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# 6SSHM010 - Drugs and Culture

Department of Global Health & Social Medicine

Term 1, Autumn 2020 (15 credits)

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| **Meeting times** | Fridays 10am-noon | **Location** | Virtual: MS Teams |
| Note: Any communication from the Department about this module will be by e-mail addressed to you at your [student@kcl.ac.uk](mailto:student@kcl.ac.uk) address. | | | |

**Aims of the module**

This module is an advanced exploration of drugs and culture. It uses historical, anthropological, sociological, and science studies approaches to provide students with both information and analytical tools to grapple with the intersections of drugs and culture in society. Attending to the whole life cycle of drugs – from production to consumption, and how those intersect – provides opportunities to think creatively about how drugs matter culturally, moving beyond common sense and simplistic pro and con answers to social and policy questions. Over the course of the semester, we will read broadly about of a variety of drugs, including those that straddle medicine and recreation, as well as those that are unquestionably on one side (e.g. antiretrovirals) or the other (e.g. heroin). We will be attentive to how expert knowledges about drugs are produced, and how drugs are enrolled in narratives of health and danger in broader public spheres. Each student will choose one drug to analyze in depth, with small assignments building toward a final essay that considers that particular drug in cultural context.

**Learning outcomes**

* To be exposed to a range of key themes in the scholarship of drugs and culture
* To use the scholarship of drugs and culture as a window into broader scientific and cultural questions
* To gain in‐depth knowledge about a particular drug of interest
* To hone writing skills to produce a polished research-based essay

**Readings**

There are two types of readings for this course. Core readings are essential reading for all students on the course. Recommended readings are resources which are strongly recommended.

### Readings are available via [King’s MyReadingLists](https://kcl.rl.talis.com/index.html) or through [King’s library services](http://kcl.ac.uk/library). Some books are accessible as [eBooks](http://kcl.eblib.com/). The MyReadingList for this module can be found [here](https://keats.kcl.ac.uk/mod/lti/view.php?id=4318859). If you have any trouble accessing the readings there, please contact the GTA.

### King’s E-learning and Teaching Service (KEATS)

[KEATS](http://keats.kcl.ac.uk) is the Virtual Learning Environment that the College uses to support teaching and learning, providing functionality that can replicate, enhance or extend the same kinds of activities that would take place in regular teaching. You will be able to access module handbooks, electronic lecture handouts and MyReadingLists through KEATS, as well as submitting your assignments via Turnitin. Student Support self-help guides for using KEATS are available in video and downloadable step-by-step PDF formats when you log on, with an IT Service Desk and other useful information. As soon as you have your King’s user account you can self-enrol onto the student support course to familiarise yourself with the system before teaching starts.

**Attendance**

In this extraordinary term, the module will be taught online, with asynchronous and synchronous components.

Some lecture material will be pre-recorded in short segments, and available one week in advance of each timetabled session. Students should watch this material whenever is most convenient for them, *in advance* of the scheduled synchronous session.

There will also be a weekly discussion online, during the timetabled time. Students are expected to attend every synchronous virtual discussion, and to inform the GTA if they are not able to do so for any reason.

### Assessment and assessment guidelines

### Assignments:

### Weekly Reading Reflections – 100-200 words/week – due weekly, 24 hours before each synchronous session (formative)

### Annotated bibliography - 1000 words - due 12th November, 4pm (30%)

### Final essay - 1500 words - due 18th December, 4pm (70%)

### Formative – due weekly, Thursdays at noon

Weekly Reading Reflections – 100-200 words/week  
Post on Padlet, with a link to the Module’s Padlet  
First post will be created during first synchronous class session, thereafter post 24 hrs before class

### Summative – Annotated Bibliography – Due Thursday 12th November 4pm (30%)

An annotated bibliography is a list of citations to books and articles in which each citation is followed by a brief description of the source *in your own words*.

This annotated bibliography must have **five** citations+annotations of **scholarly texts**relevant to the drugthat you will be analyzing in the final paper. These sources might be specifically focused on the drug in question, or might be directly relevant to analysis of it. **Three**of the sources must be liberal arts sources (from the humanities or social sciences), and **two**of the sources must be biomedical sources (from the biosciences or medicine).

The annotated bibliography must include:

* *Full* citations for each source.
* Descriptions of the content of each source in your own words: 150 words minimum, 180 words maximum

The sources should be diverse.  The richer the sources, the more useful the assignment will be for building to your final project.  The annotations must carefully describe the cited source in your own words, giving a clear sense of what each specific source is claiming and on what basis. Although for the eventual paper you will be free to use a wide variety of sources, this assignment needs to use scholarly sources only. A good rule of thumb is that a scholarly source always (1) cites its sources and (2) indicates the institutional affiliation of the author (generally an academic institution, occasionally government).  Many sources appropriate for this assignment will appear in academic journals, such as general or specialist bio/medical journals, and liberal arts venues such as *Science as Culture, Body & Society*, *BioSocieties*, *Social Studies of Science*, *Social Science and Medicine*, *Bulletin of the History of Medicine*, or in edited collections such as *Medicating Modern America*(edited by Andrea Tone).  A chapter of a book-length study might also be appropriate.

For this particular assignment, you must also include an additional, separate, clearly-written paragraph at the top that moves out a level of abstraction to characterize the sources as a whole in your own words, to lay out the scholarly landscape around the drug in question.

### Summative – Final Essay – Due Friday 18th December 4pm (70%)

Write a 1500 word essay that analyzes the particular drug of your choosing in cultural context.  The paper must have an insightful analytical thesis that articulates a compelling, independent, original perspective on the drug at hand. It must also demonstrate mastery over a range of concepts from texts that we have read in this module as well as from diverse, relevant outside sources.

### Essay and examination guidance

Your Programme Handbook contains general “tips for writing essays” and “pointers for exams”. Both entries contain a wealth of information that will help you to succeed in your assessments. Please read them carefully.

### Plagiarism

You **must read** the [College guidelines regarding plagiarism](http://www.kcl.ac.uk/artshums/study/handbook/sguides/assessment/plagiarism.aspx). Please also carefully read the section on Plagiarism in your Programme Handbook.

Plagiarism is cheating. It is also the theft of other people’s work. If you are uncertain about what constitutes plagiarism, a good basic rule to remember is: If you are using someone else’s words, they need to be in quotation marks and accurately referenced. If you are using your own words to express someone else’s ideas you need to provide an accurate reference to the source. If you do not do either of these things you are plagiarising. Don’t forget that the same rules apply to your own work – you can plagiarise yourself, too, and you cannot use the same work for more than one assessment. Remember that you sign a statement saying that you have read and understood the rules regarding plagiarism so ignorance will not be accepted as an excuse.

The consequences of plagiarism or self-plagiarism can be severe: *plagiarism will result in serious penalties from being given zero for the piece of work to, in more serious cases, failing the course or even being expelled from the College*.

Plagiarism checking

You are able to submit drafts of essays in advance to the plagiarism checking software on KEATS, Turnitin. Turnitin will generate a report which will enable you to check the similarity score to known work prior to submission of your final draft. **PLEASE NOTE**: Turnitin will only give you **one similarity report in each 24 hours**. This means that if you have uploaded a document within the last 24 hours, your upload will be shown as “pending” until the Turnitin report has been generated. The document will have been submitted at the time of the upload, even if it is shown as “pending” – it is the Turnitin report that is pending. You can replace your uploaded assignment at any time before the deadline, but you will not be able to generate more than one similarity report in each 24 hours.

Uploading the right document to KEATS

It is **your responsibility** to ensure that the correct and final version of your assignment is uploaded to KEATS for grading. We strongly suggest that you include the word “FINAL” in the name of your final draft of each assignment so that you are **sure** you are selecting the correct assignment to upload.  **The document that you upload to KEATS is the document that will be graded**. Leave yourself plenty of time to upload your assignments to KEATS to make sure you submit the correct file in time.

Backing Up Your Work

Please note that it is very important to keep backup copies of your work in progress. These should \*at all times\* be in a \*separate location\* from your own laptop or computer, and there should be no possibility of cross-infection of a virus from your computer to your backup source (e.g. as there would be from a laptop to a USB if you plug the USB into the laptop). Many things can go wrong with computers including viruses, crashes, theft, and destruction in other ways e.g. in a fire. Remember that you all have access to your own personal space on the server at King's and so please make sure that you regularly backup your important work to that space, or from that space if you generally save your work there. If you do not have access to another computer then you can regularly email your important work to a friend or even to yourself, so that it is at least somewhere. There are also many cloud-computing services that allow you to back up your work for free.

Word Limit

All written work submitted must include a word count on the cover-sheet. The falsification of word counts is deemed to be an act of misconduct and treated accordingly. You may not exceed the word limit.

The penalties for exceeding the word limit are as follows: **From one word up to 2% over the word limit, 1 mark will be deducted from the final mark awarded for that assignment; from 2% plus one word to 4% over the word limit, 2 marks will be deducted; and so on for each 2% above that.** For example, submitting 2,200 words for an assignment which has a maximum length of 2,000 words (i.e., 10% over the word limit), means that the awarded mark will have 5 marks deducted (e.g., a mark of 60 will be reduced to a mark of 55).

**Please note that the word count for this module differs from what you may encounter in other modules. In the present module, the word limit includes text, tables, and figures but does not include footnotes or references.** Tables and Figures should be used sparingly and judiciously, with key points from these described appropriately in the text. You \*may not\* paste tables or heavily texted figures as images into your essays or assignments in order to circumvent word counts. Further, words and dates must be properly spaced and not run together to circumvent word counts. Students attempting to circumvent word counts in these or other ways will be penalised.

Late Submission of Coursework

Students need to note that the College has a stringent policy on late submissions. Please therefore make sure that you leave plenty of time to submit your work, bearing in mind that uploading your work may take a little time, particularly at busy periods.  Submissions will close EXACTLY at the specified time on the deadline date.

For all **first attempts** at a given piece of coursework, the following applies. If coursework is submitted late, but within 24 hours of the due time and date, it will be marked, but the mark for this piece of work will be CAPPED AT 40%.If work is submitted more than 24 hours late, you will be given ZERO for that piece of work. In either case, unless an extension is formally granted and approved by the Chair of the Assessment Sub-Board (please see below for more information on mitigating circumstances), the penalty mark will be assigned. It will replace any mark indicated by the examiners as part of their evaluative comments.

For all **second attempts** at a given piece of coursework, the submission deadline is absolute. This means that you cannot submit your work within 24 hours of the due time and date or later than that. Your work will be marked, but the mark for the module (not the piece of work) will be CAPPED AT 40%.

Marking criteria

The written coursework will be marked based on the Department’s discipline-specific marking criteria for undergraduate taught programmes These criteria are available in your Programme Handbook.

Marking procedure

The pass mark for all modules is 40% and each assessment is marked on a scale from 1–100 according to the criteria described above. The Department uses Marking Model 3: Double Marking by Retrospective Sampling for most assessments. This means that an internal examiner marks all written assessments. A sample of written assessments, including all assessments marked at 0-39 / 0-49, is then marked by a second internal examiner. We also use Marking Model 5: Single Marking for marking assessments that count 15% or less towards the overall module mark, such as presentations, posters and other small pieces of summative assessment, as well as for all formative assessments. All marks are subject to inspection and moderation by an external examiner (external to the College), to ensure the maintenance of proper standards and to adjudicate on borderline cases. For more information on both marking models, please consult the [College Marking Framework](https://www.kcl.ac.uk/governancezone/Assets/Assessment/Marking,%20College%20Framework.pdf) that is available on [King’s Governance Zone](https://www.kcl.ac.uk/governancezone/index.aspx).

Mitigating circumstances

Please consult the following College websites for [information on mitigating circumstances](http://www.kcl.ac.uk/aboutkings/quality/academic/assessment/mitcir.aspx), [guidance notes for students](http://www.kcl.ac.uk/aboutkings/quality/academic/assessment/mitguide.pdf) and [mitigating circumstances forms](http://www.kcl.ac.uk/aboutkings/quality/academic/assessment/mitigating-circumstances/documents.aspx).

It is a requirement of King's College London that all students take or submit their assessments at times prescribed by King's. However, it is acknowledged that exceptionally, through illness or other good cause, a student may be unable to meet these requirements. In such instances academic regulations allow students to submit details of their mitigating circumstances for consideration by Assessment Sub-Boards. We recognise that it can be difficult to disclose sensitive personal information to other parties. As such, please note that all documentation provided in support of a Mitigating Circumstances Form (MCF) will remain confidential to the relevant Assessment Sub-Board.

The Boards will use the information submitted to determine whether the mitigating circumstances provided by the student are an acceptable reason for missing an assessment or failing to sit an examination for example. If students believe that they have mitigating circumstances they should discuss this with their tutors. They should carefully read the guidance notes and the Frequently Asked Questions, and then follow the instructions for completing and submitting the Mitigating Circumstances Form (MCF). Please note that evidence will be required in support of any request for mitigating circumstances to be considered and students should not make any assumption that extensions or examination absences will be granted.

The College’s [guidance notes on mitigating circumstances](http://www.kcl.ac.uk/aboutkings/quality/academic/assessment/mitguide.pdf) includes information about the kinds of circumstances that would normally be considered acceptable to support a Mitigating Circumstances Form (MCF). This list of required evidence is provided as a guide and is not exhaustive; each MCF will be assessed on its own merits taking into account the specific circumstances and the evidence presented in each case.

## Module Outline and Readings

**Week 1 (October 2) – Introduction to Drugs**

Introduces key concepts and approaches in the cultural analysis of contemporary drugs.

Learning objectives

* introduce different paradigms of what drugs are for
* situate licit and illicit drugs in consumer culture

**Core Reading**

Joseph Dumit, “Drugs for Life,” *Molecular Interventions* 2.3 (June 2002): 124-127.

Kane Race, “Recreational States: Drugs and the Sovereignty of Consumption,” *Culture Machine* Vol 7 (2005): https://culturemachine.net/biopolitics/recreational-states/

**Recommended Reading:**

**Recommended reading:** Anne Pollock, “Enbrel and the Autoimmune Era,” *The Atlantic* June 18, 2013. https://www.theatlantic.com/technology/archive/2013/06/enbrel-and-the-autoimmune-era/276911/

**Week 2 (October 9) – Anthropology of pharmaceuticals**

Introduces anthropological approaches to analyzing pharmaceuticals.

Learning objectives

* explore approaches anthropologists have taken to analyzing pharmaceuticals, including their personalities and biographies
* be exposed to key conceptual tools, including *pharmakon*

**Core Reading**

Sjaak van der Geest, Susan Reynolds White, and Anita Hardon, “The Anthropology of Pharmaceuticals: A Biographical Approach,” *Annual Review of Anthropology*, Vol. 25 (1996): 153-178.

Asha Persson, “Incorporating Pharmakon: HIV, medicine and body shape change,” *Body and Society* 10(2004): 45-67.

**Recommended Reading**

Emily Martin, “The Pharmaceutical Person,” *BioSocieties* 1 (2006): 273-287.

David Healy, “Of Illness, Disease, and Remedies,” in *The Antidepressant Era*, Cambridge, MA: Harvard University Press, 1997, pp. 7-42.

**Week 3 (Oct 16) – Pharmaceuticalization**

Introduces the concept of “pharmaceuticalization,” as developed in sociological and anthropological literatures.

Learning objectives

* be exposed to continuities and discontinuities of “medicalization” and “pharmaceuticalization”
* explore how “pharmaceuticalization” is engaged in Global North and Global South contexts

**Core Reading**

João Biehl, “Pharmaceuticalization: AIDS Treatment and Global Health Politics,” *Anthropological Quarterly* 80, no. 4 (2007): 1083–126.

Simon J. Williams, Paul Martin, and Jonathan Gabe. “The Pharmaceuticalisation of Society? A Framework for Analysis.” *Sociology of Health & Illness* 33, no. 5 (2011): 710–725.

**Recommended Reading**

Adams, Crystal, Anwesa Chatterjee, Brittany M. Harder, and Liza Hayes Mathias. "Beyond unequal access: Acculturation, race, and resistance to pharmaceuticalization in the United States." SSM-population health 4 (2018): 350-357.

Laura Mamo and Steven Epstein, “The pharmaceuticalization of sexual risk: Vaccine development and the new politics of cancer prevention,” *Social Science and Medicine* 101 (January 2014): 155-165.

Susan E. Bell and Anne E. Figert, “Medicalization and Pharmaceuticalization at the intersections: Looking Backward, Sideways and Forward,” *Social Science & Medicine* 75 (2012): 2131–33.”

Jeremy A. Greene, “Making Medicines Essential: The emergent centrality of pharmaceuticals in global health,” *BioSocieties* 6.1 (2011): 10-33.

Andrea Tone, “Medicalizing Reproduction: The Pill and Home Pregnancy Tests,” *Journal of Sex Research* 49.4 (2012): 319-327.

Mbali, Mandisa. "The treatment action campaign and the history of rights-based, patient-driven HIV/AIDS activism in South Africa." *Democratising development: The politics of socio-economic rights in South Africa* (2005): 213-243.

