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In the Journals - September 2018, Part II

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By Livia Garofalo

And now for Part II for September. Enjoy!

[Journal of the Royal Anthropological Institute](#)

[Mutable environments and permeable human bodies](#)

Margaret Lock

Geologists have declared an epochal transition to the Anthropocene, formally recognizing humans as the driving force of destructive global change; a distinction can no longer be made between human history and natural history. Certain commentators argue that Capitalocene better characterizes the situation, given that the effects of planetary decimation and global warming are not equally distributed among humans. A second conceptual change has recently taken place in which genomes are recognized as reactive to environmental stimuli both external and internal to the human body. In the post-genomic era, genes neither initiate life nor drive human development. The science of the burgeoning field of behavioural epigenetics is introduced, followed by illustrative examples of environmentally caused epigenetic changes that impact negatively on health. Epigeneticists routinely delimit their attention to detecting measurable changes at the molecular level. It is argued that anthropological contributions that incorporate subjective accounts of embodiment involving past and present events are crucial in order to better situate and account for biological differences and health outcomes historically, ecologically, and politically. Discussion of the microbiome provides a cautionary reminder that microbes are the ultimate driving force of health and illness. In conclusion, the Earth Optimism movement is briefly introduced, as is the concept of resilience, but alone these positive moves will not curb unremitting global warming.

[The anxiety of romantic love in Ho Chi Minh City, Vietnam](#)

Allen L. Tran

This article examines the role of anxieties about romantic love in the modernist self-making projects of Vietnam's growing middle class. Romantic ideals and discourses that emerged from Vietnam's neoliberal reforms emphasize personal compatibility through emotional intimacy and communication. Middle-class residents of Ho Chi Minh City increasingly privilege the emotions in daily life and define themselves and their relationships in an affective register. This cultivation of emotional self-reflexivity has, however, become a source of anxiety about the self. An analysis of two case studies traces how individuals draw on their class, gender, and age to negotiate conflicts between various models of love and selfhood and reinvent romantic discourses to claim their own versions of a modern identity. A critical component of both the experience of romantic love and the construction of middle-class Vietnamese selfhood, love anxiety stems not just from people's changed relations to others but also from a changed perception of the self, which has been rendered unrecognizable to them.

[Conditions of life in the city: medicine and gendered relations in Maputo, Mozambique](#)

Ramah McKay

How do material conditions, urban life strategies, and postcolonial medical infrastructures shape the practices of care available to patients and families in Maputo? How do global health interventions articulate with urban economies, colonial legacies, and gendered relations? Under what conditions is health made available in Mozambique's capital? This article explores these questions through the experiences of one young woman as she moves through clinical and city spaces and through changing familial and residential situations. Showing how health is shaped by gendered relations and material circumstances (or condições) as they are refracted through urban space, her experiences make clear that care both requires and creates complex material-relational conditions rooted in clinic practice, urban forms, and gendered social and familial life. In the midst of complex medical regimes and rapidly changing urban spaces, these conditions constitute the ground on which women access medicine but also give rise to exclusions from forms of care produced by both biomedicine and social relations. Arguing for greater attention to the role of gender, urban space, economy, and exchange in theorizing health in situated urban and transnational spaces, this

article advocates for accounts that go beyond biomedical and clinical framings of life, health, and well-being and that centre relational accounts of life in the city.

[Being harmed while doing good: affective injuries in a community development programme, Medan, Indonesia](#)

Tanya Jakimow

Complaints, accusations, and failures of gratitude are everyday experiences for volunteers in community-driven development in Medan, Indonesia. In this article I develop the analytic of 'affective injury' to describe the force of such encounters: the sensation of having one's ethical self questioned or put at risk that manifests as an immediate force or lingering hurt. While humanitarian and development workers are all susceptible to affective injuries, I argue that they operate on a different register for developers who belong to, and have an enduring relationship with, the 'community'. The ways local volunteers respond to, and seek to recover from, affective injuries are distinct from reflective responses to ethical dilemmas. The suppression of, or diversion from, thoughts that could derail self-understanding is a hindrance to reflexive development practice.

[Medical Anthropology Quarterly](#)

[Cell Phones ? Self and Other Problems with Big Data Detection and Containment during Epidemics](#)

Susan L. Erikson

Evidence from Sierra Leone reveals the significant limitations of big data in disease detection and containment efforts. Early in the 2014–2016 Ebola epidemic in West Africa, media heralded HealthMap's ability to detect the outbreak from newsfeeds. Later, big data—specifically, call detail record data collected from millions of cell phones—was hyped as useful for stopping the disease by tracking contagious people. It did not work. In this article, I trace the causes of big data's containment failures. During epidemics, big data experiments can have opportunity costs: namely, forestalling urgent response. Finally, what counts as data during epidemics must include that coming from anthropological

technologies because they are so useful for detection and containment.

[The Data Hustle: How Beneficiaries Benefit from Continual Data Collection and Humanitarian Aid Research in the Somali Region of Ethiopia](#)

Lauren Carruth

Based on ethnographic and policy research in the Somali Region of Ethiopia, this article examines how contemporary trends in the humanitarian relief industry to mandate continual data collection, “accountability,” and the “localization” of aid have increased demands for participatory and intensive research methodologies in crisis-affected communities. International humanitarian relief agencies hustle to hire local staffs and recruit enough participants for their repeated research projects, while at the same time, the so-called beneficiaries of aid also hustle to participate in data collection as paid informants and temporary employees. Research is an important side gig for many beneficiaries, and beneficiaries’ regular participation is vital to reforming humanitarian practice. Beneficiaries are not therefore passive recipients of charity, but actively help produce the representations of crisis and suffering that, in turn, potentially qualify them for aid. Their indispensability and activity within contemporary humanitarian “audit cultures” therefore present emergent but limited forms of counter-hegemonic power.

[From Drug Safety to Drug Security: A Contemporary Shift in the Policing of Health](#)

Julia Hornberger

The counterfeiