

<http://somatosphere.net/?p=13877>

In the Journals--October 2017

2017-11-01 13:06:53

By Julia Kowalski

[International Journal of Social Psychiatry \(September issue\)](#)

[Becoming a patient-illness representations of depression of Anglo-Australian and Sri Lankan patients through the lens of Leventhal's illness representational model](#)

Josefine Antoniadou, Danielle Mazza, Bianca Brijnath

Depression is prevalent globally. While the uptake of mental health services is poor in the general community, the lack of service engagement is particularly profound in migrant and refugee communities. To understand why there is under-utilisation cross-cultural comparisons of how people make sense of mental illnesses such as depression are essential. To verify how differing cultural aetiologies about depression influence mental health service use, this study investigated illness representational models of depression held by Sri Lankan migrants and Anglo-Australians living with depression. In-depth interviews ($n = 48$) were conducted with Sri Lankan migrants and Anglo-Australians living with depression to explore their illness beliefs. Data were analysed using Leventhal's illness representational model. Significant overlaps in illness representational models were noted but distinctive differences were found between causal and chronicity beliefs; Sri Lankan migrants more frequently endorsed depression as a time-limited condition underpinned by situational factors, whereas Anglo-Australians endorsed a chronic, biopsychosocial model of depression. Findings highlight the importance of forging a shared understanding of patient beliefs in the clinical encounter to ensure that interventions are coherent with illness beliefs or at least work towards improving mental health literacy. Differences in illness beliefs also provide insights into possible interventions. For example, psychosocial interventions that align with their illness beliefs may be more suited to Sri Lankan migrants than pharmaceutical or psychological ones.

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

[Testing the Gräfenberg Ring in Interwar Britain: Norman Haire, Helena Wright, and the Debate over Statistical Evidence, Side Effects, and Intra-uterine Contraception](#)

Caroline Rusterholz

This paper examines the introduction to Britain of the Gräfenberg ring, an early version of what later became known as an intrauterine device (IUD). The struggle during the interwar years to establish the value of the ring provides an opportunity for a case study of the evaluation and acceptance of a new medical device. With the professionalization of the birth control movement and the expansion of birth control clinics in interwar Britain, efforts to develop better scientific means for contraception grew rapidly. At the end of the nineteenth century, methods for controlling fertility ranged from coitus interruptus and abstinence, to diverse substances ingested or placed into the vagina, to barrier methods. The first decades of the twentieth century brought early work on chemical contraceptives as well as a number of new intrauterine devices, among them the Gräfenberg ring. Developing a cheap, reliable, and widely acceptable contraceptive became a pressing goal for activists in the voluntary birth control movement in Britain between the wars. Yet, tensions developed over the best form of contraception to prescribe. By situating the Gräfenberg ring within the context of the debates and competition among British medical and birth control professionals, this paper reveals broader issues of power relationships and expertise in the assessment of a new medical technology.

[War, Medicine, and Cultural Diplomacy in the Americas: Frank Wilson and Brazilian cardiology](#)

Simone P. Kropf and Joel D. Howell

American cultural diplomacy played a key role in the institutionalization of Brazilian cardiology. In 1942, Frank Wilson, an internationally recognized pioneer in electrocardiography, made an extended wartime visit to Rio de Janeiro and São Paulo. The visit was sponsored by the United States Department of State as part of Roosevelt's Good Neighbor Policy and brought Wilson together with a group of physicians who would establish the specialty of cardiology in Brazil. This US cultural and diplomatic initiative strengthened an academic network that was already evolving and would eventually prove to be of benefit to both sides. Latin American physicians began in the 1920s to visit Wilson's laboratory at the University of Michigan, where they established the relationships on which Wilson would build. While affiliation with the "Wilson school" advanced the cause of Brazilian cardiologists who sought to establish themselves as specialists, cooperation with Latin American physicians benefitted Wilson in his pursuit of wider recognition for his innovations in the use of electrocardiography (ECG). Wilson's identity as a scientific ambassador to Latin America helped in legitimating his approach to the clinical application of the ECG. A close examination of Wilson's relationship to

Brazilian cardiology demonstrates the role played by science and medicine as a part of wartime cultural diplomacy, as well as the dynamics of the transnational circulation of scientific knowledge and practices.

