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## In the Journals, January 2016

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By Aaron Seaman

In addition to our regular roundup of journal offerings, the current issue of Medical Anthropology is a special issue, entitled "[Diversions of Biomedical Technologies in a Globalized World](#)," on which we have posted [here](#).

### [Critical Public Health](#)

[Blood and the public body: a study of UK blood donation and research participation](#)

*Simon Cohn*

This paper draws on interview and ethnographic data to describe donor accounts of blood donation in England, and how this contrasts to their responses when invited to also participate in two associated public health research studies. Donor views about usual blood donation combine the general, if flexible, theme of altruism with powerful notions of the social collective, giving rise to the sense that they are making tangible, physical ties and constructing a social body through the act of donation. However, their accounts of research participation are more open and ambiguous. At the core of this is the sense that they do not know what exactly they are 'giving', since the research is ultimately about collecting information, rather than substance. Equally, the donor-participants are not sure who they are giving it to, since they have no sense of the social collective that potentially might benefit from the research. The paper argues that the concept of 'the population' in public health is not only a term that is alien and abstract for the blood donors, but increasingly is a post hoc category for large-scale epidemiological studies. As a result, rather than supporting the obvious assumption that individual bodies make up populations, in practice, particular population renderings determine the nature of individual bodies. In so doing, the need to address ideas of 'the social', as distinct from 'the population', is increasingly unnecessary in much of public health research.

[Theories of practice and public health: understanding \(un\)healthy](#)

[practices](#)

*Stanley Blue, Elizabeth Shove, Chris Carmona, and Michael P. Kelly*

Psychological understandings and individualistic theories of human behaviour and behaviour change have dominated both academic research and interventions at the 'coalface' of public health. Meanwhile, efforts to understand persistent inequalities in health point to structural factors, but fail to show exactly how these translate into the daily lives (and hence health) of different sectors of the population. In this paper, we suggest that social theories of practice provide an alternative paradigm to both approaches, informing significantly new ways of conceptualising and responding to some of the most pressing contemporary challenges in public health. We introduce and discuss the relevance of such an approach with reference to tobacco smoking, focusing on the life course of smoking as a practice, rather than on the characteristics of individual smokers or on broad social determinants of health. This move forces us to consider the material and symbolic elements of which smoking is comprised, and to follow the ways in which these elements have changed over time. Some of these developments have to do with the relation between smoking and other practices such as drinking alcohol, relaxing and socialising. We suggest that intervening in the future of smoking depends, in part, on understanding the nature of these alliances, and how sets of practices co-evolve. We conclude by reflecting on the implications of taking social practices as the central focus of public health policy, commenting on the benefits of such a paradigmatic turn, and on the challenges that this presents for established methods, policies and programmes.

[Health](#)[Gene worlds](#)

*Stefan Timmermans and Sara Shostak*

Drawing from a critical sociology of knowledge perspective, we situate the production of genetic information within relevant political, financial, and professional contexts. We consider as well the broad range of social conditions that render genetic knowledge salient in clinical settings and for population health. This sociological analysis of genetic knowledge highlights how genetic knowledge flourishes and shapes social environments and how in turn environments select for particular forms of genetic knowledge.

We examine the role of the laboratory, regulatory state, and social movements in the production of genetic knowledge and the clinic, family, and population health as critical sites where genetic knowledge becomes actionable.

## [Health and Place](#)

### [Home-making after stroke. A qualitative study among Dutch stroke survivors](#) (*open access*)

*Louise Meijering, Christa S. Nanninga, and Ant T. Lettinga*

Stroke survivors may suffer from physical limitations as well as cognitive and behavioural difficulties. Many survivors work on their recovery in a rehabilitation clinic with the aim to return to their own home again. Since full recovery is often not feasible, they face the challenge of coming to terms with lasting effects of the stroke and of giving meaning to their home place again.

Based on in-depth interviews with stroke survivors, we discuss the meaning of the home with respect to changed post-stroke identities. Our findings show how, for many participants, a formerly comfortable home becomes a space of struggle. Formerly stable bodily routines become time-consuming and demanding, reciprocal relationships with significant others change, often becoming unbalanced dependence. In conclusion, each stroke survivor faces a different struggle to accommodate a changed self in a house that does not feel like home anymore. These findings imply that stroke rehabilitation services need to address the individual and everyday challenges that stroke survivors and their families face at home, to improve their sense of home and well-being.

