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## In the Journals - June 2017, part one

2017-06-29 14:14:55

By Aaron Seaman

[Anthropology and Aging \(open access\)](#)

[The Social Context of Collective Physical Training among Chinese Elderly: An Anthropological Case Study in a Park in Beijing](#)

*Yeori Park*

This study analyzes the social context in China where the elderly participate in collective physical training, a cultural activity specific to the country. For this study, senior citizens aged 60 or above who participated in collective physical training in a park in Beijing were observed for five months. Research results found that collective physical training enables formation of social networks providing mutual caring and support. On the other hand, the participants conform to the self-disciplined modern discourse to survive in the post-Mao society. They do collective physical training due to their social conditions, such as the poorly established welfare system for the aged, severance pay that is too low to cover medical expenses. Although the participants seem to autonomously choose collective physical training based on their own preferences, the context of Chinese society, including hidden government intentions, leads the elderly to participate in training activities.

[Social Contract on Elderly Caregiving in Contemporary Chile](#)

*Carola Salazar*

This paper explores the definitions of social contract on elderly caregiving among a group of seven Chilean aging experts. The data show that for Chileans, family remains a strong institution that should provide care of its members, with daughters or daughters-in-law being the preferred person to provide care. Also, age segregation, along with the gradual privatization of services such as health care and the pension system, promotes individuality: this can become a problem for future generations

because they are no longer concerned with helping others.

[Anthropological Quarterly](#)

SPECIAL COLLECTION: Producing Ebola: Creating Knowledge In and About an Epidemic

INTRODUCTION:

[Producing Ebola: Creating Knowledge In and About an Epidemic](#)

*Catherine Bolten and Susan Shepler*

ARTICLES:

[Emerging Disease or Emerging Diagnosis? Lassa Fever and Ebola in Sierra Leone](#)

*Annie Wilkinson*

It has become routine to attribute the tragedy of the West African Ebola epidemic to inexperience and lack of knowledge. Guinea, Liberia and Sierra Leone were portrayed as entirely unfamiliar with Ebola and therefore without relevant knowledge. The simplicity of this narrative is disturbed by the experience of Lassa fever, an infectious and deadly viral hemorrhagic fever (VHF), which is endemic in the three countries most affected by Ebola. This paper looks beyond Ebola in 2014 to the history of efforts to control VHFs in the Mano River and challenges the idea there was a vacuum of knowledge. Highlighted instead are politics of knowledge which have run through global health and which have prioritized particular forms of knowledge and ways of dealing with disease. Ethnographic research on the emergence of Lassa and the subsequent emergence of Ebola in West Africa is presented, focusing on the development of technologies and institutions to detect and manage both viruses. This provides a lens for exploring what was known and not known, how and by whom; and what was counted and what was not, and why. The anthropological literature on emerging diseases has so far focused on the social, economic, and cultural dynamics which produce disease burdens but less on the socio-technical processes which calibrate these burdens. The paper contributes to the anthropology of emerging infectious disease by more fully accounting for the intricacies, uncertainties

and implications of diagnostic and surveillance practices for new diseases. The paper will add to post-Ebola debates around preparedness by connecting intricate sociotechnical perspectives on disease emergence with the politics of science and global health and questioning the way priorities, risks, and problems have been conceptualized within this.

[Missing Bodies and Secret Funerals: The Production of “Safe and Dignified Burials” in the Liberian Ebola Crisis](#)

*Mary H. Moran*

During the height of the Ebola crisis in West Africa, public health responders and the international media focused on dead bodies as sites of disease transmission when early contact tracing discovered the relationship between attendance at funerals and emerging clusters of new cases. Anthropologists were central to the emergence of new protocols for “safe and dignified” disposal of the dead, emphasizing alternative rituals and the flexibility of local practice. In the process, I suggest that the emotional impact of loss and bereavement was subordinated to the focus on ritual. The new knowledge produced about safe and dignified burials in West Africa reveals the absence of knowledge about the handling of dead bodies and the emotional impact of bereavement among journalists, anthropologists, and biomedical professionals alike.

[Ebola Through a Glass, Darkly: Ways of Knowing the State and Each Other](#)

*Adam Goguen and Catherine Bolten*

The Ebola epidemic unfolded in radically divergent manners in two neighboring villages in Sierra Leone, with one recording 40 cases and 20 deaths and the other recording zero cases, though they are located only 100 meters apart. Presented with identical information about Ebola’s cause and modes of transmission, one chief reacted by attempting to shield his village from outside knowledge and influence, encouraging his people to continue their normal practices of care and communion, and the other by instituting self-isolation, rapidly enforcing Ebola-specific practices among his residents. We argue that these opposing courses of action were the result of the chiefs interpreting health communications with respect to their social, historical, and political relationships with each other and with the state, and not as a result of one embracing

medical knowledge and the other rejecting it. “Through a glass, darkly” refers to historical practices of knowledge interpretation in which knowledge is never treated as neutral information, but as implicated in relationships of power, rendering its political implications more important than the information conveyed. We distinguish between orthodoxy and orthopraxy—right belief versus right practice—to argue that the epidemic ended locally not through the circulation of knowledge, but through the circulation of Ebola-specific practice. We caution against treating knowledge only in terms of its production, circulation, and consumption, and urge a new focus on knowledge non-production, obfuscation, and rejection.

