

COM 691: Women's Health Narratives

Fall, 2013

Wednesdays 3:15-5:55 p.m.

SLN 81044 STAUF A 431

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Office Hours: M 1:00-2:00 and W 1:30-3:00 and by appt

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Course Description and Objectives

This seminar is designed to take a transdisciplinary look at women's health narratives by drawing on the disciplines of communication, sociology, anthropology, gender studies as well as our message-rich socially mediated environment to examine the role of cultural and self/personal narratives in addiction and recovery from alcoholism, obesity, and other women's health issues. To provide the lens through which to view images and constructions of health narratives, the seminar will begin with an examination of the nature of narratives and the social construction of self, and then turn to addiction/alcoholism and recovery and obesity as contemporary health issues around which both master and personal/self narratives exist. Using the examination of those health issues as the starting point, the seminar will then invite students to devote attention to other women's health narratives that they are individually or collectively interested in exploring.

Since the **self is the instrument** through which narratives are interpreted and/or created, the seminar will encourage participants to become more aware of their own self narratives vis-à-vis the health issues upon which the seminar focuses. The seminar will ask participants to do an environmental scan of conversations, popular texts, media images and the various ways in which the culture in which we live/create is laced with messages about women's health issues growing out of 'culturally dominant' narratives. The course includes an individual research project in which each student will be expected to develop a paper suitable for presentation at a conference or submission to a journal, and also to be used as part of a collaborative effort in which we will create and post a white paper on women's health issues in everyday life. To this end, students will be asked to create brief, annotated bibliographies to share and compile with one another.

Through the presentation of scholarly readings and one's own first hand experiences with in-depth examination of 'culturally dominant' narratives, personal/self-narratives and the interaction between them, the seminar is designed to explore a variety of qualitative and narrative research approaches, taking into account epistemology (ways of thinking), methodology (strategies for examining) and representation (presenting and writing).

More specifically, the objectives of the course are:

1. To further examine your familiarity with the issues of narratives, health and women's health issues.

2. To increase your understanding of yourself as a product and producer of cultural and personal narratives, and the implications of both for you in understanding both narratives in women's health issues for yourself and others;
3. To increase your understanding of the relationships between health narratives, meanings, and individual/personal/self narratives;
4. To encourage you to be a critical consumer of health narratives, and their cultural bases;
5. To provide you with an experience in an in-depth analysis of the role of health narratives in alcoholism and recovery, obesity, and an area of particular interest to you;
6. To increase your ability to observe and record your impressions of everyday health narratives, your personal internalization (or not), the conversations/media/channels through which they are created, perpetuated or changed for later summaries and reflection by keeping a personal journal;
7. To prepare a paper that is conference or journal ready.
8. To participate in the writing and posting/delivery of a white paper on health narratives.

Course Requirements

The course will be conducted as a seminar in which we will discuss relevant readings and engage in the use and analysis of applications to the specific areas we will discuss. **You must have passed the University Institutional Review Board Human Subjects Certification test in order to conduct the research that we might do in this course and provide me with a copy of your IRB letter by the second week of the seminar.**

Required Readings

Books

Brewis, A.A. (2011). *Obesity*. New Brunswick, NJ: Rutgers University Press.

Denzin, Norman. (1997). *The alcoholic society*. New Brunswick, NJ: Transaction Publishers.

Goodall, H. L., Jr. (2008). *Writing qualitative inquiry: Self, stories, and academic life*. Walnut Creek, CA: Sage

Harter, L., Japp, P., and Beck, C. (Eds). (2005) *Narratives, health, and healing: communication theory, research, and practice*. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

Holstein, J., & Gubrium, J. F. (2000). *The self we live by: Narrative identity in a postmodern world*. New York: Oxford University Press

Articles, Chapters and Recommended/not required books (numbered by reading sequence)

1.Bochner, A. (2001). Narrative's virtues. *Qualitative Inquiry*, 7, 2, 131-157.

