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## In the Journals...July

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By Jason Alley

For those of you eager to squeeze in a few more weeks of summer reading before the demands of the academic year fully take over, a survey of the journals in July revealed some excellent writing in key journals of interest to *Somatosphere* readers.

The latest issue of [Health](#) offered up two articles unpacking the logics of diabetes screening and care—

[Taking control: Complementary and alternative medicine in diabetes and cardiovascular disease management](#)

Narelle Warren, Rachel Canaway, Nalika Unantenne, and Lenore Manderson

The chronicity of chronic disease, and its associated uncertainties and fluctuations in health status, pain and/or discomfort, often leaves those so diagnosed feeling that they have lost control. Treatment can exacerbate this sense of loss of control, as people surrender to the expertise of their biomedical providers and interventions. In principle, self-management aims to return control to the individual, but its promotion is as much motivated by cost-containment as patient autonomy, and is advocated in an environment largely shaped by policy makers and biomedical providers. In this article, we examine how Australians with type 2 diabetes and/or cardiovascular disease supplement medical with complementary and alternative medical (CAM) care. Drawing on in-depth interviews with 69 participants collected in 2009–2010, we illustrate how people rely on medical providers and pharmaceuticals to manage their diabetes, but concurrently consulted with CAM practitioners and used non-biomedical therapies to enhance well-being. In explaining this, participants framed CAM use in the context of reclaiming relative personal and bodily control.

[A confusion of tenses: Health screening and time](#)

Paul Stronge

The article seeks to contribute to a re-evaluation of the role played by the contemporary health screen by exploring its relation to tense and time. Mobilizing data around operational aspects of screening for type 2 diabetes (T2D) alongside more general historical and conceptual perspectives, it challenges implicit assumptions that the screen represents either a momentary 'cut' in a longer process or a singular event with its own durational integrity. In contrast, the article argues, two distinct kinds of temporally related processes merge within any given screening episode. On one hand a rich heterogeneity of durations – physiological, technical, social, experiential – is involved. Yet this multiplicity is afforded unity and coherence insofar as the screen becomes a 'thick' site of intersection or fusion between the three major tenses. Drawing on aspects of the thought of Bergson and Deleuze as well as Mol's notion of 'ontological politics', the article reconceptualizes the screen as a 'leaky receptacle' for temporal complexity and teases out pragmatic implications of such a re-envisioning.

[Social Analysis](#) recently published a special issue exploring time and/in fieldwork. Two articles on scientific praxis and senior care complement a lively collection of essays–

[Limits and Limitlessness: Exploring Time in Scientific Practice](#)

Antonia Walford

This article explores some of the ways that time figures in the scientific practices of instrumental micrometeorology and climatic and weather modeling. It draws on ethnographic work done with the Large-Scale Biosphere-Atmosphere Experiment in Amazonia (LBA), an international scientific project that aims to assess the role of the Amazon forest in the global carbon cycle and to provide sustainable techniques for the future management of the region. An examination of the knowledge practices that have emerged from this ethnography (such as calibration and prediction) provides an opportunity to rethink the relation between 'natural time' and 'social time(s)'. This allows for a discussion of the roles that certainty, uncertainty, finiteness, and limitlessness play in both scientific and ethnographic practice.

[Surfacing Moves: Spatial-Timings of Senior Home Care](#)

Peter A. Lutz

Like many countries, Sweden faces the challenge of population aging and senior care. Compared with institutionalized health care, senior home care

offers a viable option, promising familiar surroundings and lower costs. However, those performing senior home care sometimes resist time-management policies that pressure such care in practice. Some scholars analyze this situation as opposition between 'objective' and 'subjective' time. This article takes a different route. It explores how time surfaces in Swedish senior home care through relational movements of care. These enlist things such as schedules, machines, and aging bodies. To this end, the article also experiments with 'surfacing' as an ethnographic heuristic for figuring these different 'spatial-timings'. The article concludes that surfacing matters not only in senior home care but also in the field-desks of ethnographic analysis.