[“We Know Who is Eating the Ebola Money!”: Corruption, the State, and the Ebola Response](#)

*Susan Shepler*

Sierra Leonean production of knowledge about Ebola was, in large part, production of knowledge about “who ate the Ebola money.” This paper traces people’s responses to the Ebola crisis through a number of different moments, at each point reflecting on how their concerns about how Ebola money was being spent illuminate their expectations of their state. It argues that the Ebola crisis reveals people’s contradictory relationships to their own states, wherein they simultaneously mistrust their politicians and look to their politicians in a moment of crisis. The paper also investigates Sierra Leone’s relationship to the international community, concluding that the state’s weakness is produced, in part, by its place in the international system. The research is based on three field visits to Sierra Leone and Liberia in April 2014, July 2014, and January 2015 and draws on interviews and focus groups in urban and rural settings.

SOCIAL THOUGHT & COMMENTARY:

[Epistemologies of Ebola: Reflections on the Experience of the Ebola Response Anthropology Platform](#)

*Fred Martineau, Annie Wilkinson, and Melissa Parker*

By September 2014, it was clear that conventional approaches to containing the spread of Ebola in West Africa were failing. Public health teams were often met with fear, and efforts to treat patients

and curtail population movement frequently backfired. Both governments and international agencies recognized that anthropological expertise was essential if locally acceptable, community-based interventions were to be designed and to successfully interrupt transmission. The Ebola Response Anthropology Platform was established against this background. Drawing together local and internationally based anthropologists, the Platform provided a coordinated and rapid response to the outbreak in real time. This article explores how the Platform developed and interacted with other epistemic communities to produce knowledge and policy over the course of the outbreak. Reflecting on the experiences of working with the UK Department for International Development, the World Health Organization and other agencies, we ask: what do these experiences reveal about the politics of (expert) knowledge and its influence on the design and implementation of policy? Did differing conceptions of the place of anthropology in humanitarian crises by policymakers and practitioners shape the contributions made by the Ebola Response Anthropology Platform? What are the implications of these experiences for future anthropological engagement with, and research on, humanitarian responses to health crises?

### [Ebola at a Distance: A Pathographic Account of Anthropology's Relevance](#)

*Adia Benton*

Drawing on a year of researching and writing about the West African Ebola epidemic from afar, I use the heuristic of virality to critically examine the collective US anthropology response to Ebola, a viral disease, and the anthropological knowledge networks formed to address the 2013 – 2015 outbreak. Specifically, I describe how digital media facilitated an entry point to build connections and knowledge around the epidemic in American anthropologists' quest to prove the discipline's relevance, the viral circulations of and replications of anthropological ideas in the Ebola response, and the attempts to shed pathogenic racial legacies of Africanist anthropology shaping US anthropology's official response.

### [Body & Society](#)

[Staging Embryos: Pregnancy, Temporality and the History of the Carnegie Stages of Embryo Development \(\*open access\*\)](#)

*Sara DiCaglio*

The founding of the Carnegie Institute's Department of Embryology in 1913, alongside its systematization of embryo staging, contributed to the mechanization of developmental stages of embryo growth in the early 20th century. For a brief period in the middle of the century, attention to the detailed interrelation between embryo development and time made pre-existing ideas about pregnancy ends less determinative of ideas about that developmental course. However, the turn to the genetic scale led to the disappearance of this attention, replaced by a sense of biological life as seamlessly scripted. This study examines the history of what I refer to as temporal attention: attention to the live, unfolding potentialities within vital matter. The reintroduction of temporal attention to discussions of development allows us to more fully consider non-human vitality and the experiences of beings that house or otherwise intimately intersect with that vital tissue, regardless of outcomes.

[Body Image and Prosthetic Aesthetics: Disability, Technology and Paralympic Culture \(\*open access\*\)](#)

*Tomoko Tamari*

The success of the London 2012 Paralympic Games not only revealed new public possibilities for the disabled, but also thrust the debates on the relationship between elite Paralympians and advanced prosthetic technology into the spotlight. One of the Paralympic stars, Oscar Pistorius, in particular became celebrated as 'the Paralympian cyborg'. Also prominent has been Aimee Mullins, a former Paralympian, who became a globally successful fashion model by seeking to establish a new bodily aesthetic utilizing non-organic body parts. This article examines how the modern discourse of prostheses has shifted from the made-up and camouflaged body to the empowered and exhibited body to create a new cultural sensitivity in terms of body image – prosthetic aesthetics. Prosthetic aesthetics oscillates between two polarized sensitivities: attractiveness/'coolness', which derive from the image of a perfect human-machine synthetic body, and from abjection/the uncanny, which is evoked by the actual materiality of the *lived* body incorporating a *lifeless* human-made body part.

