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# "Because I Said So" and Other Notions of Authority: An Advanced Course on Communication and Power

# Maureen M. Louis Cazenovia College

Many college students have inconsistent knowledge of historic and policy contexts where communication and power have played a key role. As Anton Ego, *Ratatouille* food critic would say, "What we need is some perspective." We have found one avenue for the development of such perspective is an advanced course for the consideration of power or, more accurately, the examination of powerlessness and how communication can be brought to bear for both the manifestation and limitation of power. By examining those factors that render one less powerful and historic instances that are glaring in this regard, the student can better understand communication as a valuable tool and better prepare themselves to use their communication skills to improve the world. This paper will describe our 400 level seminar course on the subject of power and communication.

## Introduction: A Case, a Course, and the Study of Communication

This really happened. A single communication interaction came to inspire a course in our Communication Studies program and serves as an underpinning for the philosophy of our Baccalaureate degree. The incident occurred in the summer of 1984 during my internship in a major city court system. It was the summer between my Junior and Senior years of college as I was contemplating Law School. I could not have known at that time that my observations on a single day in Municipal Housing Court would change my life, my career, and eventually inspire the ethos of an entire academic program, but it did. I watched one person get crushed by the weight of a legal system that she did not understand and which gave great advantage to her more savvy and powerful opponent.

Most major metropolitan areas have a housing court. The frequency and format of the sessions depends on the demands of the area, but the work of housing courts across the country is largely focused on disputes between landlords and their tenants. It has been my experience in many cases that the landlords enjoy resources, particularly the services of legal counsel, which exceed the resources of their tenants, sometimes glaringly so. Consequently, one often sees disputes that involve the low-income tenant seeking to avoid eviction or to require repair of the premises arguing, without counsel, against a landlord that is both well represented and already well known to the court. This was the case on the day in question in 1984.

A word about the atmosphere and conduct in the courtroom is relevant. The courts are operated by persons who are thoroughly familiar with legal process. The primary players are persons who have earned legal degrees and who are licensed by the particular state to practice law. People who work in this environment are like the tech savvy student who does everything on fast-forward. They do not need to read the instructions and may appear to be annoyed if anybody else does. It is an environment of experts. A new person arriving on this scene, particularly the citizen without counsel, is greeted with every sort of cue that they are out of their league. The judge sits on an elevated platform behind a tall desk-like enclosure. The parties stand before this "bench" like children at a too high candy counter. Papers are passed quickly, unfamiliar language is spoken, and the apparent knowledge and ease of the professional participants often ensures the silence or intimidation of those less prepared. Nearly every time I have visited such a courtroom setting the dynamic is the same. The individual wants to explain their problem and ask for help, while the officials want procedure to be followed and they will let you know when to speak. Hardly a day went by during my internship when I did not hear a person leaving the courtroom turn to the person next to them and say, "What happened?"

On my first day visiting Housing Court, approximately 20 cases were presented. The pace was quick and the general procedure reminiscent of ordering at a busy delicatessen. The clerk called the names of the parties and they approached, one after the other, with brief questions, examinations of various papers, and, in most instances, decisions by the judge right on the spot. Yet, one case stands out.

The plaintiff was a large African American woman of middle age. She was wearing a dress suitable for church or an afternoon wedding with large pastel flowers and a broad lace collar. She had on white vinyl shoes with scuff marks on the sides and a white vinyl purse hung from her shoulder. She carried a tan shoe box. When her name was called she approached the bench and two white men in suits approached and stood to her left, this was the landlord and his lawyer. The judge on this day was an elderly man who spoke loudly and without benefit of a pleasant expression. Everything about him seemed rushed. He asked the lawyer two or three questions about the nature of the dispute. The landlord was seeking payment of rent. The lady asked to speak but the judge told her to wait, that it was not her turn. The landlord stated that he had not received the rent due from the lady. The lady raised her hand. The judge again told her that it was not her turn. The lawyer then asked for payment of rent and an order of eviction. The woman then opened her box and pulled out a folded piece of lined notebook paper. The judge asked her a question and she began to explain that the landlord was not telling the truth. She stated that she had paid her rent and she had her "slips" with her. She reached out her arm with the notebook paper to hand it to the judge. She told him that she had written out all the dates that she had paid rent along with the amount paid. She indicated that she kept such lists of all her bills. She also pointed to the box and again stated that she had the "slips" with her. The judge would not look at the paper. He told the lady that he could not consider her notes as they were "self serving." The lady paused and then answered that she also had

"the slips." Perhaps the judge did not understand her, but he was not willing to look at those either. He asked her for her cancelled checks. She said that she did not have a checking account but rather paid her rent in cash and marked the payment on her list. She said again that she had "the slips" in the box. The judge would not accept the box. He told her again that without cancelled checks everything she had was self-serving.