[Medical Anthropology](#)

Medical Anthropology has a special section, "Cosmetic Futures: Ethics, Politics, and Beauty in Plastic Surgery," consisting of the following articles by Taylor-Alexander, Plemons, Gulbas, and Leem.

[Normal/Modern: Reconstructive Surgery in a Mexican Public Hospital](#)

Samuel Taylor-Alexander

A growing corpus of anthropological scholarship demonstrates how science and medicine in Mexico are imbued by national concerns with modernization. Drawing on ethnographic research in a public hospital located in the south of Mexico City, I unpack one manifestation of this dynamic, which is the conjugation of the normal and the modern in Mexican reconstructive surgery. The aspiration toward normality underlies everyday clinic practices and relationships in this field, including why parents want surgery for their children and how doctors see their patients and their responsibilities toward them. It is also central to the professional ethic of reconstructive surgeons. I argue that the realities of health care provision in Mexico coalesced with this ethic to produce reconstructive surgeons as political subjects. They aimed to modernize craniofacial surgery in Mexico and so make the bodies of craniofacial patients normal.

[Formations of Femininity: Science and Aesthetics in Facial Feminization Surgery](#)

Eric Plemons

Facial feminization surgery (FFS) is a set of bone and soft tissue reconstructive surgical procedures intended to feminize the faces of trans-women in order to make their identities as women recognizable to others. In this article, I explore how the identification of facial femininity was negotiated in two FFS surgeons' practices. One committed to the metrics of normal skeletal form and the other to aspirational aesthetics of individual optimization; I argue that surgeons' competing clinical approaches illustrate a constitutive tension in the proliferating therapeutic logics of trans- medicine. The growing popularity of surgical practices like FFS demonstrates a shift in American trans- therapeutics away from a singular focus on the genitalia as the location of bodily sex and toward understandings of sex as a product of social recognition.

[Transformative Possibilities: Politics and Cosmetic Surgery in the Bolivarian Revolution](#)

Lauren E. Gulbas

I examine the intersection of politics and aesthetics in a public hospital in Caracas, Venezuela in the first years of the twenty-first century. Given Venezuela's long-standing embrace of physical enhancement and the contradictions of the medical values of cosmetic surgery with those of Bolivarian socialism, the changing surgical practices at a well-established public site offer a significant case for considering how different actors negotiate the dialectics of care. In the face of increasing resource shortages, negotiations of aesthetic care contributed to tensions in the clinical encounter as patients creatively pushed Bolivarian policies to support their pursuits of aesthetic self-improvement.

[Gangnam-Style Plastic Surgery: The Science of Westernized Beauty in South Korea](#)

So Yeon Leem

New beauty ideals and particular types of plastic surgery beauty have emerged in South Korea from the early twenty-first century. By defining Gangnam-style plastic surgery as a hybrid of old Westernized beauty ideals and a new science of beauty with variations and contradictions, I intend to twist the simplistic understanding of non-Western plastic surgery as an effort to resemble the white westerner's body. I also draw political implications from a case of monstrous Gangnam-style beauty made by excessive plastic surgery.

["My Whole Life is Ethics!" Ordinary Ethics and Gene Therapy Clinical Trials](#)

Courtney Addison & Jesper Lassen

What and where is ethics in gene therapy? Historical debates have identified a set of ethical issues with the field, and current regulatory systems presume a discrete ethics that can be achieved or protected. Resisting attempts at demarcation or resolution, we use the notions of "ordinary" or "everyday" ethics to develop a better understanding of the complexities of experimental gene therapy for patients, families, and practitioners and create richer imaginings of ethics in the gene therapy sphere. Drawing on ethnographic research in several clinical trials, we show that patients/parents can acquire some control in difficult medical situations, and practitioners can attune their care to their patients' needs. The human provenance of gene therapy practice, and the irreducible

sociality of ethics, means that understanding the ethics of this medical field also requires understanding the everyday worlds and relationships of those at its heart.