[On the Materialization of Hormone Treatment Risks: A Trans/Feminist Approach \(\*open access\*\)](#)

*Sari Irni*

With a focus on hormone treatments, this article contributes to recent problematizations of the ontology of bodies, illnesses and medication. Hormone treatment is conventionally understood to comprise preparations like pills, patches or injections, and following from this understanding, the *materiality of risk* is perceived as potential adverse effects of pharmaceuticals within individual bodies. By discussing Finnish trans persons' experiences of hormone treatments, and drawing from material feminisms and trans/feminist studies, this article rethinks what 'hormone treatments' and their risks materially entail. Stressing the importance of accounting for the relationality of risks, the article suggests that hormone treatment risks can be seen as Baradian 'phenomena' that materialize contextually within specific 'treatment apparatuses' and the power relations that saturate them. This process of materialization includes the gendering of risks and how the gender binary itself may at times constitute a risk.

[Critical Public Health](#)

[Mother protection, child survival: narrative perspectives on child mental health services underutilization](#)

*Melody J. Slashinski*

In the United States, increased national attention has generated a wealth of public health and epidemiologic research examining disparities in African American children's mental health services utilization. Research has not yet been extended to examining the social structural mechanisms that keep these disparities stable and in place. Drawing from a larger urban ethnographic field study exploring the 'everyday' of health and illness within and across African American families living in an inner city public housing community, in this article I document the narratives of four African American mothers to illustrate how social structural mechanisms shape their decisions to seek or not mental health services for their children. I frame mothers' decisions in terms of *everyday violence*, drawing attention to the institutionalized injustices that are

normalized and rendered invisible because of their routine pervasiveness. I conclude with a discussion of integrating structural interventions to modify or reduce disparities in African American children's mental health services utilization.

[Visceral politics: obesity and children's embodied experiences of food and hunger](#)

*S. Gunson, M. Warin, and V. Moore*

Children have been made a priority in Australian government obesity interventions, with programmes tending to focus on promoting behaviour change in food and exercise practices. This paper reports findings from ethnographic research with a group of Australian children aged 10–14 years living in a low socio-economic suburban setting. We propose that central to these children's experiences of food and eating is the negotiation and management of hunger. Historically, disadvantage has been embodied and inscribed on children's bodies in very visible ways, and the coexistence of hunger and obesity is part of this continuum. Despite considerable evidence of food insecurity in our research site, issues of hunger were absent in an obesity intervention underway at the time. We examine how hunger was felt in children's lives, how it was managed and the ways in which messages about eating less, while eating more 'healthy foods', were at odds with the children's experiences of hunger. Moreover, we argue that hunger and obesity in this context were doubly stigmatised, as children were very aware of how their hunger and their bodies marked them as different and disadvantaged. Attention to both the embodied and social impacts of hunger on children and their everyday relationships is key in formulating more sensitive, contextualised public health interventions.

[Culture, Medicine, and Psychiatry](#)

SPECIAL ISSUE: Moral (and Other) Laboratories

[Introduction to "Moral \(and Other\) Laboratories"](#)

*Teresa Kuan and Lone Grøn*

"Moral (and other) laboratories" is a special issue that draws on

Cheryl Mattingly's notion of the "moral laboratory" to explore the uncanny interface between laboratory ethnography and moral anthropology, and to examine the relationship between experience and experiment. We ask whether laboratory work may provoke new insights about experimental practices in other social spaces such as homes, clinics, and neighborhoods, and conversely, whether the study of morality may provoke new insights about laboratory practices as they unfold in the day-to-day interactions between test tubes, animals, apparatuses, scientists, and technicians. The papers in this collection examine issues unique to authors' individual projects, but as a whole, they share a common theme: moral experimentation—the work of finding different ways of relating—occurs in relation to the suffering of something or someone, or in response to some kind of moral predicament that tests cultural and historically shaped "human values." The collection as a whole intends to push for the theoretical status of not merely experience itself, but also of possibility, in exploring uncertain border zones of various kinds—between the human and the animal, between codified ethical rules and ordinary ethics, and between "real" and metaphorical laboratories.

### [Humanity at the Edge: The Moral Laboratory of Feeding Precarious Lives](#)

*Mette N. Svendsen, Iben M. Gjødsbøl, Mie S. Dam, and Laura E. Navne*

At the heart of anthropology and the social sciences lies a notion of human existence according to which humans and animals share the basic need for food, but only humans have the capacity for morality. Based on fieldwork in a pig laboratory, a neonatal intensive care unit (NICU), and a dementia nursing home, we follow practices of feeding precarious lives lacking most markers of human personhood, including the exercise of moral judgment. Despite the absence of such markers, laboratory researchers and caregivers in these three sites do not abstain from engaging in questions about the moral status of the piglets, infants, and people with dementia in their care. They continually negotiate how their charges belong to the human collectivity and thereby challenge the notion of 'the human' that is foundational to anthropology. Combining analytical approaches that do not operate with a fixed boundary between human and animal value and agency with approaches that focus on human experience and virtue ethics, we argue that 'the human' at stake in the moral laboratory of feeding precarious lives puts 'the human' in anthropology at disposal for moral experimentation.

