education/bacessn.htm>

1. The Market (continued)

the physical world While specific courses and curricula will vary, nursing education must continue to include a strong base in the physical and social sciences as well as learning experiences in philosophy, the arts, and humanities (pp. 7-8).

Most undergraduate nursing programs require students to take introductory courses in sociology, psychology, the arts, and humanities. Enrollment in nursing school has surged 10% per year on average in the last five years, with continued increases projected, taking the number of graduates annually well over the current level of approximately 100,000. A properly oriented sales effort should find nursing programs to be a huge growth market in which there should be substantial interest in an accessible, interdisciplinary health-related reader such as *Understanding Health & Illness*.

Public Health: According to the Consensus Conference on Undergraduate Public Health Education's landmark report on the direction of public health education, the importance of integrating literature and the arts with social science and science approaches for the teaching of public health cannot be overemphasized. The authors of this report go on to say that "much of history, philosophy, literature, economics, politics, and film reflect public health issues that affect everyday life."² The authors mention using a wide variety of issues (including tobacco use, violence, mental health issues, and management of health-related disasters) and approaches (including biography, life experiences, case studies, art, and literature) to illustrate the core concerns of the public health curriculum. Each one these issues and approaches are represented in the *Understanding Health & Illness* text.

What is the level (freshman, sophomore, junior, senior, graduate)?

Understanding Health & Illness is appropriate for introductory undergraduate courses. The book could be used by students in any undergraduate year. At the same time, it is probably a bit too advanced for anything but an advanced placement [AP] high school class, and it is probably not suitable as a professional reference.

Are the intended readers/students primarily majors, non-majors, or both?

Understanding Health & Illness would be appropriate for students majoring in fields in which health is a central concern, such as anthropology, sociology, psychology, nursing, public health, and health studies. Since it is an introductory reader, *Understanding Health & Illness* also will be entirely accessible to non-majors taking an introductory course in any of these areas.

What trends - changes in enrollments, course content, or use of pedagogical/ancillary materials - are likely to affect the content of your project? Are there any likely to affect the marketing of the project?

Interest among students in health studies-related courses and the need for graduates of health-related programs of study will continue to surge in the near-term future. The health sector continues to lead all employment sectors in job growth, and all projections suggest that this trend will continue for the foreseeable future.³

² Riegelman, R.K., Albertine, S., Persily, N.A., Kaelin, M.W., Cashman, S. 2007. *Curriculum Guide for Undergraduate Public Health Education* (Version 2), Association for Prevention Teaching and Research (APTR), Association of American College and Universities (AAC&U), APTR-AAC&U Faculty Development Program, pp. 1, 42.

³ Marr, Kendra. 2008. *The Economy's Steady Pulse: Health-Care Sector Is Poised to Keep Expanding, but So Are Its Costs*. Washington Post. June 13, 2008; D01.

1. The Market (continued)

It is also the case that interdisciplinary approaches are ascendant across all sectors of higher education.⁴ *Understanding Health & Illness* – with essays from academics in a dozen different disciplines – is ideally suited to this trend.

Do you feel there is a market for your project other than the domestic college market? If so, please explain.

While this text will have primarily a domestic market, there is a small but significant potential market in countries where English is the primary language (e.g., U.K., Australia), and in countries where English is widely spoken (e.g., Denmark, Hong Kong). We should also note that one of the accepted international languages of health is English, so the market for an English-language reader in this general subject area is potentially larger than it might be for other subjects.

Is your project the primary material for the course or is it a supplement?

The text would be a supplement in most courses. It might be a primary text for an interdisciplinary *Introduction to Health Studies* course (such as we teach at Dickinson College).

2. The Competition

What are the 3-4 major competitors?

There are few readers available in the broad interdisciplinary field of health studies (see Table 1 for an overview of the most popular readers, sorted by Amazon sales rank). The publication that comes closest to the reader we propose is *Annual Editions* (title *B*) which contains generally light readings from a mixture of academic and non-academic sources (such as the *New York Times* and *Psychology Today*). *Health & Disease* (title *D*) contains primarily reprints of previously published articles. *Health Studies: A Critical & Cross-Cultural Reader* (title *G*), which also contains reprints of published articles, is focused more narrowly on medical sociology and anthropology. The remaining four readers (titles *A*, *C*, *E*, and *F*) are specifically aimed at the field of medical sociology, and each is intended to be used in medical sociology courses and/or as companions to medical sociology texts.

See Table 2 for a summary of the twelve most popular texts in the Health Studies area, and see Figure 1 for a graphical presentation of the readers and texts, side-by-side.

⁴ Henry, Stuart. 2007. *Interdisciplinarity's Growing Appeal to Students and Scholars*, *The Chronicle of Higher Education*. July 6, p. 13.

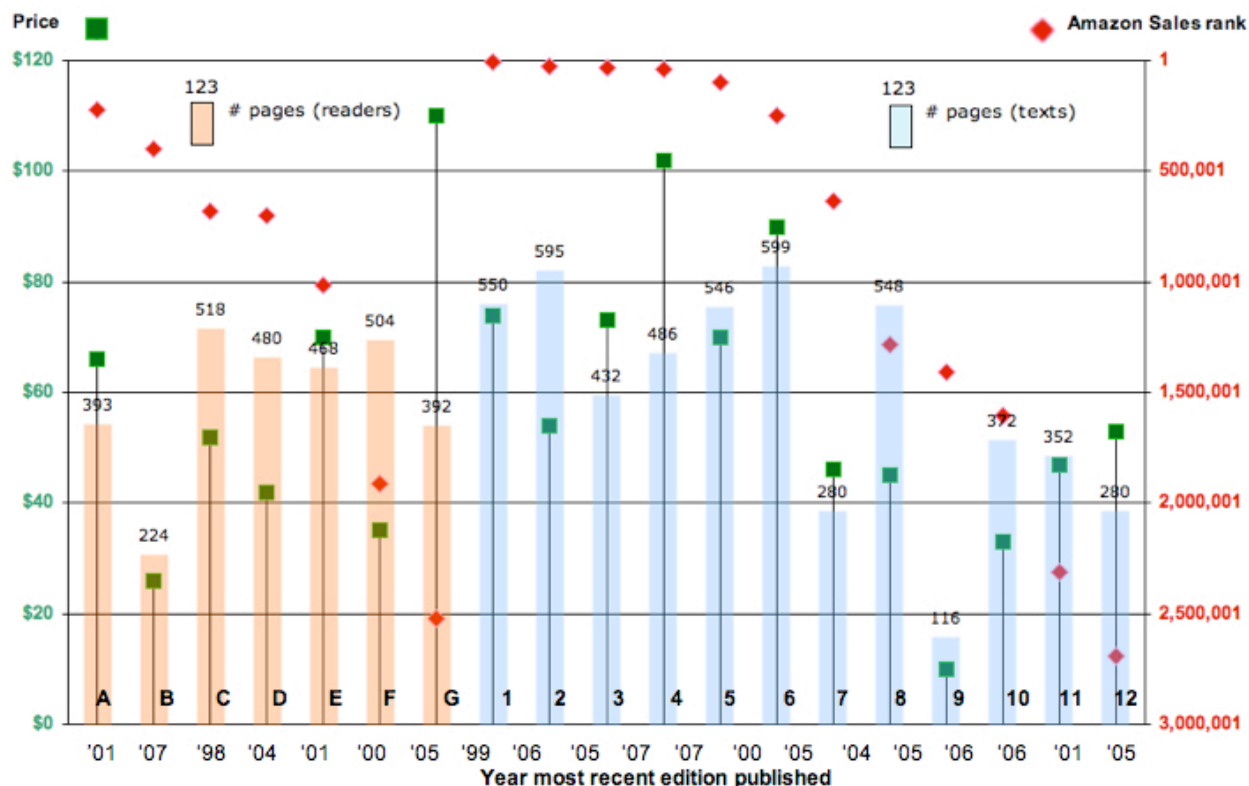
Table 1: Health Studies Readers (sorted by Amazon.com sales rank)

Reader title	Cost (pp.)	Amazon sales rank	Author	Publisher	Yr.
A <i>Readings in Medical Sociology</i> (2nd ed.)	\$66 (383)	223,464	Cockerham	Prentice Hall	'01
Amazon.com description: . . . current readings by leading, medical sociologists & their colleagues in other fields, reflecting the most recent & relevant ideas, concepts, themes, & research . . . presents research findings & critical discussions that define the interests of medical sociologists, health practitioners, & policy makers.					
How does this title differ: Reprints of articles aimed only at medical sociology.					
B <i>Annual Editions: Health 08/09</i> (29th ed.)	\$26 (224)	400,941	Daniel	McGraw-Hill	'07
Amazon.com description: . . . current articles selected from the best of the public press. Organizational features include: an annotated listing of selected web sites; an annotated table of contents; a topic guide; a general introduction; brief overviews for each section; a topical index; an instructor's resource guide with testing materials, practical guide for instructors, student website.					
How does this title differs: Reprints, light readings from non-academic sources (e.g., <i>Psychology Today</i> , <i>NY Times</i>).					
C <i>Blackwell Companion to Medical Sociology</i>	\$52 (518)	679,564	Cockerham	Blackwell	'04
Amazon.com: . . . 26 original essays by leading medical sociologists from all over the world. . . organized both topically & by region to provide thorough coverage of the concerns, issues, & future directions of the discipline. Part I covers the substantive areas of medical sociology. . . Part II then applies those subjects to individual countries & societies in the Americas, Europe, the Middle East, Asia, & Africa to provide a comparative reference. . . .					
How does this title differ: Aimed only at medical sociology.					
D <i>Health & Disease</i> (3rd ed.)	\$42 (480)	700,656	Davey	Open Univ Pr	'01
Amazon.com: . . . interdisciplinary collection of articles which reflect the varied & sometimes controversial perspectives within these debates. Drawn from a wide range of sources, including the biomedical & social sciences, history, literature & lay accounts, these articles address all aspects of health & disease. . . .					
How does this title differ: Contains primarily reprints of published articles.					
E <i>Readings in Medical Sociology</i>	\$70 (468)	1,016,335	Matcha	Allyn & Bacon	'00
Amazon.com: . . . cross-cultural analysis of medical sociological concepts while including articles that examine the effects of gender, age, social class, & race & ethnicity as they relate to the topics at hand. Organized around fourteen topics & containing 42 readings, the selections represent a variety of sources. Each chapter provides an American perspective, a developed world perspective, & a developing world perspective. . . .					
How does this title differ: Only aimed at medical sociology (with an emphasis on cross-cultural analysis).					
F <i>Medical Work, Med. Knowledge & Health Care</i>	\$35 (504)	1,911,271	Annandale	Blackwell	'05
Amazon.com description: . . . chronicles research in the fields of medical knowledge, medical work & health care over the past 25 years. . . . an overview of the major changes in the delivery of health care over this period, & in the way that social scientists & health care providers have conceptualised medical knowledge & practice.					
How does this title differ: Dated reprints (pre-2000) from a single journal in sociology; only focused on sociology.					
G <i>Health Studies: Critical & Cross-Cultural Reader</i>	\$110 (392)	2,521,046	Samson	Blackwell	'99
Amazon.com description: . . . brings together key readings of significant moments in the understanding of health. It goes beyond the often superficial literature-review style of medical sociology texts.					
How does this title differ from <i>Understanding Health & Illness</i>: Pricey; reprints of "famous" articles past & present (e.g., by Foucault, Sontag, etc.) aimed at medical sociology & medical anthropology.					