11. Brewis AA, Hruschka DJ, Wutich A. (2011 Aug). Vulnerability to fat-stigma in women's everyday relationships. *Soc Sci Med.*,73, 4, 491-. Epub 2011Jun22.

- ** 12. Brezinski, M. (2013). *Obsessed: America's food addiction—and my own*. NY: Weinstein Books. ** recommended/not required.
- ** 13. Campos, P. (2004). *The obesity myth: Why America's obsession with weight is hazardous to your health*. NY: Gotham Books. ** recommended/not required.
14. French, S.L. (2003). Reflections on healing: Framing strategies utilized by acquaintance rape survivors. *Journal of Applied Communication research*, 31(4), 209-319.
- **7. Laitman, L., Lederman, L. C., & Silos, I. (2005). *Voices of recovery: Stories of recovering from alcoholism in the college years*. New Brunswick, NJ: CHI Prevention and Educational Series. Available by courtesy of the instructor.** recommended not required.
3. Lederman, L. C. (1996). Internal muzak: An exploration of intrapersonal communication. *Information and Behavior Vol 5 (pp. 197-214)*. Reprinted, 1998 in L. C. Lederman (Ed.) *Communication theory: A reader*. Dubuque, Iowa: Kendall Hunt.]
4. Lederman, L.C., Lederman, J. B., & Kully, R. D. (2004). Believing is seeing: The co-construction of everyday myths in the media about college drinking. *American Behavioral Scientist*, 2004, 48, 130-136.
9. Lederman, L. C. & Menegatos, L. (2011). Sustainable recovery: The self-transformative power of storytelling in Alcoholics Anonymous. *Journal of Groups in Addiction & Recovery* 6, 3, 206-227.
8. Monohan, J. & Lanutti, P. (2000). Alcohol as social lubricant: Alcohol myopia theory, social self-esteem, and social interaction. *Human Communication Research* 26 (2), 176-202.
5. Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47, 1102-1114.
6. Wright, K. (1997). Shared ideology in alcoholics anonymous: A grounded theory approach. *Journal of Health Communication*, 2, 83-99.
2. Sharf, B. F., & Vanderford, M. L. (2003). Illness narratives and the social construction of health. In Thompson, T. L., Dorsey, A., Miller, K. I. (Eds.) *The Handbook of Health Communication*.
10. Signorielli, N. & Staples, J. (1997). Television and children's conceptions of nutrition. *Health Communication*, 9, 289-301]

Assignments

There are 8 major assignments along with all of the required readings:

1. **Seminar Participation.** (up to 200 points). It is my expectation that all students will have completed all readings before class and be prepared to engage in a lively interchange of ideas. Please come to class prepared with answers to the posted questions for the night's readings, familiar with all of the readings and ready to engage in discussion with one another. Your participation is both how you contribute to class and how I know about your on-going understanding of the material. **See Participation Guidelines and Evaluation Form, Appendix A. Due:** on-going.
2. **Discussion Leadership.** (up to 100 points). To provide you with the experience (and responsibility) of guiding a seminar, each of you will lead a segment of the seminar. This means that you will distribute questions for the members to consider ONE WEEK in advance related to your part of the night's topic, that you offer an outline of the readings

