

Sunil Aggarwal
General Examination
June 30, 2006

Sunil—Answer the questions as indicated. The answers should be emailed to the members of your Supervisory Committee by Friday, July 14 at 5 PM. You may consult whatever sources you wish, although this is not a research paper and you should be able to answer most of the questions from your own knowledge. Make sure that you cite relevant sources. You should limit your answers to 10 pp. double spaced per question, not including citations. Best of luck!

Your oral exam will be on August 30, Smith 409, from 1-3 pm.

1) Answer one of the following two questions from Dick Morrill:

A) Review some other behaviors historically that were deemed as mental illnesses, but which are now widely (if not universally) accepted as not unhealthy. For a couple of these, do we know of significant geographic variations in acceptability? Might we posit a diffusion of acceptance?

B) Because of my having taught Geog 512, and because of my interest in linguistic precision, I would appreciate a brief foray into 2 phrases used in your 1st paragraph. A "recognizing the human body as both a materially and discursively created natural object", uh, discursively, how, why? what's the matter with socially? B "holistic perspective.... sophisticated poststructuralist and feminist understanding of the human body that.... integrates... subjective and embodiment" etc.... Why and how is a feminist understanding of the body different from a masculinist understanding? I'm serious about this. Doesn't it set up an essentialist dichotomy that at best is a cliché?

2) Answer the following question (from Craig ZB):

In your statement you make an argument for using a political ecology of health/disease framework in your dissertation and discuss core requirements for such an approach (pages 6-7 of your statement. Can you identify, discuss, and analyze examples in the literature which best exemplify prior uses of such an approach or at least examples which come closest to the ideal integrated approach as you have identified it.

3) Answer the following questions(from Greg Carter):

What patterns of cannabis use would not be considered abusive?

What basis would you use to distinguish abusive from therapeutic use?

What properties of cannabinoids make them well suited for use as an analgesic?

What are the most promising recently discovered properties of cannabinoids?

4) Answer the following question: (from Jonathan):

One of your stated areas of expertise is clinical epidemiology. Thus, please consider one of the two articles attached to this exam (S Bent et al, Saw palmetto for benign prostatic hyperplasia. *New England Journal of Medicine* 2006;354:557-66 **OR** JA Blumenthal et al., Effects of exercise and stress management on markers of cardiovascular risk in patients with ischemic heart disease: a randomized controlled trial. *JAMA* 2005;293:1626-34. Do not read commentaries that accompanied or followed the publication of the study.

Is the study convincing? Is the methodology appropriate? Are there problems in the study design? Are these problems significant enough to affect the conclusions? Are the statistical methods appropriate? What alternative statistical methods could have been used?

5) Answer the following question (from Mark Sullivan)

In the section on substance-related disorders, DSM-IV distinguishes 11 categories of substances. For most of these substances, it also distinguishes between substance abuse and substance dependence. Among these many disorders, is Cannabis Abuse disorder uniquely suspect? Are the abuse disorders more suspect than the dependence disorders? Are the Cannabis disorders more suspect than those of other related substances: alcohol (high prevalence), hallucinogens (similar pharmacology), opioids (endogenous analogs), nicotine (similar health hazards). Does the political ecology of cannabis use cast suspicion on the disorder diagnosis or on its legal status or both? Why?

6) Answer the following question (from Jonathan):

Discuss the differential expression of pain in various cultures and cultural groups. Why do these variations exist? What are the therapeutic implications? Implications for the use of cannabinoids? Discuss both “purely” cultural factors as well as genetic factors, citing appropriate empirical and theoretical studies. Is there a geography of pain?