[The Moral Lives of Laboratory Monkeys: Television and the Ethics of Care](#)

Lesley A. Sharp

Why do lab monkeys watch TV? This essay examines the preponderance of televisions in primate housing units based in academic research laboratories. Within such labs, television and related visual media are glossed as part-and-parcel of welfare or species-specific enrichment practices intended for research monkeys, a logic that is simultaneously historically- and ontologically-based. In many research centers, television figures prominently in the two inseparable domains of a lab monkey's life: as a research tool employed during experiments, and in housing units where captive monkeys are said to enjoy watching TV during "down time." My purpose is not to determine whether monkeys do indeed enjoy, or need, television; rather, I employ visual media as a means to uncover, and decipher, the moral logic of an ethics of care directed specifically at highly sentient creatures who serve as human proxies in a range of experimental contexts. I suggest that this specialized ethics of animal care materializes Mattingly's notion of "moral laboratories" (Mattingly in *Moral laboratories: family peril and the struggle for a good life*, University of California Press, Berkeley, 2014), where television mediates the troublesome boundary of species difference among the simian and human subjects who cohabit laboratory worlds.

[At the Edge of Safety: Moral Experimentation in the Case of Family Therapy](#)

*Teresa Kuan*

"At the Edge of Safety" argues for thinking of structural family therapy as a "moral laboratory." Borrowing a trope from Cheryl Mattingly's recent book *Moral Laboratories*, the article reconsiders a therapeutic style that was once controversial by analyzing personal stories of supervision—i.e. professional training—in light of Mattingly's suggestion that a social space in which people conduct experiments on themselves and their lives may be considered a moral laboratory. Family therapy is especially good to think with, because it is simultaneously a real and a metaphorical laboratory, physically lab-like in its use of visual technologies, yet moral in the way it puts the possibility for situational change in the hands of human actors. The technological apparatus stages evidence for sub-visible, interpersonal dynamics, while the provocative quality of not only therapeutic actions, but also of supervision, points to an

ethos of experimentation. Stories of supervision reveal how personal of an experience being supervised can be. Trainees are pushed to become something otherwise, in learning to “expand” their styles. Sometimes the push is just right. Sometimes it goes too far. Whatever the case may be, the stories analyzed speak to anthropological questions concerning the uncertainty of human action and the many ways people can unknowingly injure one another with small hurts.

### [The Tipping of the Big Stone—And Life itself. Obesity, Moral Work and Responsive Selves Over Time](#)

*Lone Grøn*

Why is “everything I know is the right thing to do a million miles removed from what I do in reality?” This question posed by Rita, my main interlocutor and friend in a fieldwork that started in 2001–2003 and was taken up again in 2014–2015, opens up an exploration of moral work and moral selves in the context of the obesity epidemic and weight loss processes. I address these questions through the notion of “moral laboratories” taking up Mattingly’s argument that moral cultivation over time cannot be disconnected from a notion of self. Mattingly has consistently argued for a biographical and narrative self, which is processual and created in community. Along these lines, and by recourse to the German philosopher Bernhard Waldenfels’ phenomenology, I will propose the notion of a *responsive self*. The responsive self highlights the eventness of ongoing experimentation against the odds and captures equally pathic and agentive dimensions of a self that both persists and is transformed over time.

### [Engaging with Dementia: Moral Experiments in Art and Friendship](#)

*Janelle S. Taylor*

The box-office as well as critical success of the 2014 major motion picture *Still Alice*, starring Julianne Moore in the title role and based on the bestselling novel of the same name by the Harvard-trained neuroscientist Lisa Genova (*Still Alice*. Simon & Schuster, New York, 2009), marked an important moment in public cultural representations of people with dementia. *Still Alice* tells the story of Alice Howland, an eminent scientist whose increasing memory lapses are eventually diagnosed as early-onset Alzheimer’s, and chronicles the transformations in her family

relationships as her husband and three children respond to her decline in different ways. Alice's husband, her son, and her older daughter all respond by turning toward science, while her younger daughter Lydia seeks to engage her mother as she is now, and turns toward art and relationships. Taking *Still Alice* and the figure of Lydia as an entry point, I discuss arts-focused efforts to improve the lives of people with dementia, and draw upon ongoing interview-based research on the topic of dementia and friendship, to offer an account of some of the ways that people I have spoken with are actively experimenting with art and with relationships in the face of dementia. I argue that these efforts can be understood as "moral experiments," in the sense articulated by Cheryl Mattingly (*Moral Laboratories: Family Peril and the Struggle for a Good Life*. University of California Press, Berkeley, [2014](#)). Although Lydia is a fictional character, her response to Alice's dementia points toward the kinds of moral experimentation that are in fact possible, and quietly being practiced, by ordinary people every day.