**Week 4 (Oct 23) – Making and Protecting Markets**

Learning objectives

* be exposed to diverse ways of understanding how capitalism has shaped pharmaceutical development
* consider the diverse ways that differently situated patients are configured within markets

**Core Reading**

Jeremy A Greene, “Releasing the Flood Waters: Diuril and the Reshaping of Hypertension,” *Bulletin of the History of Medicine* 79.4 (Winter 2005): 749-94.

Stefan Ecks, “Global Pharmaceutical Markets and Corporate Citizenship: The Case of Novartis’ Anti-Cancer Drug Glivec,” *BioSocieties* 3.2 (2008), 165-181.

**Recommended:**   
Carlos Novas, “Patients, Profits, and Values: Myozyme as an Exemplar of Biosociality,” in Sahra Gibbon and Carlos Novas, eds., *Biosocialities, genetics, and the social sciences: Making Biologies and Identities* (Routledge: Oxford and New York, 2008): 136-156.

Dwaipayan Banerjee, "Markets and molecules: A pharmaceutical primer from the South," *Medical Anthropology* 36, no. 4 (2017): 363-380.

**Week 5 (Oct 30) – Waging (and Not Waging) War On Drugs**

Explores the political nature of the question of whether and how particular drugs are criminalized.

Learning objectives

* to explore the role of racism in drug panics
* inextricability of somatic effects, psychoactive effects, and social effects

**Core Reading**

Michael M. Cohen, “Jim Crow’s Drug War: Race, Coca-Cola, and the Southern Origins of Drug Prohibition,” *Southern Cultures* 12.3 (Fall 2006): 55-79.

Hansen, Helena. “Assisted Technologies of Social Reproduction: Pharmaceutical Prosthesis for Gender, Race, and Class in the White Opioid ‘Crisis.’” *Contemporary Drug Problems* 44, no. 4 (December 2017): 321–38. <https://doi.org/10.1177/0091450917739391>.

**Recommended Reading**

Howard S. Becker, “Becoming a Marijuana User,” *American Journal of Sociology* 59.3 (1953): 235-42.

Neil Carrier & Gernot Klantschnig, “Quasilegality: khat, cannabis and Africa’s drug laws,” Third World Quarterly 39 (2018):2, 350-365.

David Herzberg, “Entitled to Addiction?: Pharmaceuticals, Race, and America's First Drug War.” *Bulletin of the history of medicine* vol. 91,3 (2017): 586-623. doi:10.1353/bhm.2017.0061

Wendy Chapkis, “Cannabis, Consciousness, and Healing,” *Contemporary Justice Review* 10.4 (December 2007): pp. 443–460.

Margit Anne Petersen, Lotte Stig Nørgaard, and Janine Marie Traulsen, “Going to the doctor with enhancement in mind – An ethnographic study of university students’ use of prescription stimulants and their moral ambivalence,” *Drugs Education, Prevention and Policy* 22.3(2014): 201-207.

**[Week 6 – Reading Week]**

**Week 7 (Nov 13)– Addiction**

Explores the complicated concept of “addiction.”

Learning objectives

* grapple with tensions between capitalism, the state, and addiction
* consider how licit and illicit drugs are imagined in addiction discourse

**Core Reading**

Philippe Bourgois, “Disciplining Addictions: The Biopolitics of Methadone and Heroin in the United States,” *Culture, Medicine and Psychiatry* 24 (2000): 165-195.

Pablo Seward Delaporte, “‘We Will Revive’: addiction, spiritual warfare, and recovery in Latin America’s cocaine production zone,” *Third World Quarterly*, 39 (2018) no. 2: 298-313, DOI: [10.1080/01436597.2017.1328275](https://doi.org/10.1080/01436597.2017.1328275)

Recommended:

Ole Bjerg, “Drug Addiction and Capitalism: Too Close to the Body,” *Body and Society* 14.1 (2008): 1-22.

Hansen, Helena, Caroline Parker, and Jules Netherland. "Race as a Ghost Variable in (White) Opioid Research." Science, Technology, & Human Values (2020): 0162243920912812.

Scott Vrecko, “Birth of a brain disease: science, the state and addiction neuropolitics,” *History of the Human Sciences* 23.4 (2010): 52 – 67.

**Week 8 (Nov 20) – “Traditional” medicines**

Considers how “traditional” medicines are constituted as a category.