I was 19 years old and knew nothing about the formal practice of law, but I can clearly remember thinking, for heaven sake look in the box! The "slips" were probably the receipts from the landlord; she just did not use that wording.

The lady then began looking over at the court clerk, who stood next to the judge, and said "I must not be saying this right. I have paid. I have this list. I have the slips." The judge brought down his gavel and issued an order for payment of rent due and eviction. The next case was called.

I do not remember what happened during the rest of that session or the rest of that day, but I have never forgotten that lady in the flowered dress. Although I did not hear her say so, it is not hard to imagine her being one of the many who leave asking, "What happened?" I still concur with my conclusion at the time: she lost in part because she was powerless. She did not know the language, she did not look powerful, she did not have comfort with the procedure, and no one in authority helped her. I feel guilty that I did not help her, and I was just a student in the gallery. However, although she lost on that day, she set a spark that sharpened my thinking and altered the course of my career. I have come to believe that my students need to have this same type of experience. If we want to have young people graduate from our programs with more than data or technical skills, we need to let them experience the pain of the weak and the outrage that comes from direct observation of injustice. It is this goal that shaped the creation of our 400-level course on power and communication.

CM 440 *Advanced Topics in Communication: Communication and Power* is generally taken in the last semester of the senior year. It is the conceptual partner to the senior capstone. The goal of the course is to examine communication as a tool for both the manifestation and limitation of power in the critical areas of human life. This paper provides an overview of this course along with specific suggestions for pedagogy, texts, and applied media. The course syllabus and a complete list of reading and media materials are attached.

# "Because I said So" and Other Notions of Power

We begin the course with two class sessions devoted to a broad discussion of power in the most basic terms. We use a combination of discussion and Socratic Method to develop a definition of power that will be applied throughout the course. The professor can refer to dictionaries, student input, texts, or other materials, as applicable. Our definition of power in this context can be stated as possession of control or authority to act, produce an effect, or influence people or

events. The class discussion developing this definition can encompass many scenarios students may suggest to illustrate power, from the parent's "Because I Said So," to the mugger's "Your Money or Your Life," to the spouse's "Because I Am Asking You," to the teacher's blend of academic credentials and grading authority. This discussion is very useful both to build early understanding of the subject and to demonstrate the prevalence and use of power in our daily lives. Students are living in this world of power. This discussion can be an important and practical eye opener.

The teaching process then moves to an identification of key factors that contribute to the ability to have or exercise power or, in the alternative, factors that serve to reduce such power. Through guided discussion students can readily identify factors that tend to increase power. We do not attempt to create a definitive list of power sources as such factors are limitless, but rather to gain a working set of such factors to aid in the application of course concepts. In this light, we generally identify six such factors that tend to build or provide for power, in no particular order and with some overlap: credentials (substantive status); ability (skill); relationships/membership; force/threat; fame/prestige; and possession of economic resources. In the alternative, six factors that reduce power can also be identified. These include: lack of economic status; apathy/lack of energy; physical manifestation of low status (clothing, appearance, etc.); lack of credentials (such as diplomas); lack of memberships (access); and what we refer to as lack of "options awareness." That is, a person who has limited resources to travel or develop relationships outside their immediate surroundings may not perceive that they may have other options or may be able to live differently.

As is the case with those factors that facilitate power, the factors that students identify as power reducers can work in combination and can overlap to increase negative impact. For example, the person who is working two low paying jobs to make ends meet is likely exhausted and therefore may not have time or energy to read the paper, go out to vote, or pursue higher education. In a similar vein, the person who is working the night shift may have difficulty securing good affordable childcare and may have many financial worries that sap their energy to consider other options. Finally, the person living in an isolated rural area with limited financial resources may not be aware of the potential of higher education or that they might attend a university through financial aid and grants, thus making it more difficult for that person to become more powerful over the long term.