- you will be covering (1-2 pages per reading), and that you discuss at least ONE exemplar that is related to the night's topic but is not included in the reading list, as well as cultural images/narratives that enhance our understanding of the topic. Please post these and 3-5 discussion questions for each other to think about and respond to verbally in class on the COM 691 my ASU discussion board at least 5 days before class. **See Leadership Guidelines & Evaluation Form, Appendix B. Due:** on-going.
3. **Self Journal.** (P/F; no points). *Begin immediately.* In this seminar, we are the **instruments** through which data about culturally dominant and self-narratives are generated, collected and interpreted. Since these narratives have the potential to lead to discoveries, you need to know your own instrument for such discovery, the "self." The purpose of this journal is to increase your knowledge of yourself, and thereby know your "instrument" for filtering the narratives we live by. Keep notes on your thoughts, feelings, actions and "insights" about the course, readings, media and conversational narratives that you note and any other relevancies. Make a copy of the journal to bring to class on the assigned date. You will be asked to share from it but no one other than yourself will read it in its entirety to provide you with the freedom to be as candidly reflective as possible. While there may be many personal/therapeutic insights from this process, the goal for the course is to add to the depth of your knowledge and understanding of the ways in which we are both the product and producers of health narratives. **See Self Journal Appendix C. Due:** on-going; Bring to class Wed Oct. 2; Wed Nov. 13.)
 4. **IRB Letter.** (P/F; no points). I assume you already have IRB Certification and can submit a copy of your letter to me; if not, you must complete it by W Sept. 11.
 5. **Annotated Bibliographies.** (up to 100 points). You will create an annotated bibliography that includes academic literature, popular literature and environmental texts on:
 1. Narratives (3-5 academic) W Oct. 9.
 2. Alcoholism (5-7, at least 2 of which are academic) W Oct 23.
 3. Obesity (5-7, at least 2 of which are academic) W Oct 30.
 6. **Midterm.** (up to 200 points). You will have a midterm exam to assess your understanding of the course materials and ability to integrate that understanding into its pragmatic application for your understanding of women's narratives of health in everyday life. It will be a take-home exam designed to both assess your knowledge of what we are studying and prepare you for comps. I see the exam as a reinforcement of what you need to know to do your coursework well rather than as a mere hurdle. Questions will be essay questions that ask you to draw on the readings and integrate them for your answers; term identification questions may be asked as well. **Due:** W Oct.30.
 7. **Research Paper.** (up to 300 points). Each of you will be responsible for writing a 25 page research paper. This is Part I of the culminating experience of the course. Topic open. **See Research Paper Appendix D. Due:** W Dec 3.
 8. **Group/White Paper.** (up to 100 points). Part 2 of the culminating experience for the course is for seminar participants to work together with me to write a collaborative white paper. The paper will create a framework to describe the role of communication in the creation, perpetuation and/or change of culturally dominant and self/personal health narratives that we have examined through observations, self-reflections, readings and discussions, and include brief summaries of the individual research papers as exemplars. **Due:** Finals TBA.

Summary of Assignments

<i>Written/Oral Assignment</i>	<i>Possible Pts</i>	<i>Week</i>	<i>Date</i>
#1 Participation (on-going)	200	1	W. Aug.28
#2 Discussion Leadership (assigned week)	100		
#3 Self Journal on-going	P/F		
#4 IRB Certification Letter	P/F	3	W. Sept. 11
#3 Self Journal (class discussion)	P/F	6	W. Oct. 2
#5A Annotated Bibliographies Narratives	100 (5A,B,C)	7	W. Oct. 9
# 5B Bibs Alcoholism		8	W. Oct. 16
#5C Bibs Obesity		10	W. Oct. 30
#6 Midterm Exam	200		
#3 (repeat) Self Journal (class discussion)	P/F	12	W. Nov. 13
#7A Prelim Research Paper	P/F	13	W. Nov. 20
#8A Prelim White Paper/Presentation Design	P/F	13	W. Nov. 20
#7 Final Papers and Presentation;	300		W. Dec. 3
#8 White Paper Presentation/Delivery; Course Wrap Up, Evaluation	100	During scheduled final	TBA

Grading

* Late assignments: Late assignments will be penalized.

+ If you have a project you have worked on in another class and would like to use any part of it for an assignment in this seminar you, please talk about it with me. If it is part of what you are building as your line of inquiry I am open to having you use it in ways that are suitable for what we are working on.

Hugh Downs School of Human Communication rules apply to academic honesty for this course. Please see the website.

Course Calendar

(Subject to change of date with notification in class)

<i>Week</i>	<i>Topic</i>	<i>Readings Due</i>	<i>Assignments Due</i>
1 W AUG 28	Introduction: Overview		#1 Participation (on-going) #2 Discussion Leadership (assigned week) #3 Self Journal on-going
2 W Sept 4	Rosh Hashana Class ends at 5:00 Narratives, Health and Healing	Harter, Japp & Beck, Part I Article: 1,	

3 W SEPT 11 Discussion Leader:	Narratives, Health and Healing	Harter, Japp & Beck, Chapters 3, 11, 12 Article: 2	#4 IRB Certification Letter
4 W SEPT 18 Discussion Leader:	Narratives and the Self: Internalizing, re- internalizing and healing	Holstein & Gubrium Intro; Part I Articles: 3, 4	
5 W SEPT 25 Discussion Leader:	Narratives and the Self: Internalizing, re- internalizing and healing	Holstein & Gubrium Part II, Conclusion	
6 W OCT 2 Discussion Leader:	Culturally Dominant Narratives: The Narrative Landscape	Harter, Japp & Beck, Chapters 13, 15,	# 3 Self Journal (class discussion)
7 W OCT 9 Discussion Leader:	Alcoholism and Recovery	Denzin Parts I and II Harter, Japp & Beck, p. 446 (Workman) articles: 5, 6	# 5A Bibs: Narratives
8 W OCT 16 Discussion Leader:	Recovery Narratives	Denzin Part III and Chpt 10 Articles: 7, 8, 9	# 5B Bibs Alcoholism
9 W OCT 23 Discussion Leader:	Obesity, Mind, Body and Food	Brewis. Obseity; Articles: 10, 11, **12, **13	
10 W OCT 30	Obesity Narratives		# 6 Take Home Exam Due # 5C Bibs Obesity

11 W NOV 6 Discussion Leader:	Your Narrative Focus: Select an area..... Reproductive Rights, Aging, Cancer, or Other Health Issues Specific to Women; Writing Narratives	Goodall Harter, Japp & Beck, Chapters 4, 8, 18 Articles: 14, 15, 16	
12 W NOV 13	Your Narrative Focus: Select an area..... Reproductive Rights, Aging, Cancer, or Other Health Issues Specific to Women	Readings: Bibs replace readings	#3 (repeat) Self Journal (class discussion) # 5D Bibs Your Topic #7A, #8A Prelims due
13 W NOV 20	NCA CLASS OR MAKE UP CLASS:		Review #7A, #8A Prelims due
14 W NOV 27	THANKSGIVING No class		
15 W DEC 3	Revisiting the narratives of the course: Differences that make a difference		#7 Paper Presentations
FINAL At scheduled final time	Final Presentations		#8 White Paper delivery Wrap Up Course Evaluation

Sequence of the Required Readings

Part I. Narratives and the Self

Harter, L., Japp, P., and Beck, C. (eds). (2005) *Narratives, Health, and Healing: Communication Theory, Research, and Practice*. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

Holstein, J., & Gubrium, J. F. (2000). *The self we live by: Narrative identity in a postmodern world*. New York: Oxford University Press

1. Bochner, A. (2001). Narrative's virtues. *Qualitative Inquiry*, 7, 2, 131-157.
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3. Lederman, L. C. (1996). Internal muzak: An exploration of intrapersonal communication. *Information and Behavior*, 5, 197-214.
4. Lederman, L.C., Lederman, J. B., & Kully, R. D. (2004). Believing is seeing: The co-construction of everyday myths in the media about college drinking. *American Behavioral Scientist*, 2004, 48, 130-136.

Part II. Alcoholism and Recovery

Denzin, Norman. (1997). *The alcoholic society*. New Brunswick, NJ: Transaction Publishers

Harter, L., Japp, P., and Beck, C. (eds). (2005) *Narratives, health, and healing: communication*

theory, research, and practice. p. 446 (Workman)

5. Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47, 1102-1114.