Table 2: Health Studies Textbooks (sorted by Amazon.com sales rank)

	Text title	Cost (pp.)	Amazon sales rank	Author	Publisher	Yr.
1	<i>Introduction to Public Health</i> (2nd ed.)	\$74 (550)	6,378	Schneider	Jones Bartlett	'06
2	<i>The Sociology of Health & Illness</i> (7th ed.)	\$54 (595)	24,173	Conrad	Worth	'05
3	<i>Medical Sociology</i> (10th ed.)	\$73 (432)	32,992	Cockerham	Prentice Hall	'07
4	<i>Sociology of Health, Illness, & Health Care</i> (4th ed.)	\$102 (486)	37,720	Weitz	Thompson Wordsworth	'07
5	<i>Handbook of Social Studies in Health & Medicine</i>	\$70 (546)	98,849	Albrecht	Sage	'00
6	<i>Handbook of Urban Health</i>	\$90 (599)	250,665	Galea	Springer	'05
7	<i>Key Concepts in Medical Sociology</i>	\$46 (280)	635,365	Gabe	Sage	'04
8	<i>Second Opinion: An Introduction to Health Sociology</i> (3rd ed.)	\$45 (548)	1,285,195	Germov	Oxford U.	'05
9	<i>The Sociology of Health, Healing, & Illness</i> (5th ed.)	\$10 (116)	1,405,746	Weiss	Prentice Hall	'06
10	<i>The Sociology of Health & Illness</i>	\$33 (327)	1,605,154	Nettleton	Polity Press	'06
11	<i>Health Studies: An Introduction</i> (United Kingdom)	\$47 (352)	2,313,023	Naidoo	Palgrave	'01
12	<i>Sociology & Health Care</i>	\$53 (280)	2,693,233	Sheaff	Open Univ Pr	'05

Figure 1: Graph of Readers and Texts (referenced in Tables 1 and 2 above)



2. The Competition (continued)

How do you intend to position your product with regard to these competitors?

Understanding Health & Illness is aimed at the broad interdisciplinary field of health studies. Our collection of essays covers a range of issues that extend much beyond medical sociology/anthropology such as business, law, economics, art, and literature.

Understanding Health & Illness is aimed at the non-specialized reader. The essays have been edited for appropriateness to an undergraduate audience. Unfamiliar words and concepts in each selection are referenced in a comprehensive glossary of health- and ethologically-related terms.

Understanding Health & Illness aimed at the instructor teaching out of his/her discipline. Interdisciplinary courses, by their very nature, require instructors to teach outside their home disciplines. For example, although instructors might be generally familiar with health perspectives from sociology, psychology, economics, business, literature and art, it is likely that the instructor will be pushed (by the sheer breadth of the material) to teach outside of his or her comfort zone from time to time. *Understanding Health & Illness* provides instructors with several helpful devices to facilitate instruction.

- Each essay has a set of glossary words as well as four discussion questions (each, with comprehensive answer keys, supplied to instructors only).
- A select number of essays will have an accompanying video (available on the *Understanding Health & Illness* website) with a 20- to 30-minute lecture/presentation by the author of that essay. These materials can be used in the classroom, as homework assignments, or as primers for independent research.
- A cross-referenced list of essays is provided (so that, for example, an instructor who is interested in gender and health can see at a glance which of the essays might be most appropriate to assign).

Most current readers contain reprints from academic and non-academic sources already readily available on-line to students and instructors. Conversely, twenty-four of the twenty-nine proposed essays are either entirely original works or substantially revised and updated specifically for *Understanding Health & Illness*. All the essays in the *Understanding Health & Illness* are current, scholarly, and topical.

What are the comparative strengths of your project relative to each of the competitors you listed above?

There is no current reader on the market which covers the broad interdisciplinary field of health studies. The essays in the *Understanding Health & Illness* covers a broad range of disciplines including psychology, sociology, anthropology, law, political science, economics, business, medicine, American studies, English literature, art, and religion.

There are few (if any) readers which contain primarily original scholarly work.

There are few (if any) readers which have an instructor/student website, chapter questions for students, or videos with lectures.

3. The Story

Imagine that you are addressing the McGraw-Hill Higher Education sales staff for the first time after your project is published. What is the most important message you want them to deliver to instructors? What specific features provide benefits that these instructors can't get from the competitor(s)?

The *Understanding Health & Illness* reader is designed for in-depth exploration of a high-interest, high-demand subject area. It is ideally suited to the instructor who is looking for a primary or complementary text for a course in which undergraduate students address health-related content for the first time. The reader paints a big multidisciplinary picture, introducing students to a number of different ways of understanding the counterpoised concepts – health and illness – that are so personally central to each of us, and so generally central to our understanding of cultures and societies, both past and present. (See Table 3 for a *Table of Contents* and Table 4 for an *Annotated Table of Contents*.)

Users of the text will have access to a regularly updated companion web site (<http://dickinson.edu/~hoefler/health>) that will provide:

- Links to web resources keyed to each essay;
- An online glossary of key health terms used in the text;
- A general resource section with advice on doing web-based research;
- An up-to-date study guide with study questions based on the readings (with suggested answers provided by the essay authors and available only to instructors);
- A cross-referenced list of topics provided in each essay (see Table 5, attached);
- Suggestions for experiential and service learning projects keyed to selected essays; and,
- Streaming video of guest lectures by selected authors from the text.

The text-web site combination will serve a wide variety of undergraduate health-related courses as a thought-provoking catalyst for in-class discussion and a fully documented source for assigned research papers.

Will particular types of instructors find your project more appealing than other types? If so, please explain what types and why?

The richly interdisciplinary *Understanding Health & Illness* reader should be appealing to all instructors with an interest in the topic of health and illness.

Table 3: *Table of Contents*

Section I: Health & the Individual

- *Understanding Illness in Everyday Life*
Andy Skelton, Ph.D., Psychology
- *Suffering in Serious Illness: Understanding the Role of Personal Identity*
Greg Lewis, M.D., Gastroenterology
- *Illness As Transformative Gift in People with Fibromyalgia*
Shelly Scammell, Ph.D., Psychology
- *Doctor As Patient: The Case of Multiple Sclerosis*
Fred Kauffman, M.D., Emergency Medicine
- *Telling Stories of Suffering*
Dan Schubert, Ph.D., Sociology

Section II: Alternative Health Perspectives

- *Health: A Navajo Perspective*
Dan Cozort, Ph.D., Religious Studies
- *Secularizing the Sacred: Complementary & Alternative Medicine*
Mara Donaldson, Ph.D., Religious Studies
- *Yoga Therapy From Cancer Diagnosis Through Survivorship*
Bonnie Berk, Bonnie Berk, R.N., M.S., E.R.Y.T.

Section III: Health & American Society

- *Depression & Stigma in American Culture*
Sharon O'Brien, Ph.D., American Studies & Women's Studies
- *Fat Studies*
Amy Farrell, Ph.D., American Studies & Women's Studies
- *The Medicalization of Gender & Sexual Deviance: Social Values & Psychiatric Diagnosis*
Megan Yost, Ph.D., Psychology, & Tara Smith, Ph.D., Psychology
- *From Cure-all to Carcinogen*
Julie Winterich, Ph.D., Women's Studies
- *Poverty, Illness & Trauma in the Delta*
Kim Rogers, Ph.D., History

Section IV: Political & Economic Perspectives

- *SAMPLE CHAPTER: Making Right-To-Die Policy: A Special Case of Judicial Activism*
James Hoefler, Ph.D., Political Science
- *The Sexual Politics of Abstinence-Only Programs*
Susan Rose, Ph.D., Sociology

Table 3: *Table of Contents* (continued)

- *Living Long in Fragile Health: The New Demographics Shape End-of-Life Care*
Joanne Lynn, M.D., hospice and long-term care specialist
- *A Model of Consumer Behavior in the Face of Insurance*
Stephen Erfle, Ph.D., Economics
- *Law, Policy, & Frozen Embryos*
Douglas Edlin, J.D., Ph.D., Political Science
- *Growing a Healthy Community: Community Health Partnerships as Catalysts for Community Health Improvement*
David Sarcone, Ph.D., Public Policy
- *Health & Disaster Preparedness*
Brian Kamoie, J.D., M.P.H.

Section V: Health in an International Context

- SAMPLE CHAPTER: *How Dangerous Is It To Smoke?: Smoking Risk Perceptions & Moralization in the U.S. & Denmark*
Marie Helweg-Larsen, Ph.D., Psychology
- *Violence Against Women: Global Health Issues & Trauma Narratives*
Susan Rose, Ph.D., Sociology
- *Llamas, Snakes, & Scientists: Regionalism, Nationalism, & Curative Science in Bolivia*
Katherine McGurn, Ph.D., Anthropology

Section VI: Artistic & Literary Perspectives

- SAMPLE CHAPTER: *Tuberculosis & Body Image at the Fin-de-siecle*
Sharon Hirsh, Ph.D., Art History
- *Therapeutic Beauty: Abbott Thayer, Anti-Modernism, & the Fear of Disease*
Elizabeth Lee, Ph.D., Art History
- *Context Is Everything: Reading Representations of the Body*
Josh Kupetz, Ph.D., English
- *Doctors, Detectives, and Rape: Narrating the New Masculine Contract*
Sharon Stockton, Ph.D., English

Section VII: Health Studies Research

- *Information Retrieval to Support Health Studies*
Theresa Arndt, M.L.S.
- *Important On-Line Sources of Data in Health Studies*
- *Service Learning in Health Studies*
Shalom Staub, Ph.D., Folklore and Folklife

Table 4: Annotated Table of Contents

Section I: Health & the Individual

Individuals must find a way to come to terms with their illnesses whether they include minor everyday complaints, chronic illnesses, or serious life-threatening diseases. Individual beliefs about one's illness can change how people react to and adapt to their health problems. The first essay discusses how people adopt different explanations for their illnesses and what the consequences are of such beliefs (Skelton). The next four essays illustrate that some seriously ill people can find that illness can become a pathway toward a positive transformation to a more authentic self. The conditions covered are terminal illness (Lewis), Fibromyalgia (Scammell), Multiple Sclerosis (Kauffman), and Cystic Fibrosis (Schubert).

- *Understanding Illness in Everyday Life*
Andy Skelton, Ph.D., Psychology

This essay helps us identify the unstated assumptions we make in the process of explaining symptoms and ill feelings and how these assumptions guide us (and sometimes mislead us) in understanding and coping with illness.

- *Suffering in Serious Illness: Understanding the Role of Personal Identity*
Greg Lewis, M.D., Gastroenterology

This essay examines how serious illness (such as AIDS, cancer, ALS, and multiple sclerosis) may affect one's personal identity and how this change in identity - with the progression of the disease - contributes to suffering.