Based on the fortuitous timing of this course as a Spring offering, we move from this material to viewing and discussion of the annual Presidential State of the Union address. This experience is particularly useful as it is universally available to most Americans. Students are asked to consider the address from the viewpoints of persons with different combinations of power factors. We discuss how the speech is understood or viewed by a person with academic credentials or financial security, versus a person with low economic status or limited education. In particular, we contemplate the language in the address and how or if that

language is understood, why the persons in power chose that specific language, etcetera. More importantly, the student considers whether or not the address would be perceived as relevant or would even be of interest to various potential viewers, or why in many cases it would likely not be watched at all (particularly by many college students.)

These early class discussions form the foundation for the consideration of power as manifested and shaped through communication in a variety of contexts including the current medical environment, the historic medical environment, the civil rights movement, circumstances of groupthink, and the employment setting. By examining the role of communication and power in each of these contexts, the student has the opportunity to gain critical knowledge of the historic impact of such power (or lack of power), particularly for real individual people, and in that way develop empathy for persons who are different from themselves. Baccalaureate programs in Communication are designed to graduate students with a significant portfolio of communication skills. By considering specific cases where communication has played a primary role in the abuse of power, the justification of individual suffering, or worse, we hope to ensure that our graduates avoid that route and, indeed, make holistic and ethical use of their skills for the benefit of others.

# Communication and Power in the Medical World

We have chosen the healthcare environment as the launching point for our contextual examination of communication and power as all students have had occasion to interact in that world. This is an excellent shared platform. All humans experience illness and many students have also endured the pain of illness experienced by loved ones. Students can readily understand that such pain can be compounded by issues of lack of access to quality healthcare and to understandable healthcare information. This course devotes a sequence of eleven 90-minute class sessions to communication and power in the medical environment, encompassing both contemporary and historic material.

We set a foundation for this portion of the course during the first four of these class sessions beginning with a review of symbolic interaction theory and related core assumptions about the creation and understanding of "self," leading to a discussion of role and status in the medical environment. As this is a 400-level course, such theoretical material would already have been covered at length in earlier course work. Students identify factors that reduce the relative power for the patient including: feeling sick or lacking full function; experiencing pain; lack of clothing and the experience of physical examination by strangers; being in bed; separation from the home environment or other zones of comfort; requiring assistance; sorrow and worry about illness; lack of knowledge about anatomy or disease; and relative lack of ability to impact their own circumstance. We also discuss the impact of the label of illness. As noted on the attached syllabus, required readings for these class sessions begin with the first two chapters of Christina S. Beck's *Communicating for Better Health* (2001).

We have selected additional readings for this portion of the course to offer students perspective about the human experience in the medical environment and the role of communication in empowering or disempowering human beings with relation to their bodies, disability, or illness. We have found *Health Communication in Practice: A Case Study Approach,* edited by Eileen Berlin Ray (2005), to be an excellent compendium of reading material in this regard. All readings in this portion of the course have been drawn from this text.

We begin with reading and discussion of *Catching Up with Down Syndrome: Parents' Experiences in Dealing with Medical and Therapeutic Communities* by Carol Bishop Mills (in Ray, 2005). This article examines the very different ways that two sets of parents received the news that each of their children was born with Down's Syndrome. The student is exposed to the enormous impact of a single communication encounter between doctor and patient, one such encounter producing immediate distress and lasting sorrow, the other setting a positive tone with lasting positive outcomes. This article has proven to be an excellent conversation starter and a real eye opener for students.

We move on to "*They Make Us Miserable in the Name of Helping Us*": *Communication of Persons with Visible and Invisible Disabilities* by Dawn O. Braithwaite and Phyllis Japp (in Ray, 2005). The article shares the perspectives of people with visible disabilities about how others treat them as well as perspectives from people with less visible disabilities, such as depression or other mental illness, and how they may feel about revealing their circumstances or the consequences of not revealing their needs. This article has produced a bounty of opportunity for class discussion and application of the previously mentioned factors relating to the creation or reduction in relative power.

We then use two class periods to share the film *The Doctor* (2004), which is based on the memoir, *A Taste of My Own Medicine: When the Doctor is the Patient* by Edward E. Rosenbaum (1998). The film depicts the life changing experience of a leading heart surgeon as he becomes seriously ill and must endure the medical system as a cancer patient. The film provides an excellent demonstration of all the material discussed in the previous class sessions. We accompany the film with the article, *Making Empowerment Work: Medical Center Soars in Satisfaction Ratings* by Athena du Pre (in Ray, 2005), which reviews ways in which patients can have a more successful experience in the health system, particularly through better communication and empowerment strategies.

