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In the Journals - August 2016

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By Anna Zogas

Here are some of the articles published in the journals in August 2016. This post includes the abstracts from a special issue of *Anthropology & Medicine*, "[Medical Pluralism and Beyond](#)." Enjoy!

[American Ethnologist](#)

[The postneoliberal fabulation of power: On statecraft, precarious infrastructures, and public mobilization in Brazil](#)

João Biehl

In Brazil's hybrid government of social protection and market expansion, there is under way a fabulation of power, which ultimately serves to "de-poor" people seeking care, working infrastructures, and justice while also shoring up state politics as usual. This process became evident through the failure of a collaborative research project that I coordinated on right-to-health litigation. In rethinking that failure as an experiment in public ethnography, I draw on core disagreements with public officials over the interpretation of our findings from a legal database. Analyzing these disagreements provides an entry point into the mechanisms of veridiction and falsification at work in Brazil, whose government sees itself as providing public goods beyond the minimum neoliberal state. Countering state mythology, public ethnography thus illuminates the improvised quality of postneoliberal democratic institutions and opens up new avenues for theorizing power and the political field.

[Royal pharmaceuticals: Bioprospecting, rights, and traditional authority in South Africa](#)

Christopher Morris

The translation of international biogenetic resource rights to a former apartheid homeland is fostering business partnerships between South African traditional leaders and multinational pharmaceutical companies. In the case of one contentious resource, these partnerships are entrenching, and in some instances expanding, apartheid-associated boundaries and configurations of power. The state and corporate task of producing communities amenable to biodiversity commercialization and conservation is entangled with segregationist laws and spatial planning. Rather than

exclusion and the closure of ethnic boundaries, resource rights in this context foreground forced enrollment and the expansion of indigenous group-membership as modes of capitalist accumulation in an extractive economy.

[Cultural Anthropology](#) (Open Access)

The August 2016 issue of *Cultural Anthropology* features a special section titled “Theorizing Refusal,” edited and [introduced by](#) Carole McGranahan. Of particular interest to Somatosphere readers, the section includes:

[Theorizing \(Vaccine\) Refusal: Through the Looking Glass](#) (open access)

Elisa J. Sobo

Here is an excerpt:

What goes on when people say no? How can we theorize refusal? In this essay I hope to show the value of casting refusal not only as an instance of resistance, but also as distinct from the latter in important ways (picture a Venn diagram). In doing so, I seek to open up space for a dynamic and salutary reading of refusal and, by extension, of resistance itself. I therefore highlight refusal’s productivity—not in terms of achieved regime changes or political gains, but of what refusal does for immediate social relations.

My argument starts with the assertion that refusal often begins well before said utterance or act, and extends far beyond the moment of behavioral or verbal proclamation. Moreover, in refusing, resistance—the act of standing against—is not always actually or primarily entailed. Refusal is more about avoidance than active opposition (the characteristic by which most scholars define resistance; see Hollander and Einwohner 2004): in refusal, the overt power contests, class antagonisms, or struggles for liberation or against domination that resistance entails are not necessarily directly implicated. Answering Dimitrios Theodossopoulos’s (2014) call to deprimativize and depathologize how we think about resistant nonconformity, the refusal concept that I lay out provides an opening for grappling with the fact that even people who are not outsiders or who have not been excluded can be subversive. It also helps correct for a tendency in resistance studies to position resistant nonconformity on society’s (imagined) sidelines because, as I explain, refusal accommodates action taking place directly within the here and now of local social life. Thus, rather than existing as simply a synonym for resistance, the refusal construct can offer, as I hope to show, a complementary albeit partially overlapping (remember Venn) point of view.

[Professional Organizers and Thingly Care in Contemporary North America](#)

(open access)

Katie Kilroy-Marac

Within the past decade, material disorder—especially that of the domestic variety—has come to stand alternately as evidence, symptom, and potential cause of mental disorder in the North American popular and psychiatric imagination. Sources ranging from the newly defined Hoarding Disorder diagnosis in the DSM-V, to popular media, to agents of the burgeoning clutter-management industry describe disorder in terms of an irrational attachment, closeness, or overidentification with objects. At the same time, these sources imagine order to result from the cool distance and controlled passion a person is able to maintain toward his or her possessions. Drawing on more than twenty interviews and numerous fieldwork encounters with professional organizers (POs) in Toronto between 2014 and 2015, this article describes how POs aim to reorient their clients materially, morally, and affectively to relieve the disorder they report in their lives. Here, I argue, POs emerge as a species of late capitalist healer whose interventions are animated by a paradoxical double movement. For just as POs act to loosen the object attachments and disrupt the “secret sympathy” their clients share with their possessions, they operate within a realm of magical correspondence where matter and mind are imagined to reflect and affect one another, and where bringing order to a client’s possessions means also bringing order to his or her mind.