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

### [Animals, Pictures, and Skeletons: Andreas Vesalius's Reinvention of the Public Anatomy Lesson](#)

*Allen Shotwell*

In this paper, I examine the procedures used by Andreas Vesalius for conducting public dissections in the early sixteenth century. I point out that in order to overcome the limitations of public anatomical demonstration noted by his predecessors, Vesalius employed several innovative strategies, including the use of

animals as dissection subjects, the preparation and display of articulated skeletons, and the use of printed and hand-drawn illustrations. I suggest that the examination of these three strategies for resolving the challenges of public anatomical demonstration helps us to reinterpret Vesalius's contributions to sixteenth-century anatomy.

### [Louis Sambon and the Clash of Pellagra Etiologies in Italy and the United States, 1905–14](#)

*David Gentilcore*

This article explores the extent to which the bacterial concept of disease acted as an obstacle to the understanding of deficiency diseases, by focusing on explorations into the cause of pellagra in the early twentieth century. In 1900, pellagra had been epidemic in Italy for 150 years and was soon to become so in the United States, yet the responses of medical investigators differed substantially. To account for these, the article reconstructs the sharply contrasting reactions to a provocative theory proposed by Louis Sambon. Applying a tropical diseases approach to pellagra, Sambon argued that pellagra had nothing at all to do with maize consumption, as the Italians had long thought, but was caused by the bite of a parasite-carrying insect. Italian pellagrologists, involved in a dogmatic quest for a toxin in maize, and with pellagra rates there on the decline, marginalized the Sambon hypothesis. By contrast, in the United States, with pellagra on the rise, the dominant infectious paradigm put Sambon center stage, his proposed etiology shaping the earliest American investigations. When the deficiency disease concept gained currency in 1913, the relatively closed world of Italian pellagrology was wrong-footed, while the more open-ended U.S. community was better able to follow up the new lead. The article discusses what these shifts and the resulting controversies reveal about the medical contexts. The actor-centered approach, with reaction to Sambon's intervention as a kind of test-case, is the key to understanding these controversies and why they mattered.

### [An Asymmetrical Network: National and International Dimensions of the Development of Mexican Physiology](#)

*Marcos Cueto*

This article examines the history of Mexican physiology during the

period 1910–60 when two noted investigators, José J. Izquierdo, first, and Arturo Rosenblueth, second, inscribed their work into an international network of medical research. The network had at its center the laboratory of Walter B. Cannon at Harvard University. The Rockefeller Foundation was its main supporter. Rosenblueth was quite familiar with the network because he worked with Cannon at Harvard for over ten years before returning to Mexico in the early 1940s. Izquierdo and Rosenblueth developed different strategies to face adverse conditions such as insufficient laboratory equipment, inadequate library resources, a small scientific community, and ephemeral political support. Both acquired local influence and international prestige, but the sources of financial and academic power remained in the United States. This case study provides insight into the circulation of scientific ideas and practices in an important Latin American country and suggests that the world's circulation of science among industrial and developing nations during the mid-twentieth century was intrinsically asymmetric but opened temporary opportunities for talented individuals and groups of researchers.

### [Medical Aid, Repression, and International Relations: The East German Hospital at Metema](#)

*Iris Borowy*

Between 1984 and 1988, the German Democratic Republic (GDR) built a hospital in a remote part of Ethiopia, close to the Sudanese border. The project evolved in a complex combination of contexts, including the general foreign policy goals of the GDR, its specific alliance with Ethiopia, the famine of 1984–85, civil war in Ethiopia, and a controversial resettlement program by the government of Mengistu Haile Mariam. Though almost unknown today, it was a high-profile project at the time, which received the personal support both by Erich Honecker in the GDR and Mengistu Haile Mariam in Ethiopia. However, their interest was directed more at the political goals the project was expected to serve than at the hospital itself. Both the preparation and the implementation of the project were extremely difficult and almost failed due to problems of transportation, of red tape, and of security. The operation of the hospital was also not ideal, involving frustrated personnel and less than complete acceptance by the local population. Ironically, for all its practical difficulties, the hospital has outlived both governments and their political goals, surviving as a medical institution.

**Social Science & Medicine** (two issues, [here](#) and [here](#), selected articles below)

[“I was on the way to the hospital but delivered in the bush”: Maternal health in Ghana’s Upper West Region in the context of a traditional birth attendants’ ban](#)

*Andrea Rishworth, Jenna Dixon, Isaac Luginaah, Paul Mkandawire, and Caesar Tampah Prince*