Additional approaches for pedagogy in this area might include role-playing exercises, volunteer service at a hospital, in class completion of Medicaid forms or deconstruction of hospital bills (often a first time students observe the actual costs of critical care), or discussion in class with guests who have or are currently living with significant illness or disability. Student created films, media analysis, or web-based projects could also offer additional creative learning opportunities.

Following this material, we turn our attention in the opposite direction by asking, "What if the patient's expectations are not reasonable?" Like the college student who tells their academic advisor that they would not like to register for any classes that meet before 11:00 am or after 2:00 pm, they would not like to take any math courses, and they would like to finish their degree in three years, many patients may want treatments or options that do not exist. Some patients may confuse empowerment with entitlement to the exact experience of their choice, even when medical costs or pain are not avoidable. We have selected three articles to plant seeds for discussion in this area. These include: The First Three Minutes by Donald J. Cegala (in Ray, 2005); "I Want You to Put Me in the Grave With All My Limbs": The Meaning of Active Health Participation by Barbara F. Sharf, Paul Haidet, and Tony L. Kroll (in Ray, 2005); and Communication and Shared Decision Making in Context: Choosing Between Reasonable Options by Carma L. Bylund and Rebecca S. Imes (in Ray 2005). Each of these articles provides useful scenarios for a discussion of what is reasonable and how communication can play a critical role in setting expectations and providing for better patient outcomes. We also assign a reflective essay writing assignment to support this material.

Additional areas for discussion of patient expectations might include cosmetic surgery, the growing trend in scheduled birth by cesarean section (costs, medical malpractice, workplace issues, and celebrity role models also come into play in this area), use of drugs for enhancement of athletic performance, and societal perception of what constitutes illness (recent discussions of autism come to mind). Student projects in these areas might also be applicable.

#### Historic Perspective in Medical Communication

We have found historic material to be invaluable in the study of medical communication. Seeing the enormous evolution in the treatment of human beings, the notions that governed the medical thinking of an earlier era (and sometimes echo today), and the role of communication in setting and reinforcing such values, provides students with important perspective. To build historic context we devote one class session to discussion of a series of readings written by medical professionals in the 1800's, some of which seem patently ridiculous to the modern reader. These readings are drawn from *Major Problems in the History of* American Medicine and Public Health, an excellent collection of documents and essays edited by John Harley Warner and Janet A. Tighe (2001). We give this text a particularly high recommendation as a ready source of historic context for any reader interested in health communication. As listed in the attached syllabus, our chosen readings include a piece from a Harvard Medical Professor in 1820 warning against women practicing midwifery, an 1848 piece from a Yale medical student railing against the use of anesthesia in childbirth, the 1851 report of medical professor Samuel Cartwright to the Medical Association of Louisiana about the supposed peculiarities of the "negro" race, and, in contrast, an 1859 piece by two early female doctors describing the woman physician as a positive connecting link between women's health and the medical profession. This

material vacillates between the laughable and the disturbing, but all of it provides critical insight into the thinking that guided the medical profession at the given time and, in turn, provides evidence of the need to check against the blind acceptance of authority today as all humans are capable of error, prejudice, and the abuse of power, even when such power is ostensibly drawn from earned academic and medical credentials.

The course continues this historic perspective with consideration of the Tuskegee Syphilis Study, the infamous twentieth century federally funded program wherein hundreds of African American men who had contracted syphilis were not informed of the true nature of their condition or their treatment options. These men were actively restricted by public health authorities from proper medical care and, through the use of deception and manipulation, were allowed by government medical officials to progress in their disease, the symptoms and outcomes of which were then studied by these same medical authorities. A series of historic documents included in Warner and Tighe's Major Problems in the History of American Medicine and Public Health are required reading for this topic. These include the original 1936 publication, Public Health Officials Publish Their Observations of Untreated Syphilis in a Population of African American Men in Macon County Alabama along with the 1964 follow up publication, Public Health Physicians Praise Thirty Years of Government-Sponsored Human Subject *Research in the Tuskegee Syphilis Study.* We also include two letters from physicians questioning the ethics of the study, one from 1939 and the other from 1965. The set of readings is completed with a 1993 piece examining the ethical issues and the "legacy of distrust" fostered by the now discredited medical research. (See the attached syllabus for full titles.) We then show the documentary film The Deadly Deception. Originally broadcast in 1993 on the PBS Nova series, and rebroadcast on PBS in 2007, the film provides the full story of the Tuskegee Syphilis Study and includes interviews with some of the surviving men who were uninformed subjects in the study as well as medical participants, historians, and medical ethicists. Our students were riveted by this material and could hardly believe that a study of this type was ever contemplated, much less completed. As a stunning example of the misuse of power and the facilitation of such abuse through deceptive communication, this case is hard to match. The impact is indeed greater when taken in contrast to the previous class sessions focused on patient rights and empowerment strategies in the modern medical system.