[Philosophy, Ethics, and Humanities in Medicine \(Open Access\)](#)

[The wizard behind the curtain: programmers as providers \(open access\)](#)

Mark A. Graber and Olivia Bailey

It is almost universally accepted that traditional provider-patient relationships should be governed, at least in part, by the ethical principles set forth by Beauchamp and Childress (Beauchamp and Childress, *Principles of biomedical ethics*, 1979). These principles include autonomy, beneficence, non-maleficence and justice (Beauchamp and Childress, *Principles of biomedical ethics*, 1979). Recently, however, the nature of medical practice has changed. The pervasive presence of computer technology in medicine raises interesting ethical questions. In this paper we argue that some software designers should be considered health care providers and thus be subject the ethical principles incumbent upon “traditional” providers. We argue that these ethical responsibilities should be applied explicitly rather than as a passive, implicit, set of guidelines.

[Configurations](#)

[Genetic Romanticism—Constructing the Corpus in Finnish Folklore and](#)

[Rare Diseases](#)

Aaro Tupasela

The role that national epic poetry has played in romantic nationalism during the nineteenth and twentieth centuries is well documented. The role that the new genetics has played in such processes, however, is less well known and understood as a form of writing national narratives of origin. This article compares and contrasts the work of two doctors in Finland, Elias Lönnrot and Reijo Norio, working over a century and a half apart, to examine the ways in which they have contributed to the formation of national identity and unity. The notion of genetic romanticism is introduced as a term to complement the notion of national romanticism that has been used to describe the ways in which nineteenth-century scholars sought to create and deploy common traditions for national-romantic purposes. Unlike national romanticism, however, strategies of genetic romanticism rely on the study of genetic inheritance as a way to unify populations within politically and geographically bounded areas. Thus, new genetics have contributed to the development of genetic romanticisms, whereby populations (human, plant, and animal) can be delineated and mobilized through scientific and medical practices to represent “natural” historico-political entities in comparison to the use of art and literature during the national romantic period.

[Satire of Science in Charles Dickens's *Mudfog Papers*: The Institutionalization of Science and the Importance of Rhetorical Diversity to Scientific Literacy](#)

Michael J. Zerbe

This article presents an analysis of the satire of science contained in Dickens's second and third *Mudfog Papers*. In these sketches, Dickens satirizes science by targeting the distance that is beginning to materialize between science and culture at large, science enthusiasts' alleged lack of mental prowess, and the institutionalization of science, especially with regard to the science's exaggerated sense of self-importance and its craving of governmental funding and legal intervention in support of science. Dickens pillories the institutionalization of science even as he champions the professionalization of literature and the arts; this apparent paradox is explored. Additionally, the incipient interdisciplinary conversation between artists and science enthusiasts that is contained in *The Mudfog Papers* is considered. Finally, the importance of the satire of science as an example of rhetorical diversity necessary to achieve scientific literacy within the context of science's nascent institutionalization is discussed, as is the potential of the satire of science to help hold science accountable.

[Social History of Medicine](#)

[Women Searchers of the Dead in Eighteenth- and Nineteenth-century London](#)

Wanda S. Henry

From plague epidemics in Elizabethan England to cholera outbreaks in the early Victorian era, women determined causes of death for London parishes. Despite criticism about lack of medical training, parishes continued to rely upon women searchers and expanded their responsibilities during the eighteenth century while looking not to midwives and nurses but female relatives of parish workers to fill open positions. Sextonesses and pew keepers became searchers of the dead and served lengthy terms in office. Historians have assumed that Parliament established the General Register Office to supplant searchers with medical men, acting as registrars. However, the transition away from the bills depended more upon the parish's loss of monopoly on the death business than the medical failings of women searchers. By the mid-nineteenth century, the undertaking industry managed London's dead, and undertakers, rather than medical men, replaced women searchers as reporters of cause of death.

[Medicine and Charity in Eighteenth-century Northumberland: The Early Years of the Bamburgh Castle Dispensary and Surgery, c. 1772–1802](#)

(open access)

Alun Withey

In 1772 in Bamburgh Castle, Northumberland, a charitable institution was established by Dr John Sharp to offer medical provision to the poor of the parish, which was remote from the Newcastle and Edinburgh Infirmaries. Unlike urban institutions, which have dominated hospital historiography, the Bamburgh dispensary was small, occupying only a few rooms in the castle, and situated in a remote, coastal location. And yet, at its height, the Bamburgh dispensary treated thousands of patients per year, often exceeding dispensaries in large towns, and was equipped with the latest medical technologies. Unlike the majority of infirmaries and dispensaries it was not funded by subscription, nor run by governors, but was entirely funded by the Lord Crewe Trust, and administered by Dr Sharp. While Bamburgh is certainly an anomaly, it raises new questions about voluntary institutional medical provision for rural populations, and forms of medical philanthropy.