This study examines perceptions and experiences of mothers, traditional birth attendants (TBA), and skilled birth attendants (SBA) regarding Ghana’s recent policy that forbids TBAs from undertaking deliveries and restricts their role to referrals. In the larger context of Ghana’s highly underdeveloped and geographically uneven health care system, this study draws on the political ecology of health framework to explore the ways global safe motherhood policy discourses intersect with local socio-cultural and political environments of Ghana’s Upper West Region (UWR). This study reveals that futile improvements in maternal health and the continued reliance on TBAs illustrate the government’s inability to understand local realities marked by poor access to SBAs or modern health care services. Using focus group discussions (FGDs) (n = 10) and in-depth interviews (IDIs) (n = 48) conducted in Ghana’s UWR, the findings suggest that mothers generally perceive TBAs as better placed to conduct deliveries in rural isolated communities, where in most cases no SBAs are present or easily accessible. The results indicate that by adhering to the World Health Organization’s guidelines, the local government may be imposing detrimental, unintended consequences on maternal and child health in remote rural locations. In addition, the findings suggest that the new policy has resulted in considerable confusion among TBAs, many of whom remain oblivious or have not been officially notified about the new policy. Furthermore, participant accounts suggest that the new policy is seen as contributing to worsening relations and tensions between TBAs and SBAs, a situation that undermines the delivery of maternal health services in the region. The study concludes by suggesting relevant policy recommendations.

[Economic constraints on taste formation and the true cost of healthy eating](#)

*Caitlin Daniel*

This article shows how an interaction between economic constraints and children's taste preferences shapes low-income families' food decisions. According to studies of eating behavior, children often refuse unfamiliar foods 8 to 15 times before accepting them. Using 80 interviews and 41 grocery-shopping observations with 73 primary caregivers in the Boston area in 2013–2015, I find that many low-income respondents minimize the risk of food waste by purchasing what their children like—often calorie-dense, nutrient-poor foods. High-income study participants, who have greater resources to withstand the cost of uneaten food, are more likely to repeatedly introduce foods that their children initially refuse. Several conditions moderate the relationship between children's taste aversion and respondents' risk aversion, including household-level food preferences, respondents' conceptions of adult authority, and children's experiences outside of the home. Low-income participants' risk aversion may affect children's taste acquisition and eating habits, with implications for socioeconomic disparities in diet quality. This article proposes that the cost of providing children a healthy diet may include the possible cost of foods that children waste as they acquire new tastes.

["We don't wear it on our sleeve": Sickle cell disease and the \(in\)visible body in parts](#)

*Rebekah M. Ciribassi and Crystal L. Patil*

This paper approaches the lived experiences of patients with a genetically inherited chronic disease, sickle cell disease (SCD), through the lens of (in)visibility. SCD has been referred to as an "invisible" disease for a variety of interrelated reasons, including the difficulty of objectively measuring its characteristic symptoms, the lack of popular or specialist attention, and its characterization as a "black" disease. By mobilizing "invisibility" as a way of probing the day-to-day reinforcements of marginality, this article delves into how structural forces are experienced, interpreted, and negotiated by individual actors. To this end, we present ethnographic data collected from November 2009 until November 2013 with SCD patients and healthcare workers in Chicago. These data emphasize that rendering (in)visible is not a totalizing act, but rather meaningfully breaks the body into differentially visible and ideology-laden parts. More broadly, this indicates the need to rigorously question sources and effects of authority in biomedicine.

[Migrant maternity in an era of superdiversity: New migrants' access to, and experience of, antenatal care in the West Midlands, UK](#)

*Jenny Phillimore*

Rapid increase in the scale, speed and spread of immigration over the past two decades has led to an increase in complexity of populations termed superdiversity. Concerns have been expressed about impacts of the pressure that superdiversity is said to place upon maternity services. High migrant fertility and infant and maternal mortality rates have long been observed in diverse areas with inadequate antenatal monitoring seen as a major causal factor in migrants' maternity outcomes. Using qualitative data from a study of new migrants' access to maternity services in the UK's West Midlands region, with some of the highest infant and maternal mortality rates in Europe, this paper looks at the reasons migrants' access to antenatal care is poor. The paper finds that contrary to earlier studies which pointed to a lack of priority placed on such care by migrants, a combination of structural, legal and institutional barriers prevent migrant women accessing effective antenatal care.

["Heroes' invisible wounds of war:" constructions of posttraumatic stress disorder in the text of US federal legislation](#)

*Jonathan Purtle*

Public policies contribute to the social construction of mental health problems. In this study, I use social constructivist theories of policy design and the methodology of ethnographic content analysis to qualitatively explore how posttraumatic stress disorder (PTSD) has been constructed as a problem in US federal legislation. I analyzed the text of 166 bills introduced between 1989 and 2009 and found that PTSD has been constructed as a problem unique to combat exposures and military populations. These constructions were produced through combat-related language and imagery (e.g., wounds, war, heroism), narratives describing PTSD as a military-specific phenomenon, and reinforced by the absence of PTSD in trauma-focused legislation targeting civilians. These constructions do not reflect the epidemiology of PTSD—the vast majority of people who develop the disorder have not experienced combat and many non-combat traumas (e.g., sexual assault) carry higher PTSD risk—and might constrain public and political discourse about the disorder and reify sociocultural barriers to the access of mental health services.