#### Access to Medical Care in the Modern Healthcare System

After this shocking yet enlightening interlude, we take up two additional contemporary topics in the area of medical communication: current access to medical treatment and the rights of the mentally incompetent person to refuse treatment (and the difficulty in facilitating that process). We review these areas briefly here.

With regard to access to medical care, we are in a period of change. Current initiatives have recently been adopted or are under consideration in several states.

We chose to have our students research health coverage developments in Massachusetts, California, and New York. Massachusetts provides an opportunity to discuss law that is now in place, California has a variety of options under consideration, and New York is at a much earlier stage in the process. Following the 2008 Presidential election, perhaps new federal legislative offerings will be available for discussion by our students. Access to affordable health care offers a myriad of "have and have not" scenarios and the opportunity for student analysis via the factors for both empowerment and reduction of power are plentiful. Examination of the role of celebrities to promote awareness of certain conditions or the need for funding is an additional area for study. We look to expand our coverage in this area in future semesters.

#### Medical Choice and the Incompetent Patient

We complete the material on communication and power in the medical context with consideration of the right of the patient to make choices about health care. While the law is clear that a competent adult has complete authority to make health care decisions, including the right to refuse treatment, the rights of the incompetent person are more complex. Detailed legal analysis of the multiple court rulings in this area fall beyond the scope of the course, but the case of Nancy Cruzan (1990) offers an excellent opportunity to understand the human impact of medical decisions for persons who are no longer capable of expressing their wishes and the complex role of communication in this context.

Nancy Cruzan was injured in a car accident. As a result of her injuries, her brain was deprived of oxygen for an extended period causing brain damage. This damage could not be fully assessed at the time of initial treatment. After a period of several years it was determined that Nancy Cruzan was in a persistent vegetative state and would not recover. Her family sought to remove artificial nutrition and hydration to allow Ms. Cruzan to die. The hospital refused and litigation ensued, eventually moving all the way to the Supreme Court of the United States. Again, detailed legal analysis was not the primary point of coverage in this course. Rather, we were interested in allowing students to see the enormous bureaucratic, emotional, and financial challenges faced by the parties in the action, particularly the family of the patient. To this end, we shared the documentary The Death of Nancy Cruzan, originally broadcast in 1992 on the PBS Frontline series. This film depicts the legal and personal struggle of the Cruzan family. For many of our students, this was their first opportunity to observe a person in a persistent vegetative state or to see the impact of a major health tragedy for the surviving family members, care providers, and others. It was also an important opportunity to observe how these human circumstances are translated and acted upon in the imposing context of the courtroom and the communication surrounding that setting. For example, in one telling scene, the family is delivered a copy of the high court's decision. Sitting at the kitchen table, the father reads the opinion to the assembled family members, only to have the group ask, "What does that mean?" Harkening back to our initial story of the plaintiff in housing court, our upper division students benefit from this vivid

demonstration of communication and power. At first reading, the working class Cruzan family was unable to discern the outcome of their own case.

Based on our experience and the positive outcomes of our students, we recommend the healthcare context as an excellent environment for the exploration of communication and power. Students have all participated in the medical system. The factors for analysis of power can be readily discerned and applied as the medical world offers a critical confluence of education, status, money, technology, and human need. We have found this approach to be a very effective means to develop student empathy about power, powerlessness, and the impact of communication for real people.

# **Communication and Power in Other Contexts**

In the second half of the course we turn to a sample of other areas where communication has been integral to the manifestation and abuse of power, often producing great injustice. We also seek to demonstrate how communication has been a primary component for response to such injustice, resulting in positive social change, sometimes following great public struggle. We wish to have our students understand communication as the primary means for advocacy.

