



# CUL 260

## Health, Bodies, Identities

S2 Day 2014

*Dept of Media, Music & Cultural Studies*

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#### **Disclaimer**

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## General Information

Unit convenor and teaching staff

Unit Convenor

Nicole Matthews

[nicole.matthews@mq.edu.au](mailto:nicole.matthews@mq.edu.au)

Contact via [nicole.matthews@mq.edu.au](mailto:nicole.matthews@mq.edu.au)

Y3A165C

Tutor

Lara Palombo

[lara.palombo@mq.edu.au](mailto:lara.palombo@mq.edu.au)

Contact via [lara.palombo@mq.edu.au](mailto:lara.palombo@mq.edu.au)

Credit points

3

Prerequisites

12cp

Corequisites

Co-badged status

Unit description

What does it mean to be 'healthy'? This course will critically examine the relationship between the way we understand and imagine 'health' and a range of practices, institutional frameworks and ways of bodily being. Contemporary debates such as those around smoking, obesity, sexual health and mental illness will be interrogated. We will explore how categories of 'health' and 'illness' play out in ethical and political decision making. How are ideas about 'normal' or 'pathological' bodies and identities tied into concepts of 'health'? And how does the idea that 'wellness' is an individual's responsibility play out in public policy and peoples' ways of understanding and managing their own bodies?

## Important Academic Dates

Information about important academic dates including deadlines for withdrawing from units are available at <https://www.mq.edu.au/study/calendar-of-dates>

## Learning Outcomes

On successful completion of this unit, you will be able to:

Demonstrate an understanding of the ways in which “health” is understood and

experienced across a range of contexts.

Interrogate key concepts around “health” and normalizing practices, showing an awareness of debates around definitions of these terms

Outline a theoretically informed account of the relationship between forms of knowledge and forms of embodied subjectivity and sociality

Apply key methods of critical analysis to evaluate social economic, legal and or medical practices which focus on bodily-being

Apply the accounts of ethics offered in this unit to an analysis of contemporary practices and debates around “health”

Communicate effectively and ethically in a range of contexts and modes of writing

Evidence engagement with and reflection on the process of learning

## Assessment Tasks

| Name                     | Weighting | Due                         |
|--------------------------|-----------|-----------------------------|
| <u>Take-home exam</u>    | 10%       | midnight, September 1, 2014 |
| <u>Reading summaries</u> | 10%       | Between Week 6 and Week 12  |
| <u>Essay plan</u>        | 20%       | midnight, Monday October 20 |
| <u>Essay</u>             | 40%       | 14 November 2013            |
| <u>Participation</u>     | 20%       | ongoing                     |

### Take-home exam

Due: **midnight, September 1, 2014**

Weighting: **10%**

The take-home exam will require students to provide definitions and critiques of 'everyday' terms, and also to explain key concepts within the course. The paper for the exam will be provided to students online via iLearn on Thursday 21st of August.

This early assessment task will enable students to reflect on what they know and the understandings they still need to develop.

Marking criteria

- evidence of understanding of key concepts around health and normalizing practices
- ability to communicate key concepts clearly

On successful completion you will be able to:

- Demonstrate an understanding of the ways in which “health” is understood and experienced across a range of contexts.
- Interrogate key concepts around “health” and normalizing practices, showing an awareness of debates around definitions of these terms
- Outline a theoretically informed account of the relationship between forms of knowledge and forms of embodied subjectivity and sociality
- Apply key methods of critical analysis to evaluate social economic, legal and or medical practices which focus on bodily-being
- Apply the accounts of ethics offered in this unit to an analysis of contemporary practices and debates around “health”

## Reading summaries

Due: **Between Week 6 and Week 12**

Weighting: **10%**

Students must submit a reflective summary of the essential readings on the topic for that week between Weeks 6 and Week 12. Students must submit five summaries over this period (there will be no set readings in Week 9, and students can choose one other week in which they do not have to undertake a summary).

Since the purpose of summaries is to ensure that students are prepared for tutorials, summaries will not be accepted late, without documented medical or personal difficulties. Summaries will be submitted online via iLearn. Each summary is worth 2% of the overall grade.

Marking criteria

- timely completion of summaries on designated text
- evidence of reading designated texts

On successful completion you will be able to:

- Demonstrate an understanding of the ways in which “health” is understood and experienced across a range of contexts.
- Communicate effectively and ethically in a range of contexts and modes of writing
- Evidence engagement with and reflection on the process of learning

## Essay plan

Due: **midnight, Monday October 20**

Weighting: **20%**

Students will submit a plan of between 400 and 500 words for the final essay, including a short

bibliography of four sources. In preparation for the submission of the plan, in Week 9, students will meet their tutor for a short 5 minute discussion of essay. Preparation for and attendance at the meeting with the tutor will be worth 5% of the essay plan mark, the plan itself 15%.

#### Marking criteria

- Evidence of preparation and planning for one-to-one meeting with tutor, including prompt attendance
- Thoughtful, responsive and reflective participation in discussion with tutor in one-to-one meeting
- Demonstrated critical engagement with key arguments around “health” and normalization within the unit
- Demonstrated awareness of the relationship between forms of knowing and experiences of embodiment
- Considered and effective organisation of argument
- Clarity of communication
- Evidence of independent research within the discipline to support the argument
- Accurate and appropriate use of referencing

On successful completion you will be able to:

- Demonstrate an understanding of the ways in which “health” is understood and experienced across a range of contexts.
- Outline a theoretically informed account of the relationship between forms of knowledge and forms of embodied subjectivity and sociality
- Apply key methods of critical analysis to evaluate social economic, legal and or medical practices which focus on bodily-being
- Apply the accounts of ethics offered in this unit to an analysis of contemporary practices and debates around “health”
- Communicate effectively and ethically in a range of contexts and modes of writing

## Essay

Due: **14 November 2013**

Weighting: **40%**

Students are required to write a 2000-2,200 word essay.

#### Marking criteria

- Consideration of the relationship between forms of knowing and experiences of embodiment
- Evidence of familiarity and critical engagement with key arguments around “health” and normalization discussed within the unit
- Application of cultural studies methods of critical analysis
- Appropriate independent research within the discipline of cultural studies
- Use of discipline-based research and reading to support the argument
- Thoughtful and effective organisation of argument including clearly addressing the essay brief
- Clarity of communication
- Accurate, consistent and appropriate referencing
- Evidence of reflection upon own learning and understandings, and use of tutor’s feedback on work

On successful completion you will be able to:

- Demonstrate an understanding of the ways in which “health” is understood and experienced across a range of contexts.
- Interrogate key concepts around “health” and normalizing practices, showing an awareness of debates around definitions of these terms
- Outline a theoretically informed account of the relationship between forms of knowledge and forms of embodied subjectivity and sociality
- Apply key methods of critical analysis to evaluate social economic, legal and or medical practices which focus on bodily-being
- Apply the accounts of ethics offered in this unit to an analysis of contemporary practices and debates around “health”
- Communicate effectively and ethically in a range of contexts and modes of writing
- Evidence engagement with and reflection on the process of learning

## Participation

Due: **ongoing**

Weighting: **20%**

Students are required to participate in this unit via in-class discussion (in tutorials) and on-line discussion (via iLearn). Students will be graded on the basis of the quantity and the quality of participation. Attendance will be recorded both in tutorials and in lectures. Those who cannot attend the face-to-face lecture on Thursdays and prefer to listen to the recording on iLearn will be required to submit five discussion questions to the folder on iLearn.

Given that lectures are frequently interactive with students analysing images or discussing

issues, the discussion questions will provide an opportunity for students to demonstrate their engagement with the lecture material and allow staff to evaluate students' level of understanding.

#### Marking criteria

- evidence of preparation for tutorials by reading and attending (or auditing) lectures
- informed contributions to discussion in tutorials
- demonstrate thoughtful and ethical attempts to share and develop ideas with peers and tutor
- evidence of reflection on own understandings and perspectives
- regular attendance at lectures and tutorials
- informed contribution to group discussion of lectures, either via in-class participation or via online discussion questions

On successful completion you will be able to:

- Demonstrate an understanding of the ways in which “health” is understood and experienced across a range of contexts.
- Interrogate key concepts around “health” and normalizing practices, showing an awareness of debates around definitions of these terms
- Outline a theoretically informed account of the relationship between forms of knowledge and forms of embodied subjectivity and sociality
- Apply key methods of critical analysis to evaluate social economic, legal and or medical practices which focus on bodily-being
- Apply the accounts of ethics offered in this unit to an analysis of contemporary practices and debates around “health”
- Communicate effectively and ethically in a range of contexts and modes of writing
- Evidence engagement with and reflection on the process of learning

## Delivery and Resources

This unit is available via iLearn.

Assessments must be handed in by the due date unless a student has been granted Special Consideration. Failure to submit an assessment task on time will accrue a penalty of 5% per day.

## Unit Schedule

### Week 1: Introduction: What is ‘health’?

Essential reading:

- Klein, Richard (2010) 'What is Health and How Do You Get it?' in Metzl, Jonathan & Anna Kirkland (eds.) *Against Health: How Health Became the New Morality*, New York: NYUP, pp.15-25.

## **Week 2: Health, illness and medicalization**

Essential readings:

- Conrad, Peter & Kristin K. Barker (2010) 'The Social Construction of Illness: Key Insights and Policy Implications', *Journal of Health & Social Behavior*, 51:S, 67-79.
- Halfmann, Drew (2011) 'Recognizing Medicalization and Demedicalization: Discourses, Practices, and Identities', *Health*, 16:2, 186-207.

Further readings:

- Conrad, Peter and Joseph W. Schneider (1992) *Deviance and Medicalization: From Badness to Sickness*, Philadelphia: Temple University Press.
  - Nye, R. A. (2003) "The Evolution of the Concept of Medicalization in the Late Twentieth Century" in *The Journal of the History of the Behavioral Sciences*, 39:2, pp 115 – 129
  - Conrad, Peter (2007) "Medicalization: Context, Characteristics and Changes" in *The Medicalization of Society*, Baltimore: JHU Press, pp 3 – 19

## **Week 3: Health promotion and health identities**

Essential readings:

- Lupton, Deborah (1995) 'Technologies of Health: Contemporary Health Promotion and Public Health', in *The Imperative of Health: Public Health and the Regulated Body*, London: Sage, pp.48-75.
- Fox, Nick J & and Katie J. Ward (2008) 'What are health identities and how may we study them?', *Sociology of Health & Illness*, 30:7, 1007-21.

Further readings:



- Williamson, Deanna & Jeff Carr (2009) 'Health as a resource for everyday life: advancing the conceptualization', *Critical Public Health*, 19:1, 107-122.
- Petersen, Alan & Deborah Lupton (1996) *The New Public Health: Health and Self in the Age of Risk*, London: Sage.
- Ayo, Nike (2012) 'Understanding health promotion in a neoliberal climate and the making of health conscious citizens', *Critical Public Health*, 22:1, 99-105
- Gillick, Muriel (1984) 'Health Promotion, Jogging and the Pursuit of the Moral Life', *Journal of Health Politics, Policy and Law*, 9:3, 369-87.
- Gastaldo, Denise (2000) 'Is Health Education Good for You? Rethinking health education through the concept of biopower', in A. Petersen and R. Bunton (eds.) *Foucault, Health and Medicine*, London: Routledge, 113-33.

#### **Week 4 : Biopolitics and disciplinary medicine**

##### Essential readings:

- Foucault, Michel (1980) "The Politics of Health in the Eighteenth Century" in *Power/Knowledge: Selected Interviews and Writings 1972 – 1977* (edited by Colin Gordon) New York: Pantheon Books, pp 166 – 182
- Renault, E. (2006) Biopolitics and Social Pathologies, *Critical Horizons*, 7 (1), pp 159 – 177

##### Further Readings:

- Armstrong, D. (1995). The Rise of Surveillance Medicine. *Sociology of Health & Illness*, 17(3), 393 – 404.
- Delaporte, Francois (1994) 'The History of Medicine According to Foucault', in J. Goldstein (ed.) *Foucault and the Writing of History*, Oxford: Blackwell.
- Foucault, M. (2003). *The Birth of the Clinic: An Archaeology of Medical Perception* (A. M. Sheridan, Trans.). London: Routledge
- Jones, Colin and Roy Porter (eds.) (1994) *Reassessing Foucault: Power, Medicine and the Body*, London: Routledge.
- Petersen, Alan and Robin Bunton (eds.) (1997) *Foucault, Health and Medicine*, London: Routledge.

- Scambler, Graham and Paul Higgs (1998) *Modernity, Medicine and Health: Medical Sociology Towards 2000*, New York: Routledge.
- Turner, Bryan (1987) *Medical Power and Social Knowledge* (2<sup>nd</sup> Edition), London: Sage.

### **Week 5: Risk, (in)security, and responsibility**

Essential readings:

- Novas, C. & Rose, N. (2000) "Genetic risk and the birth of the somatic individual" in *Economy and Society*, 29: 4, 485 – 513
- Nelson, Alison L., Doune Macdonald & Rebecca Abbott (2012) 'A risky business? Health and physical activity from the perspectives of urban Australian Indigenous young people,' *Health, Risk & Society*, 14:4, 325-40.

Further readings:

- Hier, S. P. (2008) "Thinking beyond moral panic: Risk, responsibility, and the politics of moralization" in *Theoretical Criminology*, 12: 2, 173 – 190
- Waldby, Catherine, Martha Rosengarten, Carla Treloar and and Suzanne Fraser (2004) "Blood and Bioidentity: Ideas about Self, Boundaries, and Risk Among Blood Donors and People Living with Hepatitis C", *Social Science & Medicine*, 59:7, 1461-1471.
- Galvin, Rose (2002) 'Disturbing Notions of Chronic Illness and Individual Responsibility: Towards a Genealogy of Morals', *Health*, 6:2, 107-37.

### **Week 6: Morality and maternity**

Essential readings:

- Lupton, Deborah (2012) "'Precious Cargo": foetal subjects, risk and reproductive citizenship,' *Critical Public Health*, 329-40.
- Macvarish, Jan (2010) 'The effect of 'risk-thinking' on the contemporary construction of teenage motherhood', *Health, Risk & Society*, 12:4, 313-322

Further readings:

- Salmon, Amy (2011) 'Aboriginal Mothering, FASD Prevention and the Contestations of Neoliberal Citizenship', *Critical Public Health*, 21:2, 165-78.
- Faircloth, Charlotte (2010): "If they want to risk the health and well-being of their child, that's up to them": Long-term breastfeeding, risk and maternal identity', *Health, Risk & Society*, 12:4, 357-367.
- Knaak, Stephanie J. (2010) 'Contextualising risk, constructing choice: Breastfeeding and good mothering in risk society', *Health, Risk & Society*, 12:4, 345-35
- Ryan, Kath, Paul Bissell & Jo Alexander (2010) 'Moral Work in Women's Narratives of Breastfeeding', *Social Science & Medicine*, vol. 70, 951-8.
- Leppo, Anna (2012) 'The emergence of the foetus: discourses on foetal alcohol syndrome prevention and compulsory treatment in Finland', *Critical Public Health*, 22:2, 179-191
- Lowe, Pam K. & Ellie J. Lee ((2010) 'Advocating alcohol abstinence to pregnant women: Some observations about British policy', *Health, Risk & Society*, 12:4, 301-311
- McNaughton, Darlene (2011) 'From the womb to the tomb: obesity and maternal responsibility', *Critical Public Health*, 21:2, 179-190
- Bell, Kristen, Darlene McNaughton & Amy Salmon (2009) 'Medicine, morality and mothering: public health discourses on foetal alcohol exposure, smoking around children and childhood overnutrition', *Critical Public Health*, 19:2, 155-170
- Ristovski-Slijepcevic, Svetlana, Gwen E. Chapman and Brenda L. Beagan (2010) 'Being a "good mother": Dietary governmentality in the family food practices of three ethnocultural groups in Canada', *Health*, 14:5, 467-83.
- Keenan, Julia & Helen Stapleton ((2010) 'Bonny babies? Motherhood and nurturing in the age of obesity', *Health, Risk & Society*, 12:4, 369-383
- Wolf, Joan B. (2010) 'Against Breastfeeding (Sometimes)', in J. M. Metzl & Anna Kirkland (eds.) *Against Health: How Health Became the New Morality*, New York: New York University Press, 83-92.

## Week 7: Men's health

Essential readings:

- Cranshaw, Paul (2009) 'Critical Perspectives on the Health of Men: lessons from medical sociology,' *Critical Public Health*, 19:3-4, 279-85.
- O'Brien, R., K. Hunt & G. Hart (2009) "'The average Scottish man has a cigarette hanging out of his mouth, lying there with a portion of chips": prospects for change in Scottish men's constructions of masculinity and their health-related beliefs and behaviours', *Critical Public Health*, 19:3-4, 363-81.

Further readings:

- Cranshaw, Paul (2007) 'Governing the healthy male citizen: men, masculinity and popular health in *Men's Health* magazine', *Social Science & Medicine*, 65:8, 1605-18.
- Broom, Alex & Philip Tovey (eds.) (2009) *Men's Health: Body, Identity, and Social Context*, London: Wiley-Blackwell.
- Kampf, Antje, Barbara L. Marshall & Alan Petersen (eds.) ( ) *Ageing Men, Masculinities and Modern Medicine*, London: Routledge.
- Clarke, Juarne N. (2009) 'The Portrayal of Depression in Magazines Designed for Men (2000-2007)', *International Journal of Men's Health*, 8:3, 202-212.
- Scott-Samuel, Alex, Debbi Stanistreet & Paul Crawshaw (2009) 'Hegemonic masculinity, structural violence and health inequalities', *Critical Public Health*, 19:3-4, 287-292
- Monaghan, Lee F. & Michael Hardey (2009) 'Bodily sensibility: vocabularies of the discredited male body', *Critical Public Health*, 19:3-4, 341-362
- Kampf, Antje (2012) 'Tales of Healthy Men: Male Reproductive Bodies in Biomedicine from "Lebensborn" to Sperm Banks', *Health*, 17:1, 20-36.

**Mid semester break**

**Week 8 Pleasures and dangers 1: drinking**

- Keane, Helen ((2009) 'Intoxication, harm and pleasure: an analysis of the Australian National Alcohol Strategy', *Critical Public Health*, 19:2, 135-142
- Jarvinen, Margaretha ((2012) 'A will to health? Drinking, risk and social class', *Health, Risk & Society*, 14:3, 241-256

## Week 9 Meeting with tutor

There will be no lecture or tutorials during Week 9. You will be required to attend a 1:1 meeting with your tutor to discuss your plans for the essay and the essay plan, due in Week 10. Your preparation for and attendance at the meeting will be worth 5% of your mark for the essay plan.

## Week 10: Pleasures and dangers 2: eating (and obesity)

Essential readings:

- Schneider, Tanja & Teresa Davis (2010) 'Fostering a Hunger for Health: Food and the Self in *Australian Women's Weekly*', *Health Sociology Review*, 19:3, 285-303.
- LeBesco, Kathleen ((2011) 'Neoliberalism, public health, and the moral perils of fatness', *Critical Public Health*, 21:2, 153-164

Further readings:

- Rich, Emma (2011) "'I see her being obese!"; public pedagogy, reality media and the obesity crisis', *Health*, 15:1, 3-21.
- Lake, Jeffrey (2009) 'The development of surveillance and screening for childhood obesity in the UK', *Critical Public Health*, 19:1, 3-1
- Grønning, Ingeborg, Graham Scambler & Aksel Tjora (2012) 'From Fatness to Badness: The modern morality of obesity', *Health*, 17:3, 266-83.
- Spoel, Philippa, Roma Harris and Flis Henwood (2012) 'The moralization of healthy living: Burke's rhetoric of rebirth and older adults' accounts of healthy eating', *Health*, 16:6, 619-35.
- Gough, Brendan & Gareth Flanders (2009) 'Celebrating 'Obese' Bodies: Gay 'Bears' Talk about Weight, Body Image, and Health', *International Journal of Men's Health*, 8:3, 235-53.
- Badger, Shirlene (2010) "'Where the Excess Grows": Demarcating "Normal" and "Pathologically" Obese Bodies', in E. Ettorree (ed.) *Culture, Bodies and Sociology of Health*, Farnham: Ashgate, 137-54.
- Berlant, Lauren (2010) 'Risky Bigness: On Obesity, Eating, and the Ambiguity of "Health"', in J. M. Metzl & Anna Kirkland (eds.) *Against Health: How Health Became the New Morality*, New York: New York University Press, 26-39.