The [Journal of Ethnobiology and Ethnomedicine](#) published two recent pieces worth checking out. One on the gendered realities of fieldwork in Anatolia, the second a literature review of research looking at traditional medical practice in Aboriginal Australia—

#### [Being a woman researcher in an Anatolian village](#)

Füsün Ertu?

This essay represents the first editorial of the series "Recollections, Reflections, and Revelations: Ethnobiologists and their First Time in the Field". In this memoir, the author details the evolvment and intellectual progression of her research focusing on wild food plant consumption within a remote community in the high steppes of Central Anatolia during the early Nineties. The author conveys a human learning journey as a woman and an ethnobiologist, reflecting on the methodological bottlenecks and solutions during her first ethnographic experience in the field.

#### [The role of traditional medicine practice in primary health care within Aboriginal Australia: a review of the literature](#)

Stefanie J Oliver

The practice of traditional Aboriginal medicine within Australia is at risk of being lost due to the impact of colonisation. Displacement of people from traditional lands as well as changes in family structures affecting passing on of cultural knowledge are two major examples of this impact. Prior to colonisation traditional forms of healing, such as the use of traditional healers, healing songs and bush medicines were the only source of primary health care. It is unclear to what extent traditional medical practice remains in Australia in 2013 within the primary health care setting, and how this practice sits alongside the current biomedical health care model.

An extensive literature search was performed from a wide range of literature sources in attempt to identify and examine both qualitatively and quantitatively traditional medicine practices within Aboriginal Australia today. Whilst there is a lack of academic literature and research on this subject the literature found suggests that traditional medicine practice in Aboriginal Australia still remains and the extent to which it is practiced varies widely amongst communities across Australia. This variation was found to depend on association with culture and beliefs about disease causation, type of illness presenting, success of biomedical treatment, and accessibility to traditional healers and bush medicines. Traditional medicine practices were found to be used sequentially, compartmentally and concurrently with biomedical healthcare. Understanding more clearly the role of traditional medicine practice, as well as looking to improve and support integrative and governance models for traditional medicine practice, could have a positive impact on primary health care outcomes for Aboriginal Australia.

[\*The Journal of the History of Medicine and Allied Sciences\*](#)

delivered several historiographic articles in its July edition that will be of interest to *Somatosphere* readers, including two essays by Rachel Ponce and Iris Borowy—

[“They Increase in Beauty and Elegance”: Transforming Cadavers and the Epistemology of Dissection in Early Nineteenth-Century American Medical Education](#)

Rachel N. Ponce

This paper investigates the origins of the practice of dissection in American medical education in order to both understand the function of dissection in medical education and challenge conventional wisdom about that function. In the late eighteenth and early nineteenth centuries, American medical schools increasingly made human dissection a crucial part of their curricula, privileging use of the human cadaver over any other anatomical model. In this paper, I break apart the claims that American physicians made at that time regarding the unique pedagogic usefulness of the cadaver, and I juxtapose those claims against the realities of the dissection process. In doing so, I show how the realities of dissection differed sharply from the depictions given by physicians. In the conclusion, I argue that the cadaver still remained epistemologically and ontologically useful to the medical profession, although not necessarily for the reasons physicians explicitly stated.

[Global Health and Development: Conceptualizing Health between](#)