While many topics lend themselves to this goal, we have limited our scope to three areas: the civil rights movement; groupthink; and workplace harassment. Each of these areas examines significant injustice that requires consideration of public policy, the strategic role of the "common person" in response to injustice or abuse, and the role of government authorities and the legal system. Of particular importance for the student is recognition that government and other authority figures may be ostensibly acting on our behalf, even when taking actions with which we strongly disagree. The cases discussed demonstrate that the check on such authority is an informed and engaged public. We hope that our students come to see the need for citizens, such as themselves, to be informed, engaged, and willing to participate in civic life.

We begin with the Civil Rights Movement and the advocacy of Dr. Martin Luther King, Jr. We were surprised to learn that, while our students were quite familiar with Dr. King, they were much less well informed about the specific tactics that had been used by various authorities and members of the public against black citizens seeking to exercise their civil rights. To bring these specific strategies to life we used the well-regarded documentary film, *Eyes on the Prize* (1986), four parts of which were shown in class. There is no substitute for the type of direct observation offered by this film. Our earlier worries that students would be jaded on this subject were not well founded. Our students were moved. In fact, participating in class with them helped us to see with fresh eyes the scenes of white hatred against the young black students, the statements of naked racial prejudice by elected white leaders, the dignity of the civil rights protesters even as they were sprayed with fire hoses, or the immensity of the March on Washington. The "I Have a Dream Speech" carried much greater weight for our students

following this viewing experience. Indeed, by learning of the full story and examining the communication techniques of the civil rights protesters, many of them young people, our students came to appreciate the bravery and effectiveness of Dr. Martin Luther King's advocacy all the more. The material is capped with a reflective project, which required students to write a letter to the student newspaper about the *Eyes on the Prize* documentary and what they had learned about the communication strategies of the civil rights movement.

We follow the material from the civil rights movement with a class session to consider citizen participation in civic life today. We focus on the problem of voter apathy, particularly among the young, the poor, and groups that have been systematically disenfranchised in the past. As required reading for this discussion we have selected *Who Participates in Politics and Who Doesn't*, an excerpt from *Culture and Politics: An Introduction to Mass and Elite Political Behavior* by Oliver H. Woshinsky (1995). Election year news coverage of polling, participation by demographic groups, campaign spending, and voter turnout would be a useful compliment to this material.

Moving from effective group advocacy of the civil rights era, we then take a cautionary look at the negative communication phenomenon of Groupthink. We examine both the contemporary case of the Presidency of George W. Bush and the decision to go to war in Iraq, and the earlier case of religious leader Jim Jones and the mass suicide at Jonestown. Both cases tell a cautionary tale of communication in the group setting.

To discuss the contemporary case of war policy, we chose to draw from current media. By examining clips of presidential speeches, press conference footage, congressional testimony of key members of the administration, and other news coverage students were able to detect the repeated use of sound bites and the "message discipline" of the Bush Administration. At this point in the course students were readily able to examine these communication strategies and draw well supported conclusions about the impact of the public communication, the actions of public officials, the role of the media, and the response of the public. As more material becomes available the pedagogy could be adjusted in this area to include additional texts such as Bob Woodward's *State of Denial* (2006), Scott McClellan's *What Happened* (2008), or Robert Draper's *Dead Certain: The Presidency of George W. Bush* (2007). Each of these offers insight into the communication processes that resulted in United States military action in Iraq.

To provide a contrasting view of groupthink we examined the case of religious leader Jim Jones and the eventual mass suicide of his cult followers at Jonestown. While well known to those of a certain age, this material was new and jarring for our students. We used the documentary film *Jonestown: The Life and Death of Peoples Temple* (2007) as foundation material followed by class discussion. Again, the key power factors from our earliest class sessions were used to analyze the role and use of power, particularly the desire for relationships and belonging among Jones' followers and, once in, the lack of awareness by many church

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members that they could leave the Jonestown group. The film includes historic footage, lengthy segments of church activities and the messianic Mr. Jones speaking to his followers and, perhaps most compelling, interviews with survivors. It is an unvarnished view of a cult. We highly recommend this viewing experience. Description in words cannot do justice to the direct observation of these events and the communication context that made them possible.