### [Comments on Moral \(and Other\) Laboratories](#)

*Michael Lambek*

### [Moral \(and Other\) Laboratories and the Semantic Impertinence of Metaphor: An Afterward](#)

*Cheryl Mattingly*

### [East Asian Science, Technology and Society](#)

### [The Politics of Preservation and Loss: Tibetan Medical Knowledge in Exile](#)

*Stephan Kloos*

This article analyzes the history and development of Tibetan medicine in exile from the perspective of the pervasive Tibetan exile narrative of preservation and loss. Through combined ethnographic and historical data, it shows how the preservation of traditional Tibetan medical knowledge in exile entails a process of a fundamental reinvention of its nature, not only rendering it modern but also (re)investing it with considerable hegemonic power. As Tibetan medicine in exile has come to stand for the nation as envisioned by the Tibetan government-in-exile, its

preservation is imbued with a significance that far exceeds the medical realm. Indeed, despite a well-established discourse of preservation and loss that implies a precarious state of weakness, Tibetan medical knowledge functions (along with Tibetan Buddhism) as an important means to preserve a weakened but still existing and real Tibetan cultural hegemony in exile. Thus, while common rhetoric assumes a triumph of modern science and a gradual loss of traditional knowledge, the case of Tibetan medicine shows that we need to take the latter seriously as an important apparatus of power even today.

[The Case of the Suzhou Hospital of National Medicine \(1939–41\): War, Medicine, and Eastern Civilization](#) (*open access*)

*Keiko Daidoji and Eric I. Karchmer*

This article explores the founding of the Suzhou Hospital of National Medicine in 1939 during the Japanese occupation of Suzhou. We argue that the hospital was the culmination of a period of rich intellectual exchange between traditional Chinese and Japanese physicians in the early twentieth century and provides important insights into the modern development of medicine in both countries. The founding of this hospital was followed closely by leading Japanese Kampo physicians. As the Japanese empire expanded into East Asia, they hoped that they could revitalize their profession at home by disseminating their unique interpretations of the famous *Treatise on Cold Damage* ??? abroad. The Chinese doctors that founded the Suzhou Hospital of National Medicine were close readers of Japanese scholarship on the *Treatise* and were inspired to experiment with a Japanese approach to diagnosis, based on new interpretations of the concept of “presentation” (*sh?* / *zheng?*). Unfortunately, the Sino-Japanese War cut short this fascinating dialogue on reforming medicine and set the traditional medicine professions in both countries on new nationalist trajectories.

[Song Ci \(1186–1249\), “Father of World Legal Medicine”: History, Science, and Forensic Culture in Contemporary China](#)

*Daniel Asen*

Song Ci (1186–1249) was an official of the Southern Song Dynasty best known for authoring the *Collected Writings on the Washing Away of Wrongs* (*Xiyuan jilu*), a work often hailed as the world’s

first systematic treatise on forensic medicine. While biographical details about his life were known in local history writings during the late imperial period, Song had garnered relatively little attention among those who handled forensic examinations, despite the fact that his work had impacted Chinese forensic practices for centuries. In modern times, by contrast, Song has been praised by historians and forensic professionals and viewed as a founding figure of the modern forensic sciences in China and, in the boldest claims, across the globe. Song has also become the subject of historical novels, television shows, and other popular media. This article examines the ways in which the historical image and meanings of Song Ci have been negotiated in China over the Republican period (1912–49) and after the founding of the People’s Republic of China in 1949. It argues that a confluence of modern developments—new concepts of national and world history, the successful implementation of legal medicine in China, and the global popularity of forensic-themed popular culture—has given new meaning and importance to this thirteenth-century figure under the new conditions of the twentieth and early twenty-first centuries.

FORUM: Provincializing STS

[Body-Head Separation, or a Multihanded/Multiheaded Guanyin: Note on the Birth of the “Provincializing STS” Forum](#)

*Wu Chia-Ling*

[Provincializing STS: Postcoloniality, Symmetry, and Method](#)

*John Law and Lin Wen-yuan*

[Postcolonial Specters of STS](#)

*Warwick Anderson*

[STS, TCM, and Other Shi ? \(Situated Dispositions of Power/Knowledge\)](#)

*Judith Farquhar*

[Encounters, Trajectories, and the Ethnographic Moment: Why “Asia as Method” Still Matters](#)

*Atsuro Morita*

[This Way Does Not Come to the Point: Comments on “Provincializing STS: Postcoloniality, Symmetry, and Method”](#)

*Ruey-Lin Chen*

[The Stickiness of Knowing: Translation, Postcoloniality, and STS](#)

*John Law and Wen-yuan Lin*

[Ethos](#)

SPECIAL ISSUE: Social Contagion and Cultural Epidemics

[Social Contagion and Cultural Epidemics: Phenomenological and “Experience?Near” Explorations](#)

*Lone Grøn and Lotte Meinert*

We open the special issue by asking: how are groups of people affected by similar conditions, even when these are not biologically contagious? This is linked to broader theoretical and empirical questions of how we are influenced by others and by the specific times and places in which we live. We describe the history and etymology of the concepts of epidemics and contagion and argue that we need to reclaim some of the pre-Hippocratic meanings of these concepts. Importantly, we suggest a postponement, or *epoche*, of the negative moral judgment of these terms with a view to exploring what actually happens when noncommunicable diseases and conditions spread. We introduce a variety of existing approaches and argue that they have taken us only part of the way in trying to understand social contagion and cultural epidemics. The articles in this issue explore a variety of noncommunicable conditions that have gained global prominence as epidemic problems—diabetes, obesity, trauma, and autism—through perspectives and concepts from phenomenological and experience-near traditions. This includes emic ideas of social contagion and contamination, intersubjective units of analysis, causal indeterminacy, as well as diversity and transformation in social contagion.

[The Weight of the Family: Communicability as Alien Affection in Danish Family Histories and Experiences of Obesity](#)

*Lone Grøn*

Can we think of something like communicability or contagion in relation to diseases and conditions that have hitherto been categorized as noncommunicable? In this article, I take my ethnographic point of departure in the lifelong—and transgenerational—experiences of obesity, weight gain, and weight loss of four Danish families in order to show how kinship, relatedness, and dwellings emerge as simultaneously homey and alien contagious connections, when exploring communicability in the context of what is often referred to as “the obesity epidemic.” Analytically, I am inspired by the German philosopher Bernhard Waldenfels’ (2007, 2011a) phenomenology of the alien, and through an analysis of the tracing of the spread of obesity to kinship ties, Danish *hygge* and the places and times in which we live, I propose the notion of *affection* as a phenomenologically grounded theory of social contagion.

### [Despairing Moods: Worldly Attunements and Permeable Personhood in Yap](#)

*C. Jason Throop*

Building upon ongoing efforts to further a phenomenological anthropological engagement with affective and mooded dimensions of moral experience, the article examines the ways in which everyday moods may disclose forms of attunement to worldly conditions. The article focuses specifically upon the mood-inflected concerns of a Yapese woman suffering from type II diabetes named “Thiil” who despairs of the possibility that her children will eventually become afflicted with the disease as well. A central goal of the article is to explore the ways in which Thiil’s mood-inflected responses to her illness disclose an attunement to the “communicable” pathways of an otherwise “noncommunicable” disease.

### [Dreamscapes of Intimacy and Isolation: Shadows of Contagion and Immunity](#)

*Douglas Hollan*

In this article, I use the study of selfscape dreams to discuss contagion-like processes not as unique or extraordinary phenomena per se, but rather as a particular kind of social

influence more broadly conceived. In particular, I argue that dream consciousness gives us clues about how social influence (and contagion) actually works: partially, incrementally, in a “condensed” way, through a variety of sensory and perceptual modalities, contingent on and delimited by the emotional memories of those involved, but with the potential of exceeding those contingencies and limitations by the ability of all of the participants to imaginatively elaborate upon what is experienced and communicated. I compare and contrast how and why two men from two very different parts of the world dream of their deceased parents. I use the dreams to illustrate how people come to inhabit, experience, and become influenced by their social and cultural worlds in the particular way they do and also to demonstrate how dream experience may be implicated in everyday behavior.

### [A Phenomenological Approach to the Cultivation of Expertise: Emergent Understandings of Autism](#)

*Mary C. Lawlor and Olga Solomon*

In this article, we draw on narrative phenomenological (Mattingly 2010) and ethnographic projects to investigate how phenomenology may contribute to understanding how practical, experientially gained, expertise is cultivated in extraordinary circumstances. The lived world of autism provides a compelling context for such an exploration. Drawing on ethnographic data, we present arguments related to how a phenomenological approach to understanding autism can be productive by examining the cultivation of expertise and the contagion of knowledge and understanding. Family expertise that is grounded in lived experience often reveals the limitations of both public knowledge and scientific evidence and is generative of a kind of practical knowledge that warrants diffusion. Consideration is given to the specific contributions of a phenomenological approach to understanding autism and learning in collective engagements. Contagion as both a facilitative and positive phenomenon and a potentially stressful or harmful development is discussed.

### [Autism and The Ethics of Care: A Phenomenological Investigation Into the Contagion of Nothing](#)

*Cheryl Mattingly*

This article investigates the social contagion of autism from a

phenomenological perspective. It asks: Can a phenomenological approach, rather than merely illustrating the typologies revealed by constructionist and political economic approaches, *generate new categories* because it insists on a different unit of analysis rooted in a first-person perspective? To answer this, the article contrasts a third-person account of autism as an epidemic of representation and a phenomenological account. Drawing upon philosophical phenomenology (Gadamer in particular), it broadly outlines what is at stake in the phenomenological insistence on the primacy of the first-person perspective. Turning to an ethnographic case, it examines how the category of autism spectrum disorder (ASD), as it is lived by one family, poses a threat far more pernicious than a third-person exploration of ASD might suggest. As a lived experience, it becomes linked to other epidemics and life conditions, emerging as the ominous category “becoming nothing.”

[“These Things Continue”: Violence as Contamination in Everyday Life After War in Northern Uganda](#)

*Lotte Meinert and Susan Reynolds Whyte*

After decades of violent war, families are rebuilding their lives in the Acholi subregion of Northern Uganda. The return to normal order is marked by problems people see as consequences of the years of insecurity: mental illness, alcoholism, domestic violence, marital instability, and land conflicts that sometimes turn vicious. The ravages of war and years of constraint have left a legacy of troubles that is contagious and contaminating. The war is over, but people say that “these things continue.” In this article, we follow the case of one family and explore the social contagion and contamination of “these things.” We relate Acholi ideas of *cen*, the spirits of the vengeful dead, to Post-Traumatic Stress Disorder (PTSD) and phenomenological conceptions of violence and “the alien” in human experience.