Learning objectives

* trouble the binary between “traditional” and “modern” medicines
* consider the intertwined character of ritual and efficacy
* consider the materiality of plants and pills

**Core Reading**

Piera Talin and Emilia Sanabria, “Ayahuasca's entwined efficacy: An ethnographic study of ritual healing from ‘addiction,’” *International Journal of Drug Policy* 44 (2017): 23-30.

Ayo Wahlberg, “Pathways to Plausibility: When Herbs Become Pills,” *BioSocieties* 3 (2008): 37–56

**Recommended Reading**

Walter Bruchhausen, "Medicalized Healing in East Africa," In *Medicine - Religion - Spirituality*, (Bielefeld, 2018) doi: https://doi.org/10.14361/9783839445822-003.

Laura A. Foster, “Inventing Hoodia: Vulnerabilities and Epistemic Citizenship in Southern Africa,” *CSW Update* (April 2011): 15–19.

Damien Droney, “Scientific Capacity Building and Ontologies of Herbal Medicines in Ghana,” *Canadian Journal of African Studies*, 50, no. 3 (2016): 437–54.

Cori Hayden, “Bioprospecting’s representational dilemma,” *Science as Culture* 14.2 (2005): 185-2000.

Abena Dove Osseo-Asare, “Bioprospecting and Resistance: Transforming Poisoned Arrows into Strophantin Pills in Colonial Gold Coast, 1885–1922,” *Social History of Medicine*, Volume 21, Issue 2, August 2008, Pages 269 -290, https://doi.org/10.1093/shm/hkn025

**Week 9 (Nov 27) – Medi(c)ating Gender**

Explore how pharmaceuticals mediate gender.

Learning objectives

* to be exposed to the gendered scripts of pharmaceuticals
* to consider the potential (or lack thereof) for pharmaceuticals to be “feminist”

**Core Reading**

Laura Mamo and Jennifer Fishman, “Potency in all the Right Places: Viagra as Technology of the Gendered Body,” *Body and Society* 7.4 (2001): 13-35.

Greenslit, Nathan, “Dep®ession and Consum♀tion: Psychopharmaceuticals, Branding, and New Identity Practices.” *Culture, Medicine and Psychiatry* 29 (2005): 477-502.

Recommended: Anne Fausto-Sterling, “Bare Bones of Sex,” *Signs* 30.2 (2005): 1491-1527.

Recommended: Borck, C. Ray, and Lisa Jean Jean Moore. "This is My Voice on T: Synthetic Testosterone, DIY Surveillance, and Transnormative Masculinity." *Surveillance & Society* 17, no. 5 (2019): 631-640.

**Week 10 (December 4) – Medi(c)ating Race**

Explore how drugs mediate race.

Learning objectives

* to be exposed to the ways that racial categories become embedded in prescribing
* to explore how popular narratives and medical narratives about drugs, race, hope and danger intersect

**Core Reading**

Jonathan Xavier Inda, “Materializing Hope: Racial Pharmaceuticals, Suffering Bodies, and Biological Citizenship,” in *Corpus: An Interdisciplinary Reader on Bodies and Knowledge,* edited by Monica J. Casper and Paisley Currah, New York: Palgrave Macmillan, pp. 61-80.

Jonathan M. Metzl, “Images of Learning and Healing: Mainstream Anxieties about Race in Antipsychotic Drug Ads” *Virtual Mentor: American Medical Association Journal of Ethics* 14.6 (June 2012): 494‐502.

Recommended:   
Dorothy Roberts, “From Norplant to the contraceptive vaccine : the new frontier of population control,” from *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* New York: Pantheon Books, 1997*.*

**Week 11 (Dec 11) – Pharmaceutical Matters**

Engage with “new materialism” and pharmaceuticals.

Learning objectives

* to consider how the matter of pills matters
* to put drugs into the broader scholarly trend of increasing interest in materiality

**Core Reading**

Anita Hardon and Emilia Sanabria, “Fluid Drugs: Revisiting the Anthropology of Pharmaceuticals,” *Annual Review of Anthropology* 46 (2017): 117-32.

Andrew Barry, “Pharmaceutical Matters: The Invention of Informed Materials,” *Theory, Culture & Society* 22, no. 1 (2005): 51–69.

**Recommended:**   
Elizabeth A. Wilson, “The Work of Antidepressants: Preliminary Notes on How to Build an Alliance Between Feminism and Psychopharmacology,” *BioSocieties* 1 (2006): 125–31.