

Interdisciplinary Studies Major Proposal: Interrogating Medicine

Allie Farrar, Class of 2026

Advising Committee:

Dr. MacDonald (Associate Professor, Biology, Health Sciences Advisor) - Primary Advisor

Dr. Campolo (Professor, Philosophy) - Secondary Advisor

Dr. El Amor (Assistant Professor, Sociology)

Dr. Zorwick (Professor, Psychology)

Learning Goals:

The student will demonstrate the ability to integrate concepts and critical thinking approaches from two or more academic disciplines.

The student will learn, develop, and refine the modes of writing that are appropriate to the conventions and practices of their interdisciplinary major.

The student will define and reflect on the essential relationship between humanization and health.

The student will reflect on definitions and trends in health and medicine, working to identify and deconstruct oppressive features of western thought and society.

Senior Capstone:

I will complete an independent study in which I will integrate my undergraduate activities, classes, and supplemental readings as they relate to the stated learning goals and rationale. The final paper is to be graded by Dr. Campolo and Dr. MacDonald. The independent study may be credit or non-credit based upon scheduling.

Course Plan: 12 Courses as follows with suitable alternatives listed below. * indicates a class has already been taken.

Core Classes

1. Fundamentals of Cellular Life (BIOL 150)*
2. Genetics (BIOL 250)*
3. Religion, Healing, and Illness (RELI 280)*
4. Race and Ethnicity (SOCI 270)*

5. Gender and Sexuality (SOCI 205)*
6. Social Statistics (SOCI 210)*
7. Ethics and Medicine (PHIL 225)
8. Cross-Cultural Psychology (PSYC 285)

Electives: Choose 4 of the following list including a W2 and a theory or methodology course. A + indicates a theory or methodology course. Other electives not listed may be taken upon approval by the advisory committee.

- Sociological Research Methods (SOCI 335) +
- Social Theory (SOCI 365/W2) +
- Society, Culture, and History (SOCI 317)
- Medical Sociology (SOCI TBD)
- Health Psychology (PSYC 351)
- Social Cognition (PSYC 352/W2)
- Psychology of Morality (PSYC 341)
- Ethical Theory (PHIL 330) +
- Philosophy of Science (PHIL 350)
- History and Systems (PSYC 425)
- The State: Gender, Sex, and Race (HIST 326)
- Topics (BIOL 490)
- Immunology (BIOL 430/W2)
- Molecular Genetics (BIOL 470/W2)
- Microbiology (BIOL 340)

The advising committee has determined that, by satisfactorily completing the proposed course work, the student will meet the college's writing level II requirement to learn, develop, and refine the modes of writing that are appropriate to this interdisciplinary major.

Rationale:

This major will center sociological, psychological, and philosophical approaches to the construction of knowledge and its implications for the perception, practice, and access to health

and medicine. Each component is essential to a comprehensive vision of human health from the biochemical to the global. Synthesizing the perspectives, methods, and analysis of each of these disciplines, I will interrogate human health and medical progress by examining the interdisciplinarity, epistemology, and interdependence of justice and autonomy. Ultimately, I hope to implement the insights of varied disciplines into the practice of medicine as I pursue a career that critically engages with the medical field as it operates in the western cultures of the 21st century.

Medicine is defined as the science and art devoted to the maintenance of health and the prevention, alleviation, or cure of disease. It is a unique discipline in that it invokes the motion of our tiniest conceivable properties to the society that creates our realities and thus determines our health. It does not merely study, it practices. However, the state of western medicine is inseparable from the disparate, colonial distribution of power that has birthed it. Where anyone can fall upon bad health, or cross into the “kingdom of the ill” (Sontag 3), there is not a person that medicine does not concern, and yet access to its resources, language, and consideration is fatally withheld. Western medicine is in dire need of reimagination: “a refiguring of our body as existing in a world that continually shapes us, for better and worse” (Moran). Where our bodies are political, existing with the world, not merely in it, there is no aspect of our lives that can be isolated in understanding our health. There aren’t *irrational* health decisions, only limited choices. Modern medicine cannot be confined to the traditional medical disciplines without continuing a dominating construction of reality or assuming a human nature that conquers. This pursuit is human, interdisciplinary, and seeking to realize the potential in interdependence, acting with our world instead of for it—deep medicine.