- *Illness As Transformative Gift in People with Fibromyalgia*
Shelly Scammell, Ph.D., Psychology

This chapter examines how handling a chronic health problem may result in positive change. Interviews with individuals with Fibromyalgia focuses on using chronic illness as a transformation to a more authentic self.

- *Doctor As Patient: The Case of Multiple Sclerosis*
Fred Kauffman, M.D., Emergency Medicine

Multiple Sclerosis (MS) - a disease of the central nervous system - is a major cause of physical disability affecting approximately 500,000 people in the United States. This essay charts the emotional journey of an inner-city emergency physician who, once afflicted with MS, must learn, now as a patient, to develop an emotionally healthy approach to living with a chronic disease.

- *Telling Stories of Suffering*
Dan Schubert, Ph.D., Sociology

Awaiting original draft.

Section II: Alternative Health Perspectives

People have always found alternative methods of medicine to complement traditional Western medicine. The first essay examines beliefs about alternative medicine from the Navajo perspective (Corzort) and the second connects traditional religious beliefs with beliefs in alternative medicine (Donaldson). The last essay outlines the history and research on the health benefits of yoga (Berk).

Table 4: Annotated Table of Contents (continued)

- *Health: A Navajo Perspective*
Dan Cozort, Ph.D., Religious Studies

A religious perspective on health suggests that illness may sometimes have causes that are spiritual rather than physical; that the patient him or herself may have brought on the illness by a failure to respect spiritual laws; and that a cure may have to do as much with the patient's attitudes and faith as with a physician's treatments. This chapter provides a religious perspective on health using the world view of the Navajos as a case study.

- *Secularizing the Sacred: Complementary & Alternative Medicine*
Mara Donaldson, Ph.D., Religious Studies

This essay examines the increasing interest in alternative health practices (e.g., acupuncture, meditation, and yoga) that have their roots in particular religious traditions. Many of these quasi-religious practices, first popularized in the United States in the 1960s, are now included in secular wellness programs and traditional medical treatment in ways that begin to add caring as a complementary goal of health care, along side the more traditional goal of curing.

- *Yoga Therapy From Cancer Diagnosis Through Survivorship*
Bonnie Berk, Bonnie Berk, R.N., M.S., E.R.Y.T.

This chapter gives a brief overview of the history of yoga, a summary of the latest research on the relationship between yoga and health, and discusses how yoga interventions can benefit a wide variety of physical illnesses and increase overall well being.

Section III: Health & American Society

Concepts such as illness and health do not exist solely as objectively describable, empirically verifiable states of being. These terms are also defined and characterized, in part, by cultural and societal norms. Someone who is understood to be ill in American society might well be described as healthy someplace else, and vice versa. This section of the text begins to unpack some of the cultural and societal forces that help shape American perceptions of several health conditions, including mental illness (O'Brien), obesity (Farrell), and menopause (Winterich). The section concludes with an essay that describes the meaning of illness - and the relationship that exists between illness and poverty - in rural Mississippi (Rogers).

- *Depression & Stigma in American Culture*
Sharon O'Brien, Ph.D., American Studies & Women's Studies

The author uses cultural attitudes toward illness in general - and depression in particular - in order to explore the different cultural meanings attached to disease. The essay concludes by considering the ways in which such socially-constructed narratives affect the perspectives of medical institutions, health care providers, and patients.

- *Fat Studies*
Amy Farrell, Ph.D., American Studies & Women's Studies

The field of Fat Studies challenges us to think about the meaning of fatness, the power of fat stigma, and the dangers inherent when an apparent health crisis also becomes a moral crisis. This article provides an overview of this new academic field, focusing specifically on (1) the history and power of fat stigma, (2) the discrimination faced by fat people, and (3) the Health at Every Size movement.

Table 4: Annotated Table of Contents (continued)

- *The Medicalization of Gender & Sexual Deviance: Social Values & Psychiatric Diagnosis*
Megan Yost, Ph.D., Psychology, & Tara Smith, Ph.D., Psychology

Psychiatric diagnoses are made by physicians whose understanding of illness is shaped by American Psychiatric Association (APA) guidelines. These guidelines are informed not only by scientific research, but also by societal opinion. This essay examines the history of the psychiatric community's diagnoses of homosexuality and gender identity disorder in order to highlight the give-and-take between societal opinion and medical practice.

- *From Cure-all to Carcinogen*
Julie Winterich, Ph.D., Women's Studies

This essay discusses key factors that influenced the transformation of the public's view of menopause from an expected experience to an illness with health risks. The essay discusses how this transformation was precipitated by the development and marketing (by drug companies), popularization (e.g., via Wilson's 1960s bestseller "Feminine Forever") and prescription (by physicians) of hormone drugs to treat the so-called symptoms of menopause in American women.

- *Poverty, Illness & Trauma in the Delta*
Kim Rogers, Ph.D., History

Awaiting original draft.

Section IV: Political & Economic Perspectives

Health - or lack of it - does not just happen. Rather, our individual and collective states of health are shaped by economic and political forces that are sometimes well beyond our immediate control. For example, the kinds of care we get at the end of life (Lynn), in rural Mississippi (Rogers), or during a health-related disaster (Kamoie) are largely shaped by public policies and economic realities that limit individual control over what kinds of care we get. Likewise, the kinds of choices we can make about insurance coverage (Erflle), reproductive technology (Edlin), and end-of-life care (Hoefler) are constrained by public policies and market forces. The choices adolescents can make about their sexual behavior are shaped in no small part by what they are told (a matter of public policy) about the consequences of that behavior (Rose). And access to health care for many is determined, at least in part, by community partnerships that may (or may not) fill gaps in health care coverage for low-income citizens. Taken together, the essays in this section will provide readers with a sense for how the status of our health and the range of our health-related choices are - to one degree or another - beyond our direct control.