- Koteyko, Nelya (2010) 'Balancing the Good, the Bad and the Better: A discursive perspective on probiotics and healthy eating', *Health*, 14:6, 585-602.
- Murray, Samantha (2009) 'Marked as "Pathological": "Fat" Bodies as Virtual Confessors', in J. Wright and J. Harwood (eds.) *Biopolitics and the 'Obesity Epidemic'*, London: Routledge, 78-90.

### **Week 11 Pleasures and dangers 3: sex (and contagion)**

#### Essential readings:

- Gagnon, Marilou, Jean Daniel Jacob & Dave Holmes (2010) 'Governing through (in)security: a critical analysis of a fear-based public health campaign', *Critical Public Health*, 20:2, 245-56.
- Polzer, Jessica C. & Susan Knabe (2012) 'From Desire to Disease: Human Papilloma Virus (HPV) and the Medicalization of Nascent Female Sexuality', *Journal of Sex Research*, 49:4, 344-52.

#### Further readings:

- Marshall, Barbara (2012) 'Medicalization and the Refashioning of Age-Related Limits on Sexuality', *Journal of Sex Research*, 49:4, 337-34
- Giami, Alain & Christophe Perrey (2012) 'Transformations in the Medicalization of Sex: HIV Prevention between Discipline and Biopolitics', *Journal of Sex Research*, 49:4, 353-361
- Connell, Erin & Alan Hunt (2010) 'The HPV Vaccination Campaign: A Project of Moral Regulation in an Era of Biopolitics', *Canadian Journal of Sociology*, 35:1, 63-82.
- Kim, Eunjung (2010) 'How Much Sex is Healthy? The Pleasures of Asexuality', in J. M. Metzl & Anna Kirkland (eds.) *Against Health: How Health Became the New Morality*, New York: New York University Press, 157-69.

### **Week 12: Consuming health**

Lee F. Monaghan, Robert Hollands and Gary Prtichard (2010) "Obesity Epidemic Entrepreneurs: Types, Practices and Interests" *Body & Society* 2010 16: 37

Maria Fannin (2013) "The Hoarding Economy of Endometrial Stem Cell Storage" *Body & Society* 2013 19: 32

## Policies and Procedures

Macquarie University policies and procedures are accessible from [Policy Central](#). Students should be aware of the following policies in particular with regard to Learning and Teaching:

Academic Honesty Policy [http://mq.edu.au/policy/docs/academic\\_honesty/policy.html](http://mq.edu.au/policy/docs/academic_honesty/policy.html)

Assessment Policy <http://mq.edu.au/policy/docs/assessment/policy.html>

Grading Policy <http://mq.edu.au/policy/docs/grading/policy.html>

Grade Appeal Policy <http://mq.edu.au/policy/docs/gradeappeal/policy.html>

Grievance Management Policy [http://mq.edu.au/policy/docs/grievance\\_management/policy.html](http://mq.edu.au/policy/docs/grievance_management/policy.html)

Disruption to Studies Policy [http://www.mq.edu.au/policy/docs/disruption\\_studies/policy.html](http://www.mq.edu.au/policy/docs/disruption_studies/policy.html) *The Disruption to Studies Policy is effective from March 3 2014 and replaces the Special Consideration Policy.*

In addition, a number of other policies can be found in the [Learning and Teaching Category](#) of Policy Central.