[Biopolitics and Boundary Work in South Africa's Sutherlandia Clinical Trial](#)

Christopher Morris

Between 2008 and 2011, South African and American investigators carried out a randomized controlled trial to assess the safety and efficacy of an African traditional medicine in South Africans who were HIV-seropositive but asymptomatic. The medicine was derived from *Sutherlandia frutescens*, a plant endemic to and widely used to stimulate immune function by people across southern Africa. In this article, I report on the cross-cultural challenges generated by trial investigators' transformation of *Sutherlandia* into a clinical trial substance and a potential "treatment gap" therapy for persons with HIV. While *Sutherlandia* is in many respects an unusual addition to evidence-based medicine, it is also familiar in this context—especially in the manner the therapy was biopolitically imagined by trial investigators, and in terms of the indeterminacy the therapy produced.

[Medicine Anthropology Theory](#)

MAT's September issue also features [a forum on Veena Das's book *Affliction: Health, Disease, Poverty*](#), featuring anthropologists and psychiatrists.

[Introduction to the 10th issue: Theories, methods, and problems of scale in global health anthropology](#)

Eileen Moyer, Vinh-Kim Nguyen

['White man's disease:' American Indian AIDS conspiracy theories and the refusal of synthesis](#)

Brian J. Gilley, Elizabeth J. Pfeiffer

Through critical reflection on the conspiracy theories told about the origins of HIV by American Indians, we learned that many community members refused the universalized aspects of AIDS prevention, education, and intervention. We found that standard HIV/AIDS-related prevention and treatment programs tend to universalize experiences with and responses to the AIDS epidemic and ignore – or push to the margin – alternative framings and understandings of this disease. Inspired by American Indians' refusal to synthesize (in the Hegelian dialectical sense) their own

experience into national and international AIDS knowledges, in this article we seek to engage with such marginal understandings, as well as their interactions with universal, individual, and community notions of care, AIDS, and health causality. The use of non-standard theories of the origins of AIDS by American Indians, we argue, disrupts the logic that attempts to universalize AIDS and community experiences. By making AIDS a 'White Man's disease', Natives bring the epidemic in line with a history of social and health neglect by the settler state, and refuse to collapse their own, marginalized experiences and understandings of HIV/AIDS into dominant knowledges of the disease.

[Anthropology with algorithms? An exploration of online drug knowledge using digital methods](#)

Lisa Jenny Krieg, Moritz Berning, Anita Hardon

Based on a study of more than twenty thousand reports on drug experiences from the online drug education portal Erowid, this article argues that the integration of ethnographic methods with computational methods and digital data analysis, including so-called big data, is not only possible but highly rewarding. The analysis of 'natively' digital data from sites like Facebook, message boards, and web archives can offer glimpses into worlds of practice and meaning, introduce anthropologists to user-based semantics, provide greater context, help to re-evaluate hypotheses, facilitate access to difficult fields, and point to new research questions. This case study generated important insights into the social and political entanglements of drug consumption, drug phenomenology, and harm reduction. We argue here that deep ethnographic knowledge, what we term 'field groundedness', is indispensable for thoroughly making sense of the resulting visualizations, and we advocate for seeing ethnography and digital data analysis in a symbiotic relationship.