- *SAMPLE CHAPTER: Making Right-To-Die Policy: A Special Case of Judicial Activism*
James Hoefler, Ph.D., Political Science

The courts tend to play a secondary policy making role in the United States, reacting to legislative initiatives but rarely making policy in the first instance. This chapter discusses the special activist role the courts - especially state courts - have played in making right-to-die policies in the U.S.

Table 4: Annotated Table of Contents (continued)

- *The Sexual Politics of Abstinence-Only Programs*
Susan Rose, Ph.D., Sociology

The United States leads the industrialized world in teen pregnancy, abortion, and sexually-transmitted disease rates and in legislating and funding abstinence-only education programs in the public schools. This chapter discusses the role and power of conservative religious groups - and the dynamic interplay between religion, politics, and health - in shaping public educational programs related to reproductive and sexual health in the U.S.

- *Living Long in Fragile Health: The New Demographics Shape End-of-Life Care*
Joanne Lynn, M.D., hospice and long-term care specialist

One hundred years ago Americans tended to die relatively quickly; a few days or (at most) a couple of weeks after becoming ill with a serious disease. But today, most American suffer through a much more shallow death trajectory that is measured not in days and weeks, but in months and years. This chapter focuses on the inability of the current health care system to provide good end-of-life care in this new era where chronic illness typically precedes one's ultimate demise.

- *A Model of Consumer Behavior in the Face of Insurance*
Stephen Erfle, Ph.D., Economics

This chapter provides a brief introduction to the economics of insurance, covering (1) how insurance works, (2) why insurance might be purchased by some individuals and not by others, (3) how purchasing insurance can alter the behavior of the insured individual, and (4) how insurance companies use a portfolio of policies to screen individuals into risk categories.

- *Law, Policy, & Frozen Embryos*
Douglas Edlin, J.D., Ph.D., Political Science

This essay examines different judicial approaches toward resolving disputes concerning the disposition of cryogenically preserved pre-embryos. The author categorizes and compares different legal paradigms for regulating the use of pre-embryos and argues for a preferred model.

- *Growing a Healthy Community: Community Health Partnerships as Catalysts for Community Health Improvement*
David Sarcone, Ph.D., Public Policy

Locally formed collaborative partnerships serve as one vehicle for addressing persistent health and health care system challenges faced by communities throughout the United States. Based primarily on a review of the literature, this essay describes the purpose, structure and functions of community health partnerships and concludes with an assessment of their impact on community health improvement.

- *Health & Disaster Preparedness*
Brian Kamoie, J.D., M.P.H.

Awaiting original draft.

Table 4: *Annotated Table of Contents* (continued)

Section V: Health in an International Context

Understanding health in an international context is important because it can help us identify health behaviors and attitudes that are similar across cultures as well as allowing us to see patterns that are unique to a given culture. In the chapter on smoking risk perceptions (Helweg-Larsen), the discussion focuses on patterns of similarity and difference between smokers and non-smokers in the U.S. and Denmark. Violence against women has come to be understood as one of the most widespread and pressing global health issues of our time and the second essay in this section (Rose) looks at the historical and cultural factors that influence whether victims of gender-related violence from different countries are able to bear witness to and take solace from personalized expressions of their common experiences. Finally, a case study from Bolivia (McGurn) examines how the strategic use of regional and political symbolism in that country made it possible to elevate the classification of venomous snakebite (a serious health problem, but one affecting only a minority of Bolivians) to the level of national public health threat.

- **SAMPLE CHAPTER: *How Dangerous Is It To Smoke?: Smoking Risk Perceptions & Moralization in the U.S. & Denmark***
Marie Helweg-Larsen, Ph.D., Psychology

Risk perceptions of lung cancer were examined among smokers and non-smokers in a smoking-lenient (Denmark) and a smoking-prohibitive (the United States) culture. Cross-cultural differences in moralization of smoking are discussed as one explanation for the findings.

- ***Violence Against Women: Global Health Issues & Trauma Narratives***
Susan Rose, Ph.D., Sociology

This chapter discusses the prevalence and types of gender violence, and explores the psychological impacts of trauma and the processes of healing through an analysis of interviews with women who contributed to the Central Pennsylvania Clothesline Project.

- ***Llamas, Snakes, & Scientists: Regionalism, Nationalism, & Curative Science in Bolivia***
Katherine McGurn, Ph.D., Anthropology

This chapter examines a case study of how venomous snakebite, affecting only a minority of Bolivians, became classified as a national public health threat. The symbolism of the antivenin project is used to demonstrate how social concerns can be expressed in biomedical practice.

Table 4: *Annotated Table of Contents* (continued)

Section VI: Artistic & Literary Perspectives

It is sometimes said that beauty is in the eye of the beholder. This section of the text grapples with a similar claim; that illness is in the eye of the beholder. The first two essays describe how artists' representations of illness and health can help us understand more general attitudes about these concepts in late-19th century Europe (Hirsh) and America (Lee). The next two essays deal with literary representations of physical disability (Kupetz) and sexual violence (Stockton). Both of these essays also address how literary representations both reflect, and shape, cultural understandings of the phenomena discussed.

- **SAMPLE CHAPTER: *Tuberculosis & Body Image at the Fin-de-siecle***
Sharon Hirsh, Ph.D., Art History

One way to learn more about the understanding of and attitudes towards disease at any given time is through the visual arts. This essay focuses on the work of the *Symbolists*. The work of this group of artists presents attitudes towards illness in western Europe in the late nineteenth century; a period when enormous shifts in understanding about health care were changing the way people, especially in the new metropolises, were thinking.