## Student Code of Conduct

Macquarie University students have a responsibility to be familiar with the Student Code of Conduct: [https://students.mq.edu.au/support/student\\_conduct/](https://students.mq.edu.au/support/student_conduct/)

## Additional information

MMCCS website [https://www.mq.edu.au/about\\_us/faculties\\_and\\_departments/faculty\\_of\\_arts/departments\\_of\\_media\\_music\\_communication\\_and\\_cultural\\_studies/](https://www.mq.edu.au/about_us/faculties_and_departments/faculty_of_arts/departments_of_media_music_communication_and_cultural_studies/)

MMCCS Session Re-mark Application <http://www.mq.edu.au/pubstatic/public/download/?id=167914>

Information is correct at the time of publication

## Student Support

Macquarie University provides a range of support services for students. For details, visit <http://students.mq.edu.au/support/>



## Learning Skills

Learning Skills ([mq.edu.au/learningskills](http://mq.edu.au/learningskills)) provides academic writing resources and study strategies to improve your marks and take control of your study.

- [Workshops](#)
- [StudyWise](#)
- [Academic Integrity Module for Students](#)
- [Ask a Learning Adviser](#)

## Student Services and Support

Students with a disability are encouraged to contact the [Disability Service](#) who can provide appropriate help with any issues that arise during their studies.

## Student Enquiries

For all student enquiries, visit Student Connect at [ask.mq.edu.au](http://ask.mq.edu.au)

## IT Help

For help with University computer systems and technology, visit <http://informatics.mq.edu.au/help/>.

When using the University's IT, you must adhere to the [Acceptable Use Policy](#). The policy applies to all who connect to the MQ network including students.

## Graduate Capabilities

### Capable of Professional and Personal Judgement and Initiative

We want our graduates to have emotional intelligence and sound interpersonal skills and to demonstrate discernment and common sense in their professional and personal judgement. They will exercise initiative as needed. They will be capable of risk assessment, and be able to handle ambiguity and complexity, enabling them to be adaptable in diverse and changing environments.

This graduate capability is supported by:

#### Learning outcomes

- Communicate effectively and ethically in a range of contexts and modes of writing
- Evidence engagement with and reflection on the process of learning

#### Assessment task

- Participation

### Commitment to Continuous Learning

Our graduates will have enquiring minds and a literate curiosity which will lead them to pursue



knowledge for its own sake. They will continue to pursue learning in their careers and as they participate in the world. They will be capable of reflecting on their experiences and relationships with others and the environment, learning from them, and growing - personally, professionally and socially.

This graduate capability is supported by:

## **Learning outcomes**

- Communicate effectively and ethically in a range of contexts and modes of writing
- Evidence engagement with and reflection on the process of learning

## **Assessment tasks**

- Reading summaries
- Essay
- Participation

## **Discipline Specific Knowledge and Skills**

Our graduates will take with them the intellectual development, depth and breadth of knowledge, scholarly understanding, and specific subject content in their chosen fields to make them competent and confident in their subject or profession. They will be able to demonstrate, where relevant, professional technical competence and meet professional standards. They will be able to articulate the structure of knowledge of their discipline, be able to adapt discipline-specific knowledge to novel situations, and be able to contribute from their discipline to inter-disciplinary solutions to problems.

This graduate capability is supported by:

## **Learning outcomes**

- Demonstrate an understanding of the ways in which “health“ is understood and experienced across a range of contexts.
- Interrogate key concepts around “health” and normalizing practices, showing an awareness of debates around definitions of these terms
- Outline a theoretically informed account of the relationship between forms of knowledge and forms of embodied subjectivity and sociality
- Apply key methods of critical analysis to evaluate social economic, legal and or medical practices which focus on bodily-being
- Apply the accounts of ethics offered in this unit to an analysis of contemporary practices and debates around “health”
- Communicate effectively and ethically in a range of contexts and modes of writing

## **Assessment tasks**

- Take-home exam

- Reading summaries
- Essay plan
- Essay
- Participation

## Critical, Analytical and Integrative Thinking

We want our graduates to be capable of reasoning, questioning and analysing, and to integrate and synthesise learning and knowledge from a range of sources and environments; to be able to critique constraints, assumptions and limitations; to be able to think independently and systemically in relation to scholarly activity, in the workplace, and in the world. We want them to have a level of scientific and information technology literacy.

This graduate capability is supported by:

### Learning outcomes

- Demonstrate an understanding of the ways in which “health” is understood and experienced across a range of contexts.
- Interrogate key concepts around “health” and normalizing practices, showing an awareness of debates around definitions of these terms
- Outline a theoretically informed account of the relationship between forms of knowledge and forms of embodied subjectivity and sociality
- Apply the accounts of ethics offered in this unit to an analysis of contemporary practices and debates around “health”
- Evidence engagement with and reflection on the process of learning

### Assessment tasks

- Take-home exam
- Essay plan
- Essay

## Problem Solving and Research Capability

Our graduates should be capable of researching; of analysing, and interpreting and assessing data and information in various forms; of drawing connections across fields of knowledge; and they should be able to relate their knowledge to complex situations at work or in the world, in order to diagnose and solve problems. We want them to have the confidence to take the initiative in doing so, within an awareness of their own limitations.

This graduate capability is supported by:

### Learning outcomes

- Outline a theoretically informed account of the relationship between forms of knowledge

and forms of embodied subjectivity and sociality

- Apply the accounts of ethics offered in this unit to an analysis of contemporary practices and debates around “health”
- Evidence engagement with and reflection on the process of learning

### **Assessment tasks**

- Essay plan
- Essay

## **Creative and Innovative**

Our graduates will also be capable of creative thinking and of creating knowledge. They will be imaginative and open to experience and capable of innovation at work and in the community. We want them to be engaged in applying their critical, creative thinking.

This graduate capability is supported by:

### **Learning outcome**

- Evidence engagement with and reflection on the process of learning

### **Assessment task**

- Essay

## **Effective Communication**

We want to develop in our students the ability to communicate and convey their views in forms effective with different audiences. We want our graduates to take with them the capability to read, listen, question, gather and evaluate information resources in a variety of formats, assess, write clearly, speak effectively, and to use visual communication and communication technologies as appropriate.

This graduate capability is supported by:

### **Learning outcomes**

- Apply the accounts of ethics offered in this unit to an analysis of contemporary practices and debates around “health”
- Communicate effectively and ethically in a range of contexts and modes of writing

### **Assessment tasks**

- Take-home exam
- Reading summaries
- Essay plan
- Essay
- Participation

## Engaged and Ethical Local and Global citizens

As local citizens our graduates will be aware of indigenous perspectives and of the nation's historical context. They will be engaged with the challenges of contemporary society and with knowledge and ideas. We want our graduates to have respect for diversity, to be open-minded, sensitive to others and inclusive, and to be open to other cultures and perspectives: they should have a level of cultural literacy. Our graduates should be aware of disadvantage and social justice, and be willing to participate to help create a wiser and better society.

This graduate capability is supported by:

### Learning outcomes

- Apply key methods of critical analysis to evaluate social economic, legal and or medical practices which focus on bodily-being
- Apply the accounts of ethics offered in this unit to an analysis of contemporary practices and debates around “health”

### Assessment tasks

- Take-home exam
- Essay
- Participation

## Socially and Environmentally Active and Responsible

We want our graduates to be aware of and have respect for self and others; to be able to work with others as a leader and a team player; to have a sense of connectedness with others and country; and to have a sense of mutual obligation. Our graduates should be informed and active participants in moving society towards sustainability.

This graduate capability is supported by:

### Learning outcomes

- Demonstrate an understanding of the ways in which “health” is understood and experienced across a range of contexts.
- Apply key methods of critical analysis to evaluate social economic, legal and or medical practices which focus on bodily-being
- Communicate effectively and ethically in a range of contexts and modes of writing

### Assessment task

- Participation

## Changes from Previous Offering

Changes in 2014 include: \* Some changes to the ordering of lectures and addition of a topic on

consuming health \* An opportunity to meet your tutor one to one before submitting the essay outline \* Greater weighting on participation and formal recording of lecture attendance. \* Lesser weighting on the take home exam \* Reduction of the number of reading summaries from 10 to 5 \* A shorter final essay.