[The moral economy of early intervention: Mothers, children, and the impact of austerity on perinatal mental health](#)

Rodolfo Maggio

In November 2015, protests erupted in Oxford in response to the decision of the Oxfordshire County Council to cut, among other things, forty-four Children's Centres and seven Early Intervention Hubs. The debate about whether these centres could be considered as disposable or not did not get to an agreement. I argue that the main cause of this outcome is that the opposing arguments were based on moral positions that were not only incompatible but fundamentally incommensurable. Those in favour of reducing deficit spending argue that cuts to social services (including family and children services) are unavoidable. Parents, however, refuse to

accept austerity measures that will undermine the rights of their children to access services that will improve their chances in life. Neither position is based on incontrovertible evidence. On the one hand, the decision to cut a given service always involves the arbitrary evaluation of that service against other services that will not be cut. On the other, the demand to fund those services is based on the hope that early intervention initiatives will benefit children, even if the evidence that early intervention works is inconclusive or thin. On the basis of a thematic analysis of twenty-seven stories written by Oxfordshire parents, I interpret this conflict using the notion of moral economy, and argue that such an approach allows an appreciation of the link between health economics, perinatal mental health, the morality of parenting, and the early intervention discourse.

[‘They overworked us:’ Humiliation and claims to recognition of volunteer nurses in the aftermath of the Ebola epidemic in Sierra Leone](#)

Sung-Joon Park

In this article, I describe the institutional humiliation experienced by volunteer nurses in Sierra Leone following the end of the Ebola epidemic. They had been promised formal employment with the Ministry of Health and Sanitation after working in the Ebola treatment units in the country, but were dismissed from the hospitals where they were volunteering and felt humiliated. I suggest that this maltreatment of volunteer nurses cannot be grasped through the existing categories and parameters used by global health policies nor through conventional moral theories that inform our understandings of global health. Instead, we need to attend to the harm inflicted upon the volunteer nurses’ sense of self-respect through institutionalized forms of subordination and misrecognition. Drawing on philosophical and anthropological works on recognition, I argue that we should pay attention to moral emotions as distinct objects of study to grasp how those who are humiliated register and validate the maltreatment they have undergone.

[Social Science & Medicine](#)

[The Islamification of antiretroviral therapy: Reconciling HIV treatment and religion in northern Nigeria](#)

Jack Ume Tocco

Access and adherence to antiretroviral therapy (ART) are essential to HIV treatment success and epidemic control. This article is about how HIV-positive Muslims and providers balance ART with religious tenets and obligations. I conducted 17 months of multi-site ethnographic research between 2007 and 2010, including participant-observation in an urban HIV

clinic in Kano, Nigeria and a support group for people living with HIV, as well as in-depth interviews with 30 HIV-positive men and 30 key informants with caregiving, clinical, or policy roles related to HIV/AIDS. Patients migrated from Islamic prophetic medicine to ART when it became more widely available in the mid-2000s through the U.S. PEPFAR program. At the same time, a conceptual shift occurred away from considering HIV immediately curable through spiritual and herbal-based Islamic prophetic medicine toward considering HIV as a chronic infection that requires adherence to daily pill regimens. Hope for a complete cure and encouragement from some Islamic prophetic healers resulted in some patients forgoing ART. Patients and providers adapted biomedical treatment guidelines to minimize disruption to religious practices also considered essential to Muslims' wellbeing, irrespective of HIV status. Providers discouraged patients on second-line ART from fasting because such patients had fewer treatment options and, often, poorer health. However, patients' medication adherence was affected by the desire to fulfill fasting obligations and to avoid questions from family and friends unaware of their HIV-positive status. This study is one of few ethnographic accounts of HIV treatment in a Muslim-majority society and contributes to understanding the significance of religion for HIV treatment in northern Nigeria. It has implications for public health programming and clinical approaches to HIV treatment in medically pluralistic Muslim societies.

[Alternative futures: Fields, boundaries, and divergent professionalisation strategies within the Chiropractic profession](#)

Caragh Brosnanab

Sociological studies of the complementary and alternative medicine (CAM) occupations have documented the professionalisation strategies these groups use to establish boundaries between themselves and their competitors, including seeking educational accreditation and statutory regulation/licensure. Chiropractic has been particularly successful at professionalising and in Australia and the UK it is taught within public universities. Recent events have threatened chiropractic's university foothold, however, showing that professionalisation needs to be understood as an ongoing process of negotiation. Based on interviews with chiropractors in Australia and the UK, this paper examines the professionalisation strategies deployed by chiropractors within and outside of the university. Highly divergent strategies are identified across different sectors of the profession, relating to defining the chiropractic paradigm, directing education and constructing professional identity. In each domain, chiropractic academics tended to prioritise building the evidence base and becoming more aligned with medicine and other allied health professions. Although some practitioners supported this agenda, others strove to preserve chiropractic's vitalistic philosophy and professional distinction.

Following Bourdieu, these intra-professional struggles are interpreted as occurring within a field in which chiropractors compete for different forms of capital, pulled by two opposing poles. The differing orientations and strategies pursued at the two poles of the field point to a number of possible futures for this CAM profession, including a potential split within the profession itself.

[Social Studies of Science](#)

SSS includes a [review essay by Mark Vardy called "Reading for Precarious Times,"](#) which includes Haraway's *Staying with the Trouble*.

[Foreskin and the molecular politics of risk](#)

Aaron T Norton

In this paper, I examine disputes over recent claims that male circumcision reduces HIV risk to suggest a complicated relationship between risk individualization and categorization. Whereas randomized controlled trials (RCTs) conducted in sub-Saharan Africa appear to have provided key evidence for the World Health Organization's endorsement of male circumcision as an HIV prevention strategy, RCTs alone did not provide evidence for the underlying causal mechanism. For that, medical authorities have turned to histo-immunological studies of the foreskin's biomolecular vulnerability to HIV, thus molecularizing risk. Some actors used these studies both as a way of shoring up results of RCTs conducted in sub-Saharan Africa and as an important rationale in arguments for making neonatal circumcision more widely available. Others, however, resisted this move to generalize the RCT results to other parts of the world, citing both contextual differences in HIV transmission patterns and conflicting scientific details regarding the biomolecular basis of the foreskin's susceptibility. Nevertheless, by locating an abstract notion of relative risk in the body itself, I argue that histological studies of foreskin have played a key role in stabilizing male circumcision status as a new risk category, largely independent of a given individual's risk profile.

[Affect, technoscience and textual analysis: Interrogating the affective dynamics of the Zika epidemic through media texts](#)

Venla Oikkonen

Science and Technology Studies has become increasingly interested in the roles of affect and emotions in science and technology. Researchers have examined, for example, emotions in the production of scientific knowledge, patients' or users' affective experiences of technologies, and emotionally charged cultural representations of science. However, less

attention has been paid to the underlying affective dynamics that connect these sites, experiences and representations. This article builds on the premises that, first, unpacking these underlying affective dynamics is pivotal to understanding emerging technoscientific phenomena, and, second, that such affective dynamics often need to be accessed through cultural texts such as media. This necessitates developing tools of textual analysis that can capture cultural emotions, affective intensities and the tensions and resonances that arise when affective intensities and culturally circulating emotions become entangled. To this end, the article develops methods of textual analysis through a case study: the affective dynamics underlying the Zika epidemic. Focusing on the New York Times coverage of the epidemic, the article identifies affective concentrations centering on temporality, invisibility, and the dissolution of material boundaries. It shows that there are considerable tensions both within and between these concentrations, and that such tensions engender affective intensities and emotional investments. By combining discursive and non-discursive dimensions of the affective dynamic of Zika, the analysis contributes to the growing STS methodological literature on affect and emotion in technoscience.