As James Baldwin has said, “If people think that my danger makes them safe, we are in trouble.” Medicine continues to commit the crime of this thinking every day that it continues to make people invisible. Breaking apart the disciplines of public health and biomedicine is one way in which people are made invisible. Our health is influenced by systems, *and* it is personal. Neither discipline by itself is sufficient. Nor are they enough together, because public health and biomedicine is formed and funded in terms of western dominance first. Where we only permit one culture, we ensure the invisibility of those around us. Western society cannot attempt to “do no harm” until we reckon with our predatory self-conception and the accumulation of resources that implicates us in the unjust deaths of the disempowered.

Born of a concern with ethics, the theoretical groundwork of this major is markedly philosophical. What is the self and the other? What is being? What is needed? These abstract questions and the various schools of thought that answer them have guided western medicine into its modern form. Understanding the deeper cultural roots in this moral thinking will provide me with the tools to examine the failures and successes of their implications. Additionally, it provides the framework to explore the question, “what do we owe each other and in what order?” In its most cardinal form, what is the essence of the motion between people and how has it been distorted? Exploring the essence of human motion means embracing interdependence and resisting universalization.

Western universalization bears dominating and colonial assumptions that are rooted in the construction and dissemination of knowledge. This connects the ethical focus to another major branch of philosophy: epistemology, or the study of the nature, origin, methods, and justification of knowledge. We often encounter violence as interpersonal and structural, but it is also epistemic. The violence of controlling what and whose knowledge and language is valuable is an essential piece of the nature of violence. *Epidemic Illusions: On the Coloniality of Public Health* by medical anthropologist and epidemiologist Eugene Richardson describes the force of epistemic violence in the context of global public health initiatives. He examines how the methods of public health organizations function as vehicles of colonial, racist, and patriarchal power with statistical models, big data, causal inference, and a philanthropic guise that insulates them from their role in perpetuating inequities in central and southern Africa. This book was foundational to the conception of this major. It reaffirms that the way medicine conceives itself is flawed, and it must be reimagined using an interdisciplinary orientation—one that is founded upon ethics and inseparable from epistemology.

Psychology is another perspective that I view as central to this major. This discipline studies the individual: the thoughts and behaviors that characterize them in their vast and varied contexts. The psychological perspective thinks, analyzes, and tests its theories in clinical and laboratory settings. Sociology complements these inquiries well by examining the organization of individuals, or the features and behaviors of society. The social sciences possess distinct methods of empirical inquiry and introduce a crucial humility to the hubris of the traditional medical sciences. Scientists of any sort are simply unable to control every variable in their study or predict the full consequences of their work. Social sciences, in their systems-based approach,

are almost forced to reckon with limitations and interconnection. The manifestation of illness and the art of healing is culturally dependent and socially constructed before it is *scientific*. Failing to weigh this aspect of medicine appropriately permits the western sanitization of the planet, “a war against life in all its complexity” (Marya & Patel 139). Psychology and sociology are essential to the authentic study and practice of medicine. But as with any traditional discipline, they are riddled with the failures of western culture when they are not explicitly anti-colonial, explicitly interdependent.

Power and knowledge shape our psychology, shape our society, shape our ecology and biology. Our ecology and biology inform our societies, psychologies, and epistemologies. Interrogating Medicine is a major designed to broaden my picture of what medicine is, could be, and should be—embracing its complexity with passion and humility as I work towards a career in clinical care and medical research.

Works Cited

Baldwin, James. "Civil Rights | Mavis on Four." *YouTube*, ThamesTv, 2 Nov. 2014, www.youtube.com/watch?v=3Wht4NSf7E4.

Marya, Rupa, and Raj Patel. *Inflamed: Deep Medicine and the Anatomy of Injustice*. Picador, 2022.

Moran, Greta. "Inflamed: Deep Medicine and the Anatomy of Injustice (Paperback): Bayshore Books." *Inflamed: Deep Medicine and the Anatomy of Injustice (Paperback) | BayShore Books*, bayshorebooksllc.indielite.org/book/9781250849298. Accessed 15 Apr. 2024.

Richardson, Eugene T. *Epidemic Illusions: On the Coloniality of Global Public Health*. The MIT Press, 2021.

Sontag, S. *Illness as a Metaphor: AIDS and Its Metaphors*. Penguin, 1991.