[Infected by the Devil, Cured by Calundu: African Healers in Eighteenth-century Minas Gerais, Brazil](#)

Kalle Kananaja

African slaves played a key role in the colonization of Minas Gerais in the interior of Brazil during the eighteenth century. Popular healers from Africa

and of African descent were important providers of health care in the region during the colonial period. Relying on a variety of healing practices, their activities often came under the scrutiny of religious authorities as they were denounced to the commissioners of the Inquisition of Lisbon or to priests in the local parishes. The most commonly denounced healing practice was a spirit possession ritual referred to as *calundu*. Besides organizing healing rituals, African healers offered herbal remedies to their patients. In some cases, the mixing of African, Amerindian and European practices resulted in hybrid forms of healing, which appealed to a wide array of clients, including blacks as well as whites seeking remedies to their illness.

[Immigration, Statecraft and Public Health: The 1920 Aliens Order, Medical Examinations and the Limitations of the State in England](#) (open access)

Becky Taylor

This article considers the medical measures of the 1920 Aliens Order barring aliens from Britain. Building on existing local and port public health inspection, the requirement for aliens to be medically inspected before landing significantly expanded the duties of these state agencies and necessitated the creation of a new level of physical infrastructure and administrative machinery. This article closely examines the workings and limitations of alien medical inspection in two of England's major ports—Liverpool and London—and sheds light on the everyday working of the Act. In doing so it reflects on the ambitions, actions and limitations of the state and so extends research by historians of the nineteenth and early twentieth century on the disputed histories of public health and the complexities of statecraft. Overall it suggests the importance of developing nuanced understandings of the gaps and failures arising from the translation of legislation into practice.

[Medical Eponyms: Patient Advocates, Professional Interests and the Persistence of Honorary Naming](#)

Andrew J. Hogan

Eponyms have been adopted for the naming of disorders since the mid-nineteenth century. Physicians have favoured eponyms for many reasons, including their descriptive neutrality and role in the awards system of medicine. This paper examines the changing interest groups involved in the adoption of eponyms since 1960. As patient advocates have increasingly collaborated in the medical construction of their disorders, they have played a more influential role in the naming of conditions. This has particularly been the case in disorders known by descriptive terms identifying stigmatising features, such as mental, physical and behavioural abnormalities, as well as often-trivialised hardships, like restless legs. Rather than seeking to upend existing

medical naming conventions, patient advocates have continued to support the adoption of eponyms, doing so for many of the same reasons as physicians. This has included maintaining the role that eponyms play in honouring the contributions of medical researchers in constructing conditions.

[The Strange Case of Hannah West: Skin Colour and the Search for Racial Difference](#)

Rana Hogarth

This article examines the strange case of Hannah West, a 'very fair female of the white race of mankind' who had patches of black skin upon her body. A closer glance at William Charles Wells's 1818 posthumous publication of her case, *Account of A female of the white race of mankind*, part of whose skin resembles that of a Negro, exposes the process through which Wells crafted an incipient theory of natural selection that was based upon the belief that innate racial differences between blacks and whites were a result of generational adaptations to specific disease environments. Finally, this article demonstrates how Wells maintained Hannah West's whiteness, despite the potential for her skin to disrupt commonly held associations between skin colour and race. Rather than casting her as a racially transformative figure, Wells used her case to not only reify but also reaffirm the distinctiveness of black and white bodies.

[Health Citizenship and Access to Health Services: Finland 1900–2000](#)

Minna Harjula

By analysing access to health services, this paper explores the formation of health citizenship in Finland in the twentieth century. Health citizenship is seen as a part of social citizenship, which emphasises the citizen's rights to social security. The article constructs four different historical layers of health citizenship, each of which emphasise different dimensions of accessibility and involve different inclusive and exclusive tensions. The article shows the change of focus from promoting the acceptability of medical knowledge and health services, to regional availability of the services in the 1920s–1950s, and to universal affordability in the 1960s–1980s. The reforms of the 1990s respond to a new logic of individual responsibility and result in increasing hierarchies of health citizenship. Elements of the previous historical layers still have a presence in the contemporary health care. Finnish development indicates the interconnectedness of civil, political and health citizenship.

[Transnational Nationalism and Idealistic Science: The Alcohol Question between the Wars](#) (open access)

Johan Edman

This article studies the interwar international conferences on the alcohol problem. How did they view the alcohol problem and its causes; what were the consequences for the individual and the society as a whole; and which solutions merited discussion? The first post-war conferences enjoyed an optimistic and internationalistic atmosphere, added to by American prohibition, which had given the temperance movement plenty to be hopeful about. But when the 1920s turned to the 1930s, the conferences were transformed into arenas for national solutions and into outright propaganda pieces. The responses to the alcohol problem debated in the interwar conferences built on a combination of scientifically masked ideological conviction and ideologically inspired passion for science. The apparently neutral ethics of such thinking was manifested in various radical measures to combat alcohol abuse.