Time constraints allow for only a brief look at power and status in the workplace but we thought it was useful to close the course in this area, as many in the class would be entering the workforce in a matter of weeks. Readings for this topic were drawn from William Lasser's Perspectives on American Politics (2000), an excellent and particularly accessible collection of legal and political essays and excerpts from key court decisions. Our selections included an excerpt from the opinion of the U.S. Supreme Court in the 1986 sexual harassment case of *Meritor* Savings Bank vs. Vinson, Margot Slade's essay, originally published in the New York Times, Tales from the Front Line of Sexual Harassment (in Lasser, 2000), and Margarethe Cammermeyer's compelling essay about the Army's response to her status as a lesbian, Serving in Silence (in Lasser, 2000). Sexual harassment cases can sometimes appear to be classic tales of David and Goliath, yet these readings encourage students to examine the ambiguity of workplace communication and the fine lines we all walk in the often hierarchical professional setting. Several additional employment cases were handed down by the Supreme Court in 2008 that may be added to this material in coming semesters.

The course concludes with viewing and discussion of the film *Cora Unashamed* (Pratt, 2005). This film, based on the story by Langston Hughes, offers a poignant and insightful blend of racial and social dynamics between a black female domestic employee and the family that she serves in the early twentieth century American south. The human relationships and tragedy that unfolds in that setting, as governed by a constricting set of social rules, form a set piece in communication and power. Communication cannot be open in the world Langston Hughes portrays and the result is haunting, offering a very fine concluding lesson for our students.

#### Conclusion

Communication and power is a vast subject area that can be studied from many vantage points. In the quest to provide a meaningful confluence of the various specialized areas of communication, we offer this type of upper division course as one route to a more mature perspective of communication as applied. Undergraduate students benefit from the opportunity to knit the various threads of the study of communication together to better understand the whole. We hope that this course is both educational and empowering for them.

# **SYLLABUS**

# CM 440 Advanced Topics in Communication: Communication and Power

# PURPOSE OF THE COURSE

This course is an examination of power with a specific focus on human communication as a tool for both the manifestation and limitation of power. We will consider the impact of role, status, values, and other factors in various communication contexts including health and medicine, government and public participation, and employment. Historic perspective and practical application of concepts will be emphasized throughout.

# **Communication and Power Class Schedule**

## Part I: "Because I Said So" and Other Notions of Power

Session #1 – Introduction

# \*\* Viewing: The State of the Union Address \*\*

Session #2 – Power and the Public

Reading: NY Times coverage of The State of the Union Address

# Part II: Communication and Power in the Medical World

Session #3 – Role and Status in the Medical World

**Reading: \*\* On Reserve \*\*** *Communicating for Better Health* by Christina S. Beck, Chapters 1 &2

Session #4 - Communication, Meaning, and Health

**Reading: Selections from** *Health Communication in Practice* Catching Up With Down Syndrome: Parents' Experiences in Dealing With the Medical and Therapeutic Communities by Carol Bishop Mills **and** "They Make Us Miserable in the Name of Helping Us": Communication of Persons with Visible and Invisible Disabilities by Dawn O. Braithwaite and Phyllis Japp.

Session #5 - A Taste of My Own Medicine

**Reading: Selection from** *Health Communication in Practice Making Empowerment Work: Medical Center Soars in Satisfaction Ratings* by Athena du Pre

## Viewing: The Doctor

Session #6 – A Taste of My Own Medicine

# Viewing: The Doctor

Session #7 – Reasonable Communication About Health

**Readings: Selections from** *Health Communication in Practice The First Three Minutes* by Donald J. Cegala **and** "*I Want You to Put Me in the Grave With All My Limbs*": *The Meaning Of Active Health Participation* by Barbara F. Sharf et al. **and** *Communication and Shared Decision Making in Context: Choosing Between Reasonable Options* by Carma L. Bylund and Rebecca S. Imes

\*\* Writing Due: Essay #1 \*\*

# Part III: Medical Communication: Perspective; Policy; and Human Rights

Session #8 – This Really Happened: Historic Documents to Consider

### **Reading: Selections from** *Major Problems in the History of American Medicine and Public Health*

Walter Channing, a Harvard Medical Professor, Warns of the Dangers of Women Practicing Midwifery, 1820 and Samuel Cartwright, a Medical Professor and Racial Theorist, Reports to the Medical Association of Louisiana on the "Diseases and Physical Peculiarities of the Negro Race," 1851 and A Yale Medical Student Decries the Use of Anesthesia in Childbirth, 1848 and Elizabeth and Emily Blackwell, Pioneer Women Physicians, Extoll the Woman Physician and the "Connecting Link" Between Women's Health Reform and the Medical Profession, 1859