6. Wright, K. (1997). Shared ideology in Alcoholics Anonymous: A grounded theory approach. *Journal of Health Communication*, 2, 83-99.

7. Laitman, L., Lederman, L. C., & Silos, I. (2005). *Voices of recovery: Stories of recovering from alcoholism in the college years*. New Brunswick, NJ: CHI Prevention and Educational Series. ** Recommended not required.

8. Monohan, J. & Lanutti, P. (2000). Alcohol as social lubricant: Alcohol myopia theory, social self-esteem, and social interaction. *Human Communication Research* 26 (2), 176-202.

9. Lederman, L. C. & Menegatos, L. (2011). Sustainable recovery: The self-transformative power of storytelling in Alcoholics Anonymous. *Journal of Groups in Addiction & Recovery* 6, 3, 206-227.

Part III. Obesity

Brewis, A.A. (2011). *Obesity*. New Brunswick, NJ: Rutgers University Press.

10. Signorielli, N. & Staples, J. (1997). Television and children's conceptions of nutrition. *Health Communication*, 9, 289-301]

11. Brewis AA, Hruschka DJ, Wutich A. (2011 Aug). Vulnerability to fat-stigma in women's everyday relationships. *Soc Sci Med.*, 73, 4, 491-. Epub 2011 Jun 22.

** 12. Brezinski, M. (2013). *Obsessed: America's food addiction—and my own*. NY: Weinstein Books. ** recommended/not required.

** 13. Campos, P. (2004). *The obesity myth: Why America's obsession with weight is hazardous to your health*. NY: Gotham Books. ** recommended/not required.

Part IV. Body and Reproductive Issues and Other Topics; Writing Narratives

Goodall, H. L., Jr. (2008). *Writing qualitative inquiry: Self, stories, and academic life*. Walnut Creek, CA: Sage

14. French, S.L. (2003). Reflections on healing: Framing strategies utilized by acquaintance rape survivors. *Journal of Applied Communication research*, 31(4), 209-319.

15. Ellingson, L. L., & Buzzanell, P.M. (1999). Listening to women's narratives of breast cancer treatment: A feminist approach to patient satisfaction with physician-patient communication. *Health Communication*, 11, 153-184.

** 16. Ehrenreich, Nancy. (2008). *The reproductive rights reader: Law, medicine, and the construction of motherhood*. New York: New York University Press. ** suggested not required.

*Appendix A:
Class Participation
(Up to 200 Points)*

EVALUATION OF CLASS PARTICIPATION
Dr. Linda C. Lederman
Com 691

Name: _____ Grade: _____

While there is no single best way of effectively participate in class discussion, these are the criteria I will use to assess your effectiveness:

_____ 1. **Demonstrates Mastery of Readings Consistently Throughout the Semester.**

_____ 2. **Contributes to Class Discussion Verbally.**

_____ 3. **Listens Carefully to Class Discussion.**

_____ 4. **Verbal Comments Indicate Connections with Readings.**

_____ 5. **Completes Assignments Prior to Class.**

_____ 6. **Enthusiastically Participates in the Learning Experience.**

_____ 7. **Takes Responsibility for Learning.**

Comments:

Appendix B:
Discussion Leadership
(Up to 100 Points)
SUGGESTED STRATEGIES FOR EFFECTIVE DISCUSSION LEADERSHIP*
Linda C. Lederman, Ph. D

** The guidelines are based on the best practices I have found for discussion leading as well as materials adapted from Dr. Sarah Tracy based on Dr. Paul Mongeau's Fall '03 691 syllabus, most especially their series of tips on good questions. Think of them as guidelines for effectiveness.*

You will lead the class discussion of one set of readings during the semester. I am concerned with both the content that your questions attempt to explore AND the process in which you encourage and guide the discussion. While there is no single best way of doing this, here are some pointers:

1. **Know your Readings.** The better you know the readings the better you will be able to do the things you need to best complete this assignment. I expect you also to model the environmental scan for cultural narratives/images vis a vis your topic and incorporate them into the discussion.
2. **Encourage your Classmates to Know the Readings.** Post your questions on the blackboard prior to class to provide the framework within which you suggest students think about the readings. In addition, to guarantee that the class is prepared for the discussion, I suggest that you ask them to write a brief summary of each article (e.g. annotated bibliography, 2-5 sentences) to bring to class the day of discussion along with whatever other notes they want for themselves. You may instead create some alternative brief assignment to bring with them along with their own reading notes. Please turn these in with your outline to me at the end of class.
3. **Get Off to a Strong Start.** Provide a brief introduction to your readings, what was referred to in class as the “motivational hook.” This should be to get the ball rolling; it is not a mini-lecture – just enough to provide a context for discussion of the materials and to focus on the readings.
4. **Ask Questions.** Ask your questions in a sequence that begins with those that are most likely to generate discussion more easily and progress to more complex issues. Some questions will be about the readings taken together, or in comparison with one another. Some will be specific to an individual reading. You want your questions to be the framework for a thorough discussion of the topic. You will find below some specific pointers on good questions.
5. **Listen to Answers.** Listen carefully to what students say in order to follow up on their comments (sometimes this can be as simple as asking someone “why?” or “does anyone else want to comment on that point?” or just asking, “can you tell me more?”). This practice assures good discussion ALTHOUGH that means that the discussion may not be very orderly--people's minds work differently. Your job is to handle the process so that the discussion is purposeful and to guide (not force) them to think through the issues presented in the readings. And to make it possible for an interesting discussion to take place!
6. **Create Connections.** Encourage the students, where applicable, to make connections between the readings, their personal experiences and/or their own areas/research methods/approaches.

7. **Have Patience.** Do not answer your own questions. If the class does not respond, wait. The silence gives them time and permission to speak. They might have to think about your question, or look back in their notes to see how they thought about it when they first did the reading. If the class does not understand your question, you may need to rephrase it.

8. **Manage the Time.** Most likely, you'll have approximately 90 minutes or so to lead discussion (probably divided into 2 segments by the break). I am happy to meet with you beforehand.

9. **Create and Post Outlines.** The purpose of the outline is to provide an overview of each reading, key points and definitions, and sometimes notable quotations. Please use the handout as the discussion agenda rather than reading from it. Discussion is the key and your role is as discussion leader. **If you do quote, use quotation marks and page numbers in your handouts so that no one mistakenly plagiarizes from the handout in future papers.**

10. **Learn from the Experience.** Good discussion leaders always use the experience to learn more about their own effectiveness: their strengths and areas for improvement. I will lead the class in a debriefing exercise after your discussion to give you specific feedback on the effectiveness of the discussion. I will also try to set aside a brief time to meta-communicate about the discussion itself, to communicate about how we as a group communicated.

GOOD DISCUSSION QUESTIONS...

1. **Are open-ended.** Closed-ended (e.g., yes-no) questions do not give the class any room to discuss ideas (e.g., “do you agree?” “Does this make sense?”). Closed-ended questions can be useful if you have more of an open-ended as a follow-up (e.g., asking “why” after a “do you agree” type question).

2. **Are clear.** Do not use vague terms. Do not use terms from outside class that other students will not know (unless you spend the time to explain them).

3. **Are simple.** Short questions tend to be clearer than long questions. One thing that can make for unnecessary complexity is that you ask two (or more) things at once. Make sure that you are asking only one thing at a time.

4. **Are Not Necessarily Verifiable.** In most cases, do not have objective, verifiable, answers (particularly from the reading). Exceptions to this may come if there are one or two key definitional points that students must understand before answering a discussion question. If you have a question where the answer is likely to be something specific from the readings (e.g., a definition), have a good, open-ended follow-up.