[The Hard School: Physical Treatments for War Neurosis in Britain during the Second World War](#)

Elizabeth Roberts-Pedersen

While accounts of the practice of military psychiatry during the Second World War have tended to emphasise the development of psychodynamic innovations such as therapeutic communities and group therapy in treating patients with war neurosis, this article explores the parallel use of 'physical treatments' by British practitioners during the conflict. Focusing on the work of William Sargant and his collaborators at the Sutton Emergency Hospital, it argues for the importance of these treatments not only for understanding the tenor of wartime psychiatry, but for demonstrating the attractions of physical treatments for managing large patient cohorts during wartime and in the post-war decades.

[Social Science & Medicine](#)

[The Index of Vulnerability: An anthropological method linking social-ecological systems to mental and physical health outcomes](#)

Paula Skye Tallman

Researchers need measures of vulnerability that are grounded in explicit theoretical and conceptual frameworks, that are sensitive to local contexts, and that are easy to collect. This paper presents the Index of Vulnerability (IoV), a quantitative yet anthropologically-informed method connecting social-ecological systems to mental and physical health outcomes. The IoV combines measures of five life domains; food insecurity, water insecurity, access to healthcare, social support, and social status. Scores on this index increase for each life domain where the individual falls into a "high risk" category. Thus, individuals with the highest IoV scores are those who are at risk across multiple life domains. This approach makes the IoV malleable to local contexts, as scholars can choose which

measure of each life domain is most appropriate for their study population. An anthropological study conducted among 225 Awajún adults living in the Peruvian Amazon from March to November of 2013 showed that men with higher IoV scores had significantly lower summary fat skinfolds, lower triglyceride levels, and a greater probability of reporting moderate to severe somatic symptoms and poor perceived health. Awajún women with higher IoV scores had significantly elevated perceived stress levels and a greater probability of reporting poor perceived health and moderate to severe somatic and depressive symptoms. Importantly, comparing the IoV to its constituent parts shows that it predicts a wider range of mental and physical health outcomes than any of the life domains alone. The IoV is presented here in relation to the broader political-economic and cultural context of the Awajún, forwarding a critical biocultural approach within anthropology, and demonstrating the IoV's utility for other scholars and practitioners.

[To tell or not to tell: A qualitative interview study on disclosure decisions among children with inflammatory bowel disease](#)

Claudia Barned, Alain Stinzi, David Mack, Kieran C. O'Doherty

Rationale

Living with a chronic illness poses many challenges, especially during the adolescent stage of development. Few studies have explored young people's experiences of talking about their illness and how they go about deciding if and when they should tell others about their condition.

Objective

Our study sought the perspectives of Canadian children and adolescents living with inflammatory bowel disease (IBD) to determine how they go about deciding if and when to tell others about their illness.

Methods

Twenty-five participants with IBD, ranging in age from 10 to 17 years old, were interviewed about their experiences.

Results

Our participants highlighted that they generally preferred to conceal their illness. However, when they did disclose, they drew on a diverse range of contextual factors such as their knowledge of the illness as well as the severity of their illness, to make the decision. They also highlighted that one of the main challenges they experience is dealing with negative reactions to the news of their illness. This paper presents a decision-making model describing how children decide whether to disclose or conceal their IBD.

Conclusion

Our study illustrates that for children and adolescents, managing others' knowledge about their illness has important implications for illness identity management. We argue that knowledge of how children with IBD make disclosure decisions is an important part of understanding the social experience of having IBD, and in creating environments that allow them to adapt to life with IBD. Our study clearly highlights the need for specific programs to be implemented to normalize IBD and to create supportive environments for children and adolescents diagnosed with IBD.

["You get to know the people and whether they're talking sense or not":
Negotiating trust on health-related forums](#)

Ellen Brady, Julia Segar, Caroline Sanders

The internet is increasingly being used as a source of health advice and information by individuals with long term conditions (LTCs). Specifically, online forums allow people to interact with others with similar conditions. However, it is not clear how online health information is assessed by those with LTCs. This study aims to address this gap by exploring how individuals with contested and uncontested LTCs utilise internet forums. Semi-structured interviews were conducted with 20 participants with ME/CFS and 21 participants with type 1 and 2 diabetes and analysed using thematic analysis. Participants were recruited via online and offline routes, namely forums, email lists, newsletters, and face-to-face support groups. The findings indicate that the use of online forums was a complex and nuanced process and was influenced by a number of individual and illness-specific factors. Participants trusted those with similar experiences and perspectives as themselves, while also valuing conventional biomedical information and advice. By accessing support online, forum users were able to draw on a personalised form of support based on the lived experiences of their peers. However, the role of digital literacy in developing and maintaining online relationships must be acknowledged.