[Journal of the Royal Anthropological Institute](#)

[A flavour of Alzheimer's](#)

*Laurence Anne Tessier*

This article describes how today in the United States neurologists diagnose forms of dementia, such as Alzheimer's disease and frontotemporal dementia. Taking as a starting-point the pervasive context of uncertainty in the diagnosis of neurodegenerative diseases, it examines how uncertainty is not merely an epistemological obstacle to the making of knowledge. On the contrary, the article analyses how uncertainty positively incites the use of clinicians' 'feelings' in diagnostic work. Drawing on observations of clinical consultations and team meetings, it studies how, alongside contemporary instruments of objectification, clinicians use, share, and discuss their 'feelings' to ultimately renew knowledge about brain diseases. In documenting the manner in which medical expertise is bound to a concrete experience of the world, this article further explores how experts' 'intuition' can be grasped as a conscious and effortful process, rather than as something ineffable, resisting analysis, and confined to an unconscious background.

[Caring claims and the relational self across time: grandmothers overcoming reproductive crises in rural China](#)

*Charlotte Bruckermann*

Revisiting the notion of relational personhood from a Chinese perspective, this article explores the premises of exchange underlying discourses of care, reproduction, and kinship in anthropology. Grandmothers contribute much of the care needed for reproduction of the next generation of children in the Chinese countryside. Their motivation to contribute care to secure offspring stems from the frustration of their past familial desires, and their hopes for transcendence through reproduction in the future. Grandmothers secure claims to offspring through their care between the interstices of the state bureaucracy and patrilineal norms. This care is not simply nurturing but can also become coercive and competitive. As Chinese grandmothers overcome past reproductive hardships by claiming future offspring through care, their selfhood not only becomes distributed through exchange with others, but also is dispersed across time in relation to past experiences and future aspirations of the self.

[Medical Anthropology Quarterly](#)

## [The Irrelevance Narrative: Queer \(In\)Visibility in Medical Education and Practice](#)

*William J. Robertson*

How might heteronormativity be reproduced and become internalized through biomedical practices? Based on in-depth, person-centered interviews, this article explores the ways heteronormativity works into medical education through the hidden curriculum. As experienced by my informants, case studies often reinforce unconscious heteronormative orientations and heterosexist/homophobic stereotypes about queer patients among straight and queer medical students alike. I introduce the concept of the irrelevance narrative to make sense of how queer medical students take up a heteronormative medical gaze. Despite recognizing that being queer affects how they interact with patients, my informants describe being queer as irrelevant to their delivery of care. I conclude with a discussion of how these preliminary findings can inform research on knowledge production in biomedical education and practice with an eye toward the tensions between personal and professional identity among biomedical practitioners.

## [Afghan Refugee Explanatory Models of Depression: Exploring Core Cultural Beliefs and Gender Variations](#)

*Qais Alemi, Susan C. Weller, Susanne Montgomery, and Sigrid James*

Relatively little empirical attention has been paid to understanding how refugees conceptualize depression and how this concept varies between genders. The purpose of this study was to explore beliefs about depression among Afghans residing in San Diego County, California, using cultural consensus analysis. Using the prescribed mixed-method approach, we employed results from in-depth interviews to develop a culturally meaningful questionnaire about depression. Consensus analysis of responses to questionnaire items from 93 Afghans (50 men, 43 women) indicates shared beliefs that associates depression causality with mild traumatic experiences and post-resettlement stressors, symptomatology to include culturally salient idioms of distress, and treatment selections ranging from lay techniques to professional care. Divergence between genders occurred most in the symptoms subdomain, with women associating depression with more somatic items. This study contributes to understanding the etiology of and cultural responses to depression among this population, which is

critical to improving culturally sensitive intervention for Afghan refugees.

[Neurasthenia, Generalized Anxiety Disorder, and the Medicalization of Worry in a Vietnamese Psychiatric Hospital](#)

*Allen L. Tran*

This article examines two forms of the medicalization of worry in an outpatient psychiatric clinic in Ho Chi Minh City, Vietnam. Biomedical psychiatrists understand patients' symptoms as manifestations of the excessive worry associated with generalized anxiety disorder (GAD). Drawing on an ethnopsychology of emotion that reflects increasingly popular models of neoliberal selfhood, these psychiatrists encourage patients to frame psychic distress in terms of private feelings to address the conditions in their lives that lead to chronic anxiety. However, most patients attribute their symptoms to neurasthenia instead of GAD. Differences between doctors' and patients' explanatory models are not just rooted in their understandings of illness but also in their respective conceptualizations of worry in terms of emotion and sentiment. Patients with neurasthenia reject doctors' attempts to psychologize distress and maintain a model of worry that supports a sense of moral selfhood based on notions of obligation and sacrifice.