[No funeral bells: Public reason in a 'post-truth' age](#)

Sheila Jasanoff, Hilton R Simmet

The label 'post-truth' signals for many a troubling turn away from principles of enlightened government. The word 'post', moreover, implies a past when things were radically different and whose loss should be universally mourned. In this paper, we argue that this framing of 'post-truth' is flawed because it is ahistorical and ignores the co-production of knowledge and norms in political contexts. Debates about public facts are necessarily debates about social meanings, rooted in realities that are subjectively experienced as all-encompassing and complete, even when they are partial and contingent. Facts used in policy are normative in four ways: They are embedded in prior choices of which experiential realities matter, produced through processes that reflect institutionalized public values, arbiters of which issues are open to democratic contestation and deliberation, and vehicles through which polities imagine their collective futures. To restore truth to its rightful place in democracy, governments should be held accountable for explaining who generated public facts, in response to which sets of concerns, and with what opportunities for deliberation and closure.

[Anthropology Quarterly](#)

[Obituaries Without Biographies: Death and Healthcare in Roma Camps in Rome](#)

Lorenzo Alunni

The treatment of Roma groups is one of the most significant social equality issues in contemporary Europe. This article draws on the analysis of the Roma presence in Rome. It combines the ethnographic observation of a mobile medical unit operating in the Roma camps and shanties with the analysis of public and political reactions regarding a tragic accident that happened in one of these settlements. On the one hand, the focus of the article is on the medical unit's involvement in the reproduction of the marginalization of Roma citizens, and on the other, it draws on the case of the death of four Roma children, analyzing the political turn to grief of those individuals whose lives are subjected to different calculations of values.

[How to Rename a Hospital: Biomedical Technologies and New Combinations of Business and Charity in Cambodian Public Health](#)

Jenna Grant

This article explores how technologies forge new combinations of business and charity within health-related aid, particularly in post-socialist and post-humanitarian conjunctures. This is an ethnography of two cases in Phnom Penh, Cambodia: a multinational corporation donating biomedical technologies to government hospitals and a local NGO providing training in ultrasound imaging and free ultrasound services. I focus on the "commissioning ceremony" as a site of multiple enunciations about public and private, wealth and poverty, giving and receiving, and the role of technologies in "bringing healthcare to an acceptable level." Combinations of aid and entrepreneurialism are commonplace in Cambodian biomedicine, as they are in development more broadly. Yet humanitarianism is a lingering force. It can be seen in how a corporation entering an emerging market separates its donations from its sales, and how an NGO foregrounds its training over its sales. In these two cases, discourse of need and service to the poor enable technologies to circulate in private markets.

[Visions of Care: Medicalization and Public Patienthood in Sao Paulo, Brazil](#)

Naomi Zucker

Encompassing a range of critiques, from new regimes of governmentality and biopolitical control to the iatrogenic effects of scientific medicine's incursion into everyday life to the normative power of medicine, medicalization has become a central concept in anthropology and the critical social sciences. Drawing on three months of fieldwork at a primary

care clinic in São Paulo, Brazil, I explore how and to what effect a group of health professionals have taken up this concept as part of their own critical projects. Founded and run by a group of sanitarias or “public health doctors” working at the intersection of social science, medicine, and philosophy, the clinic is intentionally structured around an ambitious vision of comprehensive, “humanized,” anti-medicalizing health care. Attending to how medicalization is deployed in the clinic offers an entry point into the complex entanglements of judgment, discipline, citizenship, and care as they combine, refract, and reinforce or contradict each other in particular encounters between patients and providers. As health care providers inadvertently reproduce the very forms of discipline they seek to resist, we are able to more readily apprehend the kinds of patienthood being imagined and assumed at the clinic, and to explore how medicalization functions as both an embodiment of vision and an instantiation of its limits.

[Catalyst: Feminism, Theory, Technoscience](#)

Catalyst’s fall issue continues a special issue, *Science out of Feminist Theory*, whose [introduction is here](#). A selection of abstracts is featured below.