[Mothercraft: Birth work and the making of neoliberal mothers](#)

Katharine McCabe

The literature on neoliberal health governance explores how macro-economic neoliberal policies as well as individual attitudes and behaviors reflect an increasingly individualized construction of health and citizens' responsibility over it. This study contributes to this literature and expands it in important ways. Drawing on qualitative interviews from 22 midwives and birth workers (doulas, childbirth educators, lactation consultants) practicing in the US, this study explores how midwives and birth workers act as "experts of conduct" who promote certain neoliberal values in their logics of care and interactions with clientele. The findings reveal that midwives and birth workers promote a form of maternal neoliberal health governance by: 1) making distinctions between their

clientele that signal differences in health competence and resources, 2) encouraging autonomy and responsibility over birth experiences, and 3) promoting an empowerment discourse that hinges implicitly on an exclusionary consumer choice rhetoric. Midwives and birth workers are crucially implicated in shaping maternal subjectivities through pedagogical interactions I refer to as “mothercraft.” This study illustrates how the promotion of certain health identities by experts further stratifies patient populations, exacerbating differences between women based on their socioeconomic status, racial-ethnic, and cultural positions.

[“Whenever they cry, I cry with them”: Reciprocal relationships and the role of ethics in a verbal autopsy study in Papua New Guinea](#)

H.N. Gouda, A. Kelly-Hanku, L. Wilson, S. Maraga, I.D. Riley

Verbal autopsy (VA) methods usually involve an interview with a recently bereaved individual to ascertain the most probable cause of death when a person dies outside of a hospital and/or did not receive a reliable death certificate. A number of concerns have arisen around the ethical and social implications of the use of these methods. In this paper we examine these concerns, looking specifically at the cultural factors surrounding death and mourning in Papua New Guinea, and the potential for VA interviews to cause emotional distress in both the bereaved respondent and the VA fieldworker. Thirty one semi-structured interviews with VA respondents, the VA team and community relations officers as well as observations in the field and team discussions were conducted between June 2013 and August 2014. While our findings reveal that VA participants were often moved to cry and feel sad, they also expressed a number of ways they benefited from the process, and indeed welcomed longer transactions with the VA interviewers. Significantly, this paper highlights the ways in which VA interviewers, who have hitherto been largely neglected in the literature, navigate transactions with the participants and make everyday decisions about their relationships with them in order to ensure that they and VA interviews are accepted by the community. The role of the VA fieldworker should be more carefully considered, as should the implications for training and institutional support that follow.

[“It’s not if I get cancer, it’s when I get cancer”: BRCA-positive patients’ \(un\)certain health experiences regarding hereditary breast and ovarian cancer risk](#)

Marleah Dean

Rationale

Women with a harmful mutation in the BReast CAncer (BRCA) gene are at significantly increased risk of developing hereditary breast and ovarian cancer (HBOC) during their lifetime, compared to those without. Such patients—with a genetic predisposition to develop cancer but who have not

yet been diagnosed with cancer—live in a constant state of uncertainty and wonder not if they might get cancer but when.

Objective

Framed by uncertainty management theory, the purpose of this study was to explore BRCA-positive patients' health experiences after testing positive for the BRCA genetic mutation, specifically identifying their sources of uncertainty.

Methods

Thirty-four, qualitative interviews were conducted with female patients. Participants responded to online research postings on the non-profit organization Facing Our Risk of Cancer Empowered's (FORCE) message board and social media pages as well as HBOC-specific Facebook groups. The interview data were coded using the constant comparison method.

Results

Two major themes representing BRCA-positive patients' sources of uncertainty regarding their genetic predisposition and health experiences emerged from the data. Medical uncertainty included the following three subthemes: the unknown future, medical appointments, and personal cancer scares. Familial uncertainty encompassed the subthemes traumatic family cancer memories and motherhood.

Conclusions

Overall, the study supports and extends existing research on uncertainty—revealing uncertainty is inherent in BRCA-positive patients' health experiences—and offers new insight regarding uncertainty management and HBOC risk.

[“Halfway towards recovery”: Rehabilitating the relational self in narratives of postnatal depression](#)

Meredith Stone, Renata Kokanovic

This article explores expositions of subjectivity in accounts of postnatal depression (PND). It examines the public narratives of 19 Australian women contributing to a health information website (healthtalkaustralia.org), collected across two Australian qualitative research studies conducted between 2011 and 2014. For the first part of the paper we analysed narrative data using a combination of phenomenological and psychoanalytic techniques. We found that postnatal distress was described in embodied, relational terms and that women depicted their distress as a pre-verbal intrusion into 'known' selves. We interpreted this intrusion as a doubly relational phenomenon – informed at once by a woman's encounter with her infant and her 'body

memory' of earlier relational experiences. For the second part we examined how and why women classified this relational distress as PND. We drew on illness narrative literature and recent work on narrative identity to explore why women would want to 'narrate PND' – an apparently antithetical act in an environment where there is a duty to be a good (healthy) mother. We highlight the dual purpose of the public PND narration – as a means of re-establishing a socially sanctioned known self and as a relational act prompted by the heightened relationality of early maternity. Our focus on the salutary aspects of narrating PND, and its links to relational maternal subjectivities, offers a novel contribution to the current literature and a timely analysis of a largely uninterrogated sociocultural phenomenon.