[Resisting "Reason": A Comparative Anthropological Study of Social Differences and Resistance toward Health Promotion and Illness Prevention in Denmark](#)

*Camilla Hoffmann Merrild, Rikke Sand Andersen, Mette Bech Risør, and Peter Vedsted*

Social differences in health and illness are well documented in Denmark. However, little is known about how health practices are manifested in the everyday lives of different social classes. We propose acts of resistance and formation of health subjectivities as helpful concepts to develop our understanding of how dominant health discourses are appropriated by different social classes and transformed into different practices promoting health and preventing illness. Based on fieldwork in two different social classes, we discuss how these practices both overtly and subtly challenge the normative power of the health promotion discourse. These diverse and ambiguous forms of everyday resistance

illustrate how and when situated concerns move social actors to subjectively appropriate health promotion messages. Overall, the different forms of resistance elucidate how the standardized awareness and education campaigns may perpetuate the very inequalities they try to diminish.

### [Routines, Hope, and Antiretroviral Treatment among Men and Women in Uganda](#)

*Margaret S. Winchester, Janet W. McGrath, David Kaawa-Mafigiri, Florence Namutiibwa, George Ssendegye, Amina Nalwoga, Emily Kyarikunda, Judith Birungi, Sheila Kisakye, Nicholas Ayebazibwe, Eddy J. Walakira, and Charles Rwabukwali*

Antiretroviral treatment programs, despite biomedical emphases, require social understanding and transformations to be successful. In this article, we draw from a qualitative study of HIV treatment seeking to examine the drug-taking routines and health-related subjectivities of men and women on antiretroviral treatment (ART) at two sites in Uganda. We show that while not all participants in ART programs understand clinical protocols in biomedical terms, they adopt treatment-taking strategies to integrate medication into daily practices and social spaces. In turn, these embedded practices and understandings shape long-term hopes and fears for living with HIV, including the possibility of a cure. More significant than new forms of citizenship or sociality, we suggest that quotidian dimensions of treatment normalization shape the long-term experience of medication and outlook for the future.

### [Publically Misfitting: Extreme Weight and the Everyday Production and Reinforcement of Felt Stigma](#) (*open access*)

*Alexandra Brewis, Sarah Trainer, SeungYong Han, and Amber Wutich*

Living with extreme weight in the United States is associated with discrimination and self-stigma, creating structural exclusions, embodied stress, and undermining health and wellbeing. Here we combine ethnographic interviews and surveys from those with experiences of living with extreme weight to better explain how this vulnerability is created and reinforced by public cues, both physical (e.g., seatbelts) and social (the reactions of strangers). "Misfitting" is a major theme in interviews, as is the need to plan and scan constantly while navigating too-small public spaces. The most

distressing events combine physical misfitting with unsympathetic reactions from strangers. Sensitivity to stigmatizing public cues reduces with weight loss, but does not disappear. This study explains one basic mechanism that underlies the creation of felt stigma related to weight even after weight loss: the lack of accommodation for size and the lack of empathy from others that characterize modern urban spaces.

[Embodying Transition in Later Life: “Having a Fall” as an Uncertain Status Passage for Elderly Women in Southeast London](#)

*Miriam Boyles*

In their 2014 report, the charity AgeUK states that one-third of older people (over 3 million) fall each year. This article takes a focused look at falling by describing four women’s accounts of “having a fall” in Walworth, southeast London, which sheds light on the experience of personal and corporeal change in later life. While some experiential studies of falling have made reference to a loss of embodied control and changes in identity, these aspects have not been explored in sufficient depth. Attending closely to the embodied experience of falling for older women in the context of everyday activity reveals the uncertainty surrounding what it actually signifies and the powerful effect this uncertainty has on their everyday lives and sense of self. This in-depth phenomenological account speaks to important gaps in the literature on falls, given the current research emphasis on the management of falls risk.

**AMA citation**

Seaman A. In the Journals - June 2017, part one. *Somatosphere*. 2017. Available at:  
<http://somatosphere.net/2017/06/in-the-journals-june-2017-part-one.html>. Accessed July 1, 2017.

**APA citation**

Seaman, Aaron. (2017). *In the Journals - June 2017, part one*. Retrieved July 1, 2017, from Somatosphere Web site:  
<http://somatosphere.net/2017/06/in-the-journals-june-2017-part-one.html>

**Chicago citation**

Seaman, Aaron. 2017. In the Journals - June 2017, part one. Somatosphere.

<http://somatosphere.net/2017/06/in-the-journals-june-2017-part-one.html> (accessed July 1, 2017).

**Harvard citation**

Seaman, A 2017, *In the Journals - June 2017, part one*, Somatosphere.

Retrieved July 1, 2017, from <<http://somatosphere.net/2017/06/in-the-journals-june-2017-part-one.html>>

**MLA citation**

Seaman, Aaron. "In the Journals - June 2017, part one." 29 Jun. 2017.

Somatosphere. Accessed 1 Jul. 2017. <<http://somatosphere.net/2017/06/in-the-journals-june-2017-part-one.html>>