[Data Rituals in Intimate Infrastructures: Crip Time and the Disabled Cyborg Body as an Epistemic Site of Feminist Science](#)

Laura Forlano

While much feminist STS has focused on science and laboratories as sites of critical engagement, feminism and feminist theory has introduced alternative sites of knowledge production and engagement. This essay draws on new materialism and feminist theories of nature, embodiment and technology in order to analyze the disabled cyborg body as an epistemic site of feminist science. In particular, I analyze my own experience of adopting and using networked technologies—specifically, an insulin pump and glucose monitor—to manage Type 1 diabetes and the kinds of scientific practices that I engage in on a daily basis. These technologies and practices deserve attention in terms of what they can teach us about common discourses around science, innovation and infrastructure and, ultimately, about ourselves.

[Towards a Black Feminist Health Science Studies](#)

Moya Bailey and Whitney Peoples

Black Feminist Health Science Studies (BFHSS) is a critical intervention into a number of intersecting arenas of scholarship and activism, including feminist health studies, contemporary medical curriculum reform

conversations, disability studies, environmental justice, and feminist technoscience studies (Bailey, 2016). We argue towards a theory of BFHSS that builds on social justice science, which has as its focus the health and well-being of marginalized groups. We would like to move towards a social justice science that understands the health and well-being of people to be its central purpose. This formulation of BFHSS provides evidence of the co-constitutive nature of medical science and popular perception, underscoring the need to engage them simultaneously. Health is both a desired state of being and a social construct necessary of interrogation because of the ways that race, gender, able bodiedness, and other aspects of cultural production profoundly shape our notions of what is healthy (Metzl & Kirkland, 2010).

[Between the Sciences Psychosomatic Medicine as a Feminist Discipline](#)

Michelle Jamieson

Psychosomatic medicine was an interdisciplinary medical field established in the late 1930s in response to growing dissatisfaction with the Cartesianism assumed in both general medicine and psychiatry. Seeking a method that could address the many health conditions that fell outside the scope of any particular specialisation, advocates of this movement were doctors, psychiatrists and psychoanalysts who insisted on treating the organism as a whole. Among these was Helen Flanders Dunbar, an enigmatic psychiatrist and philosopher, who insisted that the success of medicine rested on its ability to apprehend the interrelationality of mind and body as an object in its own right. This article shows that Dunbar's ambition to develop a practice of medicine that would more faithfully address the organism as whole, rather than fragment, evokes the larger issue of how we can know and study life *objectively*. Drawing on the works of feminist STS scholars Karen Barad and Donna Haraway, I show that Dunbar grappled with the situatedness of knowledge practices – and specifically, the relationship between object and method – as a central concern of her discipline. I argue that psychosomatic medicine is an example of feminist thought as science because its very practice relies on holding alive questions about the nature of objectivity, truth and the ontological entanglement of 'what' and 'how' we know.

[The Art of Failure in Robotics: Queering the \(Un\)Making of Success and Failure in the Companion Robot Laboratory](#)

Pat Treusch

This article investigates an emerging class of contemporary machines: the robot companion. It is introduced as a robot that will accompany 'us' in 'our' human everyday lives. This article analyzes one example of how

robot companionship is realized while querying how this realization might imply a change in how 'we' conceive of human/machine relations. Drawing on central insights into the making of the humanoid Armar, the author develops an approach to emerging human/machine relations through affects, more precisely through the affective strategies and affective labors taking place in the robotics laboratory. She furthermore suggests taking a posthumanist perspective on the analysis, which entails becoming attentive to the intra-active co-production between human and machine. Importantly, this also allows her to tweak the powerful differentiation between success and failure at work in this specific setting, the robotics laboratory. How can 'we' rethink human/machine relations of humanlike interaction through queering success and failure at the robot/human interface? Finally, the author suggests establishing an understanding of laboratory work on the project of the humanlike companion that takes into account the queering potential of failure – centrally by emphasizing the interweaving of knowing and affects, rather than neglecting their connection. At stake seems to be the possibility to develop visions of how to turn the capitalist endeavor of increasing rationalizations of 'human everyday lives' into a more responsible and accountable practice of technologization that takes into account the largely neglected dimensions of human/machine relations beyond the success/failure binary.

[Configurations](#)

[How Patterns Meet: Tracing the Isomorphic Imagination in Contemporary Neuroculture](#)

Stephan Besser

This essay argues that contemporary neuroculture is characterized by a disposition to detect and construct meaningful similarities between the brain and the extracerebral world on the basis of principles of analogy and morphological congruity. It analyzes several examples of this phenomenon, for which the term "the isomorphic imagination" is proposed. The essay focuses on the trope of "patterns" as a medium of such cross-mappings in William Gibson's novel *Pattern Recognition* (2003), art historian Barbara M. Stafford's study *Echo Objects: The Cognitive Work of Images* (2007), and recent work in the field of cultural neuroscience; it identifies discourses on affect and plasticity as two important conditions of possibility for the current isomorphic imagination. It is concluded that the study of the isomorphic imagination as a broad material-discursive dispositive can help to understand better the various ways in which the brain is currently related to its worldly and cultural contexts and vice versa.

[Health, Risk, & Society](#)[The development of risk politics in the UK: Thatcher's 'Remarkable' but forgotten 'Don't Die of Ignorance' AIDS campaign](#)

Adam Burgess

Thirty years on from the dramatic and unprecedented AIDS advertising campaign in the UK organised by the Conservative government of the late 1980s, this article reassesses the experience drawing upon subsequent memoirs and interviews. It does so in the context of an emergence of risk politics in the UK in the 1980s, situated within an historical perspective on the development of risk within modernity. I emphasise the forgotten pragmatic, amoral core of the campaign which challenged the illiberal climate of the times, and how it was possible for a government defined by high moralism to challenge it. I outline the range of pressures that led to the campaign, including the conscious attempt to limit stigmatisation amidst the mood of wartime emergency that prevailed in late 1986/early 1987. Its emergency character meant little direct legacy of harm reduction has endured, but I argue for a wider significance of the campaign as a key moment in the emergence of risk politics in the UK and beyond.

[From fantasy to reality: managing biomedical risk emotions in and through fictional media](#)

Marci D Cottingham & Jill A Fisher

In this article, we explore the role that fictional media (film and television) play in evoking and managing collective and individual anxieties towards biomedical research. We draw on two data sets: fictional media depictions of human research subjects and interviews with Phase I clinical trial participants conducted in the USA in 2013. We show how fictional media provide an outlet for collective uncertainties surrounding biomedical research through depictions that mock and dehumanise research participants, using such emotions of shock, disgust, pity, amusement and humour. We analyse how themes from fictional media are also used to manage actual clinical trial participants' own anxiety concerning the unknown risks of research participation. By contrasting the reality of their research experience with fantasy derived from entertainment media, clinical trial participants minimise the seriousness of the side effects they have or may experience in actual Phase I clinical trials. We conclude that fictional media serve an important role in the collective and individual management of risk emotion.

AMA citation

Kowalski J. In the Journals--October 2017. *Somatosphere*. 2017. Available at: <http://somatosphere.net/?p=13877>. Accessed November 1, 2017.

APA citation

Kowalski, Julia. (2017). *In the Journals--October 2017*. Retrieved November 1, 2017, from Somatosphere Web site: <http://somatosphere.net/?p=13877>

Chicago citation

Kowalski, Julia. 2017. In the Journals--October 2017. *Somatosphere*. <http://somatosphere.net/?p=13877> (accessed November 1, 2017).

Harvard citation

Kowalski, J 2017, *In the Journals--October 2017*, *Somatosphere*. Retrieved November 1, 2017, from <<http://somatosphere.net/?p=13877>>

MLA citation

Kowalski, Julia. "In the Journals--October 2017." 1 Nov. 2017. Somatosphere. Accessed 1 Nov. 2017.<<http://somatosphere.net/?p=13877>>