5. **Attempt to identify (and/or challenge) implicit assumptions in a particular piece.** These questions force students to look beyond what the authors have to say. Also, feel free to ask students for a critique.

6. **Relate back to earlier readings/discussion from class.** Again, this forces students to go beyond what the authors have to say and to start making connections between concepts and theories. Don't be afraid to bring in concepts from other classes or from your own experience (but be prepared to explain that material or experience).

7. **Potentially keep the discussion on track.** There will be times when the focus of discussion meanders from the reading. A good question takes the class from the new topic back to the readings (though sometimes you have to bring the class' attention to the reading more abruptly).
8. **Assume that students have read and understood the reading.** Be prepared, however, to discuss basic issues (e.g., definitions).
9. **Might ask for applications of theoretical positions** (or theoretical explanations for applied issues) or personal experience.
10. **Are questions.** Do not make a statement, state an opinion, or read a passage without including a question to accompany it. If you do not ask a question, the class may not know how to respond.
11. **Can be answered by more than one person.** Try not to fall into the pattern of: question, answer, question, answer...
12. **Are either specific or general.** Neither specific nor general questions are always preferred. All of one kind (especially specific) gets somewhat tedious. Make sure that there is some combination of specific and general questions.

Discussion Leadership Evaluation Form
Dr. Linda C. Lederman
Com 691: Women's Health Narratives
(Up to 100 Points)

Name: _____ Topic: _____ Grade: _____

While there is no single best way of effectively leading discussion, these are the criteria I will use to assess your effectiveness:

- _____ 1. **Demonstrated Mastery of Readings and Cultural/Self Narratives.**

- _____ 2. **Encouraged Classmates to Know the Readings.** Posted questions and handed in classmates' assignments.

- _____ 3. **Strong Start/Introduction.**

- _____ 4. **Asked Effective Questions.**

- _____ 5. **Listened Carefully to Answers.**

- _____ 6. **Created Connections.**

- _____ 7. **Had Patience and Allowed Responses.** If the class didn't understand question, rephrased it, etc.

- _____ 8. **Managed Time Effectively.**

- _____ 9. **Posted Outlines Prior to Class.**

- _____ 10. **Created an Effective Learning Experience.**

Comments:

**Appendix C:
Self Journal
P/F(No Points)**

Keep a journal that records your thoughts and observations about narratives and health in terms of the prevailing (master) cultural narrative/s, your own sense of your internalized narratives (self narratives) and how, if at all, they change over the semester. ***This is your private journal.*** You will bring it to class but you alone will read directly from it. It is an important document that serves as your source of data on yourself and an important course assignment.

**Appendix D:
Semester Research Paper
(Up to 300 Points)**

You are to write a 25 page research paper on a topic of your choice that falls under the umbrella of women's health narratives. This is not a research proposal but a full blown research paper that includes a statement of the problem, literature review, research questions, methods, findings and interpretations. APA Style required. Should you want to use data you collect for other purposes for this assignment in order to make this assignment as meaningful for you as possible, please discuss it with me beforehand. Your paper should be written to be a quality good enough to submit to a conference or journal. Prepare a 5-7 minute presentation synthesizing your work. Your presentation ought to simulate a conference presentation in its breadth, depth and presentational style (although a bit shorter), and lend itself to a question and answer period.

**Group Project: Panel/White Paper on Papers
(Up to 100 Points)**

We will work together to create a white paper/post (perhaps panel) that summarizes the individual projects as exemplars within a framework that we create to describe the role of communication in the creation, perpetuation and/or change of culturally dominant and self/personal health narratives. The goal of this assignment is to use what we have studied and learned as a platform for articulating the ways in which women, and men, are influenced in their visions of health and health-related decisions by the process of absorbing and being influenced by health narratives, including culturally dominant and personal/self-narratives. Individual projects will be briefly summarized as instances of that process. The resultant paper will be posted as a white paper and also, if desired, the basis of a panel we create to offer on campus or at an appropriate conference.