- ***Therapeutic Beauty: Abbott Thayer, Anti-Modernism, & the Fear of Disease***
Elizabeth Lee, Ph.D., Art History

We can learn a great deal about how health and illness were understood at any given time and place by assaying work produced by local artists of that era. This essay focuses on the works of Abbott Thayer, a Gilded Age painter whose life and art were infused with matters of sickness and health in ways that give us important insights about perceptions of illness and health in late-19th century America.

- ***Context Is Everything: Reading Representations of the Body***
Josh Kupetz, Ph.D., English

Disability studies theorists describe an underlying ableist ideology at work in the literature they analyze. This essay discusses how ableist representations of disability are both products of and producers of disableism: a parallel theory where non-normal physical characteristics are employed by authors as metaphor for impoverished psychological, emotional, and physical health and wellness.

- ***Doctors, Detectives, and Rape: Narrating the New Masculine Contract***
Sharon Stockton, Ph.D., English

The past several decades have seen the rise of a new kind of hero – the man of uncommon sympathy for the female rape victim, who makes his lifework either the healing of the injured or the hunting of the perpetrator. In John Irving's work in particular, the "best counselor" and surgeon of raped women is always the man on the outside, somehow not quite a fit with his cultural surroundings and expectation. This outsider is nonetheless reinvested with heroic potency through his ministrations to the rape victim, whom he alone recognizes as "holy."

Table 4: *Annotated Table of Contents* (continued)

Section VII: Health Studies Research

The breadth and interdisciplinary nature of health studies makes information gathering complex. This section discusses several issues related to information retrieval strategies for conducting academic research on health studies (Arndt) and strategies for developing successful service learning opportunities with local health studies organizations (Staub).

- *Information Retrieval to Support Health Studies*
Theresa Arndt, MLS

This chapter discusses the “ask, acquire, appraise, apply” as a strategic framework for researching health studies questions in the existing literature.

- *Important On-Line Sources of Data in Health Studies*
- *Service Learning in Health Studies*
Shalom Staub

Awaiting original draft.

Table 5: Table of coverage for *Understanding Health & Illness* (sorted by academic field)

Essay subject	Author & Degree	Academic field or training	Condition discussed	Gender issues?
Depression & stigma	O'Brien (Ph.D.)	American Studies - Women's Studies	Depression	yes
Medicalization of menopause	Winterich (Ph.D.)	American Studies - Women's Studies	Cancer	yes
Fat Studies	Farrell (Ph.D.)	American Studies - Women's Studies	Obesity	yes
Regionalism, nationalism, curative science	McGurn (Ph.D.)	Anthropology	Snake bite	
Anti-modernism, & the fear of disease	Lee (Ph.D.)	Art History		
Body image at the turn of the 20th century	Hirsh (Ph.D.)	Art History	Tuberculosis	
Consumer behavior re: Insurance	Erfle (Ph.D.)	Economics		
Doctor as patient	Kauffman (M.D.)	Emergency medicine	M.S.	
Literary representations of the body	Kupetz (Ph.D.)	English	Disability	
Rape in 20th century literature	Stockton (Ph.D.)	English	Rape	
Suffering & the role of personal identity	Lewis (M.D.)	Gastroenterology	Chronic illness	
New demographics shape end-of-life care	Lynn (M.D.)	Gerontology	End-of-life	yes
Poverty, illness & trauma in Mississippi	Rogers (Ph.D.)	History		
Information retrieval	Arndt (M.L.S.)	Library science		
Understanding Illness in everyday life	Skelton (Ph.D.)	Psychology		
Illness as transformative gift	Scammell (Ph.D.)	Psychology	Fibromyalgia	
Medicalization of gender & sexual deviance	Yost, Smith (Ph.D.s)	Psychology	Sexual deviance	yes
Smoking risk perceptions & moralization	Helweg-Larsen (Ph.D.)	Psychology	Cancer	yes
Right-to-die policy and judicial activism	Hoefler (Ph.D.)	Public Policy	End-of-life	
Law, policy & frozen embryos	Edlin (J.D., Ph.D.)	Public Policy	IVF	yes
Health & disaster preparedness	Kamoie (J.D., M.P.H.)	Public Policy	Pandemic flu	
Community health partnerships	Sarcone (Ph.D.)	Public Policy		
Complementary & alternative medicine	Donaldson (Ph.D.)	Religious Studies		
A Navajo perspective of health	Cozort (Ph.D.)	Religious Studies		
Politics of abstinence-only programs	Rose (Ph.D.)	Sociology	Pregnancy	yes
Violence against women	Rose (Ph.D.)	Sociology	Violence	yes
Suffering and the use of metaphor	Schubert (Ph.D.)	Sociology	Cystic fibrosis	
Yoga therapy	Berk (R.N., M.S.)	Yoga training	Cancer	

4. The Pedagogy

Do you plan to use a specific teaching strategy or pedagogical approach/framework?

For students: The goal of each chapter is to provide a current, scholarly discussion of timely topics related to health and illness. The writing style is aimed at the non-expert reader. Glossary terms are provided at the end of each chapter.

For instructors: The teaching of the material is aided by end-of-chapter questions for students (with the answers provided to the instructors only) and video-taped lectures. Instructors can use these materials in class, assign them for homework or extra-credit work, or suggest that students use them as primers for independent research.

How will you implement this approach or these features in the content or format of your project?

The chapters have already been written. End-of-chapter questions and videotaped lectures are still being developed.