Session #9 – The Tuskegee Syphilis Study

# **Reading:** Selections from *Major Problems in the History of American Medicine and Public Health*

Public Health Physicians Publish Their Observations of Untreated Syphilis in a Population of African American Men in Macon County, Alabama, 1936 and A Tuskegee Doctor in the Field Requests Research Advice from the Public Health Service Office in Washington, D.C., 1939 and Public Health Physicians Praise Thirty Years of Government-Sponsored Human Subject Research in the Tuskegee Syphilis Study, 1964 and A Private Physician Raises Questions That Go Unanswered About the Morality of the Tuskegee Experiment, 1965 and A Physician-Historian-Activist Explores the "Legacy of Distrust" Fostered by the Tuskegee Study, 1993

# Viewing: The Deadly Deception

Session #10 - What About Now? Power and Access to Medical Care

**Reading: Each student should research state and federal proposals to provide medical insurance.** (Massachusetts plan as implemented; California plan as proposed; Federal options as applicable.)

Session #11 – What About Now? Power and Access to Medical Care

# Reading: \*\* On Reserve \*\*

"The Right to a Trial: Should Dying Patients Have Access to Experimental Drugs?" *The New Yorker*, 12.18.06 "The Celebrity of Disease," *U.S. News and World Report*, 11.13.06

Session #12 – Hearing the Silent: Medical Care for the Incompetent

**Reading: \*\* On Reserve \*\*** *Cruzan vs. Director, Missouri State Department of Health, 1989.* 

Session #13 – Medicine and Policy

#### \*\* Writing Due: Essay #2 \*\*

# Part IV: Power and the Person: Status; Access; and Public Policy

Session #14 – Turn and Fight: Civil Rights and Power in America

#### Viewing: Eyes on the Prize Part 1

Session #15 – Turn and Fight: Civil Rights and Power in America

#### Viewing: Eyes on the Prize Part 2

Session #16 - Turn and Fight: Civil Rights and Power in America

#### Viewing: Eyes on the Prize Part 3

Session #17 – Turn and Fight: Civil Rights and Power in America

#### Viewing: Eyes on the Prize Part 4

Session #18 – Perspective on the Civil Rights Movement

#### \*\* Writing Due: Essay #3 \*\*

Session #19 – What About Now: Voting and Power

**Reading: \*\* On Reserve \*\*** *Who Participates in Politics and Who Doesn't,* an excerpt from *Culture* 

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and Politics: An Introduction to Mass and Elite Political Behavior by Oliver H. Woshinsky

Session #20 – Intermission: A Discussion About Professional Choices

Guest Speaker – focus on transition for graduates.

#### Part V: Groupthink and the Distortion of Power

Session #21 – War Policy and the Public Will

**Reading:** \*\* **On Reserve** \*\* What Daddy Couldn't Say, Time, 12.4.06; Additional Material TBA Students should be prepared to discuss the current status of the war in Iraq and the decisions and actions that lead to that status.

Session #22 – Groupthink and Spiritual Belonging: Jonestown

Viewing: Jonestown: The Life and Death of Peoples Temple

Session #23 – Groupthink and Spiritual Belonging: Jonestown

Viewing: Jonestown: The Life and Death of Peoples Temple

#### Part VI: Power and Communication in the Workplace

Session #24 - Communication and Discrimination in Employment

**Reading: Selections from** *Perspectives on American Politics Meritor Savings Bank vs. Vinson, excerpt from the majority opinion of the U.S. Supreme Court, 1986* **and** *Tales From the Front Line of Sexual Harassment* by Margaret Slade *Serving in Silence* by Margarethe Cammermeyer

Session #25 – Reprise: Role, Status and Power

#### Viewing: Cora Unashamed

Session #26 – Resprise: Role, Status and Power

#### Viewing: Cora Unashamed

Session #27 – Review for Final Exam

#### \*\* The Final Exam will be given during the Final Exam Period \*\*

## Selected Bibliography/Suggested Readings

Editor's Note: As this paper is a teaching case study, the Selected Bibliography and Suggested Readings will take the place of the References section.

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Tighe (Eds.), *Major problems in the history of American medicine and public health* (p. 393). Boston: Houghton.

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