## [Sociology of Health & Illness](#)

[‘Rule your condition, don’t let it rule you’: young adults’ sense of mastery in their accounts of growing up with a chronic illness](#) (*open access*)

*Janet Heaton, Ulla Räisänen, and Maria Salinas*

Poor control of chronic illness is often attributed to patients’ non-adherence to medical advice and treatment. Policy and practice has traditionally focused on improving adherence, assuming that the more patients comply, the better their control and outcomes will be. Drawing on complexity theory, we question this logic in a secondary analysis of qualitative data from studies of young adults’ experiences of growing up with a chronic illness. Examining their sense of mastery of their condition, we found they valued both being in medical control of their condition and having autonomy but had different ideas about how to achieve these goals. While some young adults mostly shared the traditional medical view that achieving good control was the key to retaining their autonomy, others saw control and autonomy as independent, non-linear and potentially conflicting goals. The latter endeavoured to achieve both goals by striking a balance, variously adopting strategies of engagement with and resistance to their regime in the changing social contexts of their lives. We suggest that policy and practice needs to do more to promote autonomy and adaptive capacity, rather than simply maximising adherence and control, recognising the mundane complexity of living with and managing a chronic illness.

## [The emergence of trust in clinics of alternative medicine](#)

*Inge Kryger Pedersen, Vibeke Holm Hansen, and Kristina Grünenberg*

Demands for alternative medicine have increased since the 1970s in nations in which western scientific evidence has become the basis for health care. This paradox has been the impetus to examine how trust emerges in clinics of alternative medicine. Alternative practitioners are self-regulated and the clients pay out of their own pockets to attend non-authorised treatments with very limited scientific evidence of their effects. Trust is a key issue in this context. However, only a few studies have dealt with the ways in which alternative practitioners win their clients’ trust. Drawing on three qualitative studies and informing the empirical findings with a

sociological concept of trust, this article provides new empirical insights on how trust emerges in Danish clinics of acupuncture, reflexology and homeopathy. The analysis demonstrates how trust is situational and emerges through both clients' susceptibility and practitioners' individual skill development and strategies, as well as from objects, place and space. Trust is developed on relational and bodily as well as material grounds. It is argued that the dynamics and elements of trust identified do not only minimise uncertainties but sometimes convert these uncertainties into productive new ways for clients to address their ailments, life circumstances and perspectives.

[On social plasticity: the transformative power of pharmaceuticals on health, nature and identity](#) (*open access*)

*Johanne Collin*

This article proposes a theoretical framework on the role of pharmaceuticals in transforming perspectives and shaping contemporary subjectivities. It outlines the significant role drugs play in three fundamental processes of social transformation in Western societies: medicalisation, molecularisation and biosocialisation. Indeed, drugs can be envisaged as major devices of a pharmaceutical regime, which is more akin to the notion of *dispositif*, as used by Foucault, than to the sole result of high-level scheming by powerful economic interests, a notion which informs a significant share of the literature. Medications serve as a key vector of the transformation of perspective (or gaze) that characterises medicalisation, molecularisation and biosocialisation, by shifting our view on health, nature and identity from a categorical to a dimensional framework. Hence, central to this thesis is that the same underlying mechanism is at work. Indeed, in all three processes there is an evolving polarity between two antinomic categories, the positions of which are constantly being redefined by the various uses of drugs. Due to their concreteness, the fluidity of their use and the plasticity of the identities they authorise, drugs colonise all areas of contemporary social experiences, far beyond the medical sphere.

[Navigating the field of temporally framed care in the Danish home care sector](#)

*Pernille Tufte and Hanne Marlene Dahl*

The organisational and temporal framing of elderly care in Europe has changed in the wake of new public management reforms and standardised care services, the strict measurement of time and work schedules have become central aspects of care work. The article investigates the crafting of care in this framing: how care workers approach the services specified in their rotas and navigate between needs, demands and opportunities in the daily performance of duties. Applying feminist theory on time and anthropological theory on social navigation, it examines the practice of home care work in two Danish municipalities. Data are derived predominantly from participant observation. The article identifies two overarching temporal dilemmas in different home care situations: one where process time prevails over clock time and another where the care workers balance the two. Focusing on how care workers respond to these dilemmas in practice, the article identifies various navigation tactics, including leaving time outside, individualised routinisation, working on different paths simultaneously and postponing tasks. By assessing care workers' performance in the temporal framing of work and focusing on care workers' mediation between different time logics, this study provides an in-depth perspective on the broader feminist literature on the dilemmas of care.

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