The *Understanding Health & Illness* website is available at: <http://dickinson.edu/~hoefler/health>

What innovations and competitive advantages are offered by the above? Please provide as many details as possible while focusing on those items that are truly unique and support your competitive position.

It is difficult to teach an interdisciplinary course in which the topics are in diverse disciplines. The materials will help the instructor provide effective and up-to-date instruction.

Students will be able to work with *Understanding Health & Illness* without extensive instructor help.

5. The Supplements

What ancillaries do instructors teaching this course value? Which three are the most critical?

Multiple ancillaries are available to instructors. Below we list them with the most critical listed first.

- Streaming video of guest lectures by selected authors from the text;
- A general resource section with advice on doing web-based research;
- Suggestions for experiential and service learning projects keyed to selected essays;
- An up-to-date study guide with study questions for the readings (with suggested answers provided by the essay authors and available only to instructors);
- Links to web resources keyed to each essay;
- An online glossary of key health terms used in the text, and;
- A cross-referenced list of topics provided in each essay.

What role do you envision technology playing in this course and in your project? What uses of the Web and CD technology do you see as effective in marketing your product? What are the most innovative/impressive uses of these technologies you've seen in the competition?

- Students and instructors will have access to a regularly updated companion web site (<http://dickinson.edu/~hoefler/health>). To our knowledge no current health studies readers provide companion web sites that are as extensive and as fully integrated with the text.
- In particular, no health studies readers provide streaming videos of guest lectures. Lectures could also be downloaded for iPod viewing or listening.

6. The Schedule

What is your schedule for completion of a first draft?

The first draft of the book is substantially complete at this time: We have polished drafts of three chapters ready for review, 20 essays in their second draft stage, and six essays closer to first draft form.

When do you anticipate delivering a complete manuscript for the main text?

January 1, 2009

7. Miscellany

Has the material for your proposed book been previewed by members of the intended audience?

Yes. This past spring Dickinson College launched its new *Health Studies* program with the first teaching of the gateway course: *Introduction to Health Studies*. Professor Dan Schubert, one of our contributing authors, used most of the essays from our *Understanding Health and Illness* collection as primary reading materials. Both the course and the readings were very well received by the students. Professor Dave Sarcone, another contributing author, will be using the same essays when he teaches the course in spring '09.

How long will the final product be?

We anticipate that the final published product will be approximately 280 pages, from *Table of Contents* through the last page of the *Index*. If the book begins to run long after all the essays are in final shape, we can (if necessary) stick to the general page limit and move some of the essays on-line for web-only viewing (along with the videos we propose to include online).

What kind of art program will your book require?

The art program should be fairly minimal. Two essays (those by Hirsh and Lee) may call for printing a total of up to seven color plates and an equal number of line drawings. The authors will be responsible for securing the necessary permissions.

How will the final product be delivered to the publisher?

We will delivery all work products in Microsoft Word format.

7. Miscellany (continued)

What is the review process?

Each essay we propose for this reader has been independently reviewed by three Ph.D.s familiar with the area of research in which the author was working. Those three reviews were reconciled and consolidated into one review, which was passed to the author, along with instructions for revision and resubmission. Co-editors Helweg-Larsen and Hoefler will evaluate each individual resubmission, both for general quality and for responsiveness to initial review comments, before agreeing to include the essay in the final product. Of course we look forward to working closely with a copy editor on shaping individual essays and the collection as a whole as the publication process proceeds.

8. The Co-Editors

Dr. Marie Helweg-Larsen is Department Chair and Associate Professor of Psychology at Dickinson College in Carlisle, PA. Dr. Helweg-Larsen's research focuses on risk judgments, cross-cultural research, and public health. She also has expertise in research methods and statistics. She was a co-Principal Investigator on a four-year \$4.8 million grant from the Commonwealth of Pennsylvania examining economic and non-economic barriers to inadequate control of blood pressure among African Americans and low-income adults. She currently has a three-year \$179,000 grant from the National Institute of Health (under the National Cancer Institute) in which she is investigating moralization, risk perceptions, and smoking cessation intentions among Danish and U.S. smokers. She is a native Dane and has worked as a visiting researcher and consultant for the Danish Cancer Society as well as the Danish National Institute of Public Health. She has published over 20 scientific articles and currently serves as Associate Editor for the journal *Psychology and Health*.

Dr. Jim Hoefler is Coordinator of the Policy Studies program and Professor of Political Science at Dickinson College in Carlisle, PA. Dr. Hoefler's research focuses on biomedical ethics and public policy. The focus of his work is on the right to die and end-of-life decision making with special emphasis on the decisions to forgo artificial nutrition and hydration at end-of-life care. Dr. Hoefler has published numerous scholarly articles and two books in the right-to-die subject area: *Managing Death* (Westview Press, 1999) and *DeathRight: Culture, Medicine, Politics, and the Right to Die* (Westview Press, 1994). He also co-authored *Smoking and Politics: Policy Making and the Federal Bureaucracy* (5th), with A. L. Fritschler (Prentice Hall, 1995). Dr. Hoefler has served as program evaluator for five National Science Foundation funded grants, and has authored several professional websites, including a site to accompany *Points of View: Readings in American Government and Politics* (11th ed., R.E. DiClerico & A.S. Hammock: McGraw-Hill, 2008; <http://dickinson.edu/departments/law/policy/dh.html>). Dr. Hoefler has been an active member of the Carlisle Regional Medical Center's Biomedical Ethics Committee since 1990, and has consulted on end-of-life decision making policy with local organizations. He has given dozens of media interviews and public presentations (both to physicians and nurses, and to members of the lay public) on the right to die.