Social Studies of Science

[Neoliberal science, Chinese style: Making and managing the 'obesity epidemic'](#)

Susan Greenhalgh

Science and Technology Studies has seen a growing interest in the commercialization of science. In this article, I track the role of corporations in the construction of the obesity epidemic, deemed one of the major public health threats of the century. Focusing on China, a rising superpower in the midst of rampant, state-directed neoliberalization, I unravel the process, mechanisms, and broad effects of the corporate invention of an obesity epidemic. Largely hidden from view, Western firms were central actors at every stage in the creation, definition, and governmental management of obesity as a Chinese disease. Two industry-funded global health entities and the exploitation of personal ties enabled actors to nudge the development of obesity science and policy along lines beneficial to large firms, while obscuring the nudging. From Big Pharma to Big Food and Big Soda, transnational companies have been profiting from the 'epidemic of Chinese obesity', while doing little to effectively treat or prevent it. The China case suggests how obesity might have been constituted an 'epidemic threat' in other parts of the world and underscores the need for global frameworks to guide the study of neoliberal science and policymaking.

[Innovation by coercion: Emerging institutionalization of university–industry collaborations in Russia](#)

Olga Bychkova

This article explores the emerging institutionalization of collaborative university–industry networks in Russia. The Russian government has attempted to use a top-down public policy scheme to stimulate and promote network-building in the R&D sector. In order to understand the

initial organizational responses that universities and companies select while structuring collaborations, the article utilizes conceptual perspectives from institutional theory, especially drawing on arguments from strategic choice, network-building, and network failure studies.

[Social Theory & Health](#)

[Psychiatry's little other: DSM-5 and debates over psychiatric science](#)

Claire Laurier Decoteau and Paige L. Sweet

In 2013, the National Institute of Mental Health (NIMH) broke rank with the American Psychiatric Association (APA) over the release of DSM-5, psychiatry's 'bible' of mental disorders. Announcing that it would use its own biological categorization system in place of DSM-5, NIMH ignited a debate about the nature of psychiatric epistemology. We analyze these DSM-5 debates as a critical moment in psychiatry's history of epistemological 'revolutions.' Psychiatric pioneers, throughout the field's history, have presumed that biological dysfunction anchored mental disorders, and yet locating biological cause has proved elusive. Each time its failure to secure biological cause is unveiled, psychiatric experts reinvent the field in the image of greater scientificity. Using psychoanalytic theory, we argue that biology operates as Lacan's *objet petit a*. The field of psychiatry is propelled forward by a mismatch between its imaginary identification as an objective science and its fragmented actuality as a symbolic system. Despite their attempts to repress the field's fragmentation, leaders in psychiatry continuously bump into their failure to elucidate the biological foundation of mental disorders, compelling them to reiterate psychiatry's fantasy identifications, now through imagery of the 'mysterious' brain.

[Capitalising on cultural dichotomies: Making the 'right choice' regarding cochlear implants](#)

Tracey Edelist

In this article, I examine how health professionals in Ontario, Canada, frame disability, deafness, language and culture within the dichotomy between Deaf culture/sign language and Hearing culture/oral language, and the relation such framing has to parental decision making regarding hearing technologies and mode of communication for their children. I address how the Deaf/Hearing dichotomy has influenced the medicalisation of deafness and its version of integration via rehabilitation, explored through Michalko's (1999, 2002) concept of 'estranged familiarity,' complicated further by the representation of Hearing people within Deaf culture. After first summarizing the historical processes that resulted in the creation of Deaf (and Hearing) culture, I use Bhabha's concept of hybridity (1994) to deconstruct the notion of essentialist Deaf

and Hearing identities. Through consideration of how d/Deaf people and hearing children of Deaf adults inhabit various in-between spaces, the fluidity of cultural identity is acknowledged. I conclude by proposing that through exploring the myriad ways to be in-between, the artificiality of the essentialised Deaf/Hearing dichotomy is revealed, allowing for a re-examination of the exclusive cultural and communication 'choices' presented to many parents of deaf children.