## [Economic Growth and Environmental Sustainability](#)

Iris Borowy

After World War II, health was firmly integrated into the discourse about national development. Transition theories portrayed health improvements as part of an overall development pattern based on economic growth as modeled by the recent history of industrialization in high-income countries. In the 1970s, an increasing awareness of the environmental degradation caused by industrialization challenged the conventional model of development. Gradually, it became clear that health improvements depended on poverty-reduction strategies including industrialization. Industrialization, in turn, risked aggravating environmental degradation with its negative effects on public health. Thus, public health in low-income countries threatened to suffer from lack of economic development as well as from the results of global economic development. Similarly, demands of developing countries risked being trapped between calls for global wealth redistribution, a political impossibility, and calls for unrestricted material development, which, in a world of finite land, water, air, energy, and resources, increasingly looked like a physical impossibility, too. Various international bodies, including the WHO, the Brundtland Commission, and the World Bank, tried to capture the problem and solution strategies in development theories. Broadly conceived, two models have emerged: a “localist model,” which analyzes national health data and advocates growth policies with a strong focus on poverty reduction, and a “globalist” model, based on global health data, which calls for growth optimization, rather than maximization. Both models have focused on different types of health burdens and have received support from different institutions. In a nutshell, the health discourse epitomized a larger controversy regarding competing visions of development.

P. Sean Brotherton and Vinh-Kim Nguyen have guest edited a special issue of [Medical Anthropology](#) entitled “Beyond the Body Proper: Global Politics/Local Biology.” Check out the great roster of articles they have pulled together—

## [The Epigenome and Nature/Nurture Reunification: A Challenge for Anthropology](#)

Margaret Lock

Recognition among molecular biologists of variables external to the body that can bring about heritable changes in gene expression or cellular phenotypes has reignited nature/nurture discussion. These epigenetic

findings may well set off a new round of somatic reductionism because research is confined largely to the molecular level. A brief review of the late nineteenth-century formulation of the nature/nurture concept is followed by a discussion of the positions taken by Boas and Kroeber on this matter. I then illustrate how current research into Alzheimer's disease uses a reductionistic approach, despite epigenetic findings in this field that make the shortcomings of reductionism clear. In order to transcend the somatic reductionism associated with epigenetics, drawing on concepts of local biologies and embedded bodies, anthropologists can carry out research in which epigenetic findings are contextualized in the specific historical, socio/political, and environmental realities of lived experience.

### [Tuberculosis Is a Threshold: The Making of a Social Disease in Post-Soviet Georgia](#)

Erin Koch

In this article I use Margaret Lock's concept of local biology as a standpoint to view tuberculosis as a threshold where distinctions between social and biological aspects of disease are negotiated. I conceptualize tuberculosis as a threshold in two ways: first as a passageway, and second as a space for navigating the limits of tolerance to therapeutics. The article is based on ethnographic research about responses to tuberculosis in post-Soviet Georgia. I focus on how health professionals and patients make claims to social aspects of illness by recuperating historical examples for tuberculosis treatment as a moral commitment to society, and in the context of emergent patient-centered treatment services.

### [The Biopolitics of Reproductive Technologies beyond the Clinic: Localizing HPV Vaccines in India](#)

Fouzieyha Towghi

The human papillomavirus (HPV) vaccine research and marketing in India exemplifies the privatization of public sectors and global assemblages of novel actors and public-private partnerships in service delivery and pharmaceutical marketing. Drawing on ethnographic research, in this article I examine how the molecularized conception of cervical cancer and the simultaneous global rise of the HPV vaccine is redefining the meaning of prevention, the role of the state, and blurring the relationship between health care and health research in India. In 2009, two Indian states began "demonstration projects" to vaccinate 30,000 girls. The subsequent deaths of a number of girls exposed inherent problems with the projects. For many health activists, the vaccine has potentially grave consequences for India's public health system. This case demonstrates how biopolitical

actors, and the drive for biocapital, can create a public health campaign that might in the end place women's health and the public health system at a greater risk.

[Subjectivity](#) once again expertly explored the world-making practices that suture science, medicine and culture together–

[The affective labour of autism neuroscience: Entangling emotions, thoughts and feelings in a scientific research practice](#)

Des Fitzgerald

This article extends discussions on the role of emotion in scientific lives by showing how the emotional commitments of researchers (here, psychologists and neuroscientists) can play a specifically constitutive or generative role. Autism research is an area where the tricky intertwinements of subjects, thoughts, interactions and bodies can be remarkably explicit: the article uses this case to show how researchers' emotions can actually mediate transactions between intellectual/scientific problems and more material/bodily concerns. The article argues that autism research shows the on-going presence of affect in scientific subjectivities; in particular, it shows how scientific subjects sometimes constitute intellectual projects through a sensitivity to their own bodies and emotions. Gathering these concerns together, the article extends recent discussions of body work and emotion work by Natasha Myers and Wilson, and also draws on the 'emotional' aspects of Whitehead's process philosophy.

[Biopolitics, trauma and the public fetus: An analysis of preconception care](#)

Katie Gentile

In 2006, the US Center for Disease Control rolled out guidelines for 'preconception care,' institutionalizing the use of the public fetus as a fetish object in relation to which the cultural body can disavow and contain the post 9/11 contagion of annihilation anxiety. Integrating Bergson's ideas of duration with cultural and psychoanalytic theories of time and subjectivity, this article will examine these guidelines and the ways in which they become alluring as forms of traumatic repetition instilling hypervigilance as normality. The preconception care guidelines are a perfect example of Clarke's ideas of biomedicalization, as women's bodies emerge through practices of self and biomedical surveillance and risk management strategies in relation to the future fetus. This future orientation functions not only to disavow, displace and contain

vulnerability, but also creates a future in order to attempt to go on being in the face of trauma and humiliation.

[Inventing the female self in Greenwich Village, 1900–1930: Mabel Dodge's encounter with science and spirituality](#)

Carla Christina Hustak

Through the case study of Mabel Dodge, the mystic of Greenwich Village, this article shows how new forms of knowledge and free love converged in a turn to interrogating the female self. Mabel Dodge's practice of subjectivity is an early twentieth-century example of what Michel Foucault called the 'hermeneutics of the subject', a form of spirituality grounded in the pursuit of the 'truth' of the self. Dodge's efforts to grasp her 'secret concentrated essence' reveal an early twentieth-century invention of a new feminist spirituality at the crossroads of occultism, social reform, and sciences of psychology and biology.

[Recognising life – A study in the atheist micro-bio-politics of drugs](#)

Morten Nissena

The author attempts a micro-bio-politics of drugs, starting from an excerpt of an interview with a couple of young drug users in a Copenhagen social youth work facility that pushes harm reduction in 1996. The article is guided by Derrida's idea of 'drugs as the religion of atheist poets' – that the contemporary discursive pragmatics of more or less pharmaceutical life practices still include forms of transcendence – and by the wish to fertilize the field of bio-politics with the indexical inter-subjectivity of the concept of ideology, as derived from an anti-essentialist reading of Hegelian–Marxist traditions. The analysis unfolds as an ideology critique that reconstructs, and seeks ways to overcome, particular forms of recognition that are identifiable in the data and in the field of drug practices, and how these form part of the constitution of singular collectives and participants – in these life practices, but also in the research practice that engaged with them through the interview.

[Exploring embodied perspectives of change within a psychiatric context: Some preliminary remarks from a psychiatrist](#)

Sebastian von Peter

Psychiatric discourses and practices largely focus on the mind when explaining why people change. Agency is thought to emerge out of rational introspection, insight and self-reflexivity, rendering them to key targets of psychotherapeutic interventions. In this essay, an everyday psychiatric



situation will be presented in order to illustrate that agency cannot merely be located in the depth of the human mind, but might also arise from a pre-reflective, internalized corporeality. Such a mode of subjectivity is shown to direct ways how to move and position a body, both incorporating a mindful rationality and its embodied foundation. Over the course of this discussion, agency is explained as resulting out of a sort of distributed effect, simultaneously allowing for the analysis of cognitive, embodied and environmental factors that produce change in a symmetrical way. To conclude, initial thoughts will be presented to alter both the clinicians and academic approach towards agency, assigning the embodied self a more substantial role in navigating a person's behaviour.

Happy reading (and writing) all.

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