[Translational biomedicine in action: Constructing biomarkers across laboratory and bedside](#)

Stefano Crabu

This article, based on ethnographic research conducted in a major Italian institution specialising in cancer care and research, provides insight into the clinical and basic research laboratory practices articulated around an experimental protocol designed to develop a biomarker. The article adopts an 'ecological' perspective matured in the field of science and technology studies of the translational process and suggests that biomedical activities are multi-directional, and cannot be understood in reductionist terms, that is, as a two-way linear transfer of bio-knowledge from the bench to bedside and back. I propose the notion of technomimicry, in its dual acceptance in the clinical and experimental sense, to understand the cognitive, social and material strategies involved in the circuit of migration of heterogeneous materials and information across scientific laboratories and clinics. Clinical and experimental technomimicry theoretically capture the multi-directional and multi-modal process of the re-location of materials and bio-knowledge from one site to another. These concepts also highlight how the epistemological boundaries of the clinic and laboratory are required to be mutually adjusted and continuously realigned in order to translate laboratory facts into clinical activities, and clinical evidence into researchable issues.

[Rethinking therapeutic strategies in cancer: Wars, fields, anomalies and monsters](#)

Simon Stewart and Cyril Rauch

This article argues that the excessive focus on cancer as an insidious living defect that needs to be destroyed has obscured the fact that cancer develops inside human beings. Therefore, in order to contribute to debates about new cancer therapies, we argue that it is important to gain a broader understanding of what cancer is and how it might be otherwise. First, in order to reframe the debate, we utilize Pierre Bourdieu's field analysis in order to gain a stronger understanding of the structure of the (sub)field of cancer research. In doing so, we are able to see that those in a dominant position in the field, with high levels of scientific capital at their disposal, are in the strongest position to determine the type of research that is

carried out and, more significantly, how cancer is perceived. Field analysis enables us to gain a greater understanding of the complex interplay between the field of science (and, more specifically, the subfield of cancer research) and broader sources of power. Second, we draw attention to new possible ways of understanding cancer in its evolutionary context. One of the problems facing cancer research is the narrow time frame within which cancer is perceived: the lives of cancer cells are considered from the moment the cells initially change. In contrast, the approach put forward here requires a different way of thinking: we take a longer view and consider cancer as a living entity, with cancer perceived as anomalous rather than abnormal. Third, we theorize the possibility of therapeutic strategies that might involve the redirection (rather than the eradication) of cancer cells. This approach also necessitates new ways of perceiving cancer.

[City & Society](#)

[A Crouching Village: Ebola and the Empty Gestures of Quarantine in Monrovia](#)

Danny Hoffman

In its scale, its virulence, and, most significantly, its urbanity, the 2014-2015 outbreak of Ebola Virus Disease (EVD or simply Ebola) in the Mano River region of West Africa seemed to challenge the basic tools of modern public health. As a result, the government of Liberia took the extraordinary step of implementing a cordon sanitaire around one of the poorest neighborhoods in the capital city, Monrovia. Observers labeled both the quarantine and the ensuing riots as barbaric acts not seen since the plagues of the Middle Ages. This characterization masked the real history of racial separation that defines many African cities, and cast Monrovia's poorest residents as morally bankrupt, primitive savages. In this article I instead explore the quarantine as an instance of the repetition of a familiar urban form, and read the ensuing violence in Monrovia's West Point neighborhood not as an ethical problem but as an "empty" political gesture.

[Anthropology & Medicine](#) – *Special Issue: Medical Pluralism and Beyond*

[Introduction to the special issue 'medical pluralism and beyond'](#) (*open access*)

Danuta Penkala-Gaw?cka & Ma?gorzata Rajtar

[Risky encounters with doctors? Medical diversity and health-related strategies of the inhabitants of Bishkek, Kyrgyzstan](#)

Danuta Penkala-Gaw?cka

This paper introduces the notion of 'risky encounters', referring to the way in which contacts with doctors are commonly perceived by the inhabitants of Bishkek, the capital city of Kyrgyzstan. The author's research conducted between 2011 and 2013 revealed that most people were extremely critical of biomedical personnel, despite positive assessments of healthcare reforms expressed by experts. Owing to the prevailing distrust of doctors, their interventions are often considered risky to one's health, which strongly influences people's health-related strategies in the context of medical diversity. This perception of risk is deeply embedded in feelings of uncertainty and anxiety, which should be viewed from the more general perspective of the political, economic and social uncertainties resulting from the difficulties of the period of post-Soviet transformation. It is evident that medical diversity in Bishkek provides people in need with many non-biomedical treatment options, and a distrust of doctors significantly contributes to the popularity of complementary medicine. Economic constraints and local concepts of health, illness and efficacy are among the many other factors that play a role in therapeutic choices. However, the current paper focuses on risk, uncertainty and trust, as emotions that are central to an understanding of the health-related strategies and tactics used by the inhabitants of present-day Bishkek.

[Patients' webs of relations in the medical landscapes of Central Ukraine](#)
Iwona Kołodziejska-Degórska

Village dwellers in Central Ukraine have access to various types of therapy that comprise diverse medical landscapes. Patients' movements within these landscapes are possible thanks to each person's web of relations. Medical landscapes are not fixed, but vary and dynamically change for each person, depending on their fluid and interchanging, hierarchical webs of mutual relations with other people, personal bodies, institutions, discourses, political powers, other non-human organisms, or objects such as medicines. This paper was inspired by the medicoscape concept (Hörbst and Krause 2004) as well as Ingold's idea of meshwork analyses of relations between various actors: in this case, patients, healers, a weak state, official healthcare providers, pharmacists and medicinal plants, in the context of patients' therapeutic choices. Self-medication based on herbal remedies is a very important feature of people's medical landscapes in Central Ukraine and usually the first therapy choice for most interlocutors. That is why this paper is focused on the presentation of the means through which people acquire knowledge about medicinal plants, and the ways they interact with plants and plants interact with them. In this way, showing the complexity of villagers' webs of relations is possible. The analysis is based on ethnographic research conducted between 2009 and 2013 in the Vinnytsia region (Central Ukraine).

[Jehovah's Witness patients within the German medical landscape](#)*Ma?gorzata Rajtar*

Blood transfusions belong to standard and commonly utilised biomedical procedures. Jehovah's Witnesses' transfusion refusals are often referred to in bioethical and medical textbooks. Members of this globally active religious organisation do not, however, challenge biomedical diagnosis and treatment as such. A result of both their trust in and their interpretation of the Bible, they question only this medical treatment. In spite of the global presence of this religious community and its uniformly practised teachings, including those pertaining to blood, experiences and choices of Jehovah's Witness patients have been understudied. Drawing on a nine-month fieldwork with Jehovah's Witnesses and physicians in Germany (mainly in Berlin) between 2010 and 2012, the paper addresses treatment choices made by Witness patients and their relationship with physicians. In light of the long tradition of 'medical heterodoxy' established in German culture and society, Germany constitutes an ideal point of departure for such a study. By utilising the concept of 'medical landscape' it is argued that Jehovah's Witnesses in my field site find themselves at the intersection of different medical landscapes: in the 'immediate' surroundings of the German healthcare system that is open to different 'treatment modalities', and that of the United States, which favours biomedicine. The paper also argues that Jehovah's Witnesses' position towards blood transfusions can further be used as a lens to shed light on the German (bio)medical landscape itself.

[Biomedical practices from a patient perspective. Experiences of Polish female migrants in Barcelona, Berlin and London](#)*Izabella Main*

This paper focuses on the diversity in patients' experience of bio-medicine and contrasts it with the normative view characteristic of health professionals. Ethnographic fieldwork among Polish migrant women in London, Barcelona and Berlin included interviews about their experiences with local healthcare and health professionals. Themes drawn from the narratives are differences between the cities in terms of communication between patients and health professionals, respect for patients' choices and dignity, attitudes to pregnancy and birth (different levels of medicalization), and paediatric care. It is argued that patients continuously negotiate among their own views and expectations based on previous experiences and knowledge from personal communication; internet forums and publications; and the offer of medical services in the countries of their settlement. Patients experience pluralism of therapeutic traditions within and outside bio-medicine. In turn, representatives of bio-medicine are rarely aware of other medical practices and beliefs and this leads to various misunderstandings. By highlighting the pluralism of medical

practices in European countries and the increasing mobility of patients, this case study has useful implications for medical anthropologists and health professionals in a broader Western context, such as raising sensitivity to different communication strategies and a diversity of curing traditions and expectations.

[Forms of medical pluralism among the Polish Community in Misiones, Argentina](#)

Monika Kujawska

The paper addresses forms of medical pluralism, studied from the microsocial perspective, among the Polish community in Misiones, Argentina. It shows different attitudes to health treatment within the field of home medicine, local non-biomedical specialists and biomedicine. It points out the relationship between the diversity of offers of medical assistance and community members' negotiations between various medical approaches. It also identifies the factors influencing these choices. While prior research examines Indigenous and Mestizo medical ethnobotany in this region, there has not been research on medical pluralism and very little study of complementary and alternative medicine among the inhabitants of Misiones. The study group comprises Polish peasants who settled in northern Misiones between 1936 and 1938 and their descendants born in Argentina. Field research was based on semi-structured, in-depth and free-listing interviews. The analysis was carried out using both qualitative and quantitative approaches. The results show that Polish settlers tried to reconstruct bits and pieces of their familiar and traditional healing practices in the new environment. Phytotherapy plays the most important role among home therapies. It is at home that most treatments start. Members of the Polish community also treat folk illnesses at home and report them to local healers. The growing influence of biomedicine does not contribute to the elimination of home medicine or non-biomedical specialists in the study area. There has been a medicalization of childbirth and fractures, but folk experts such as *curanderos*, *hueseros* and *naturistas* are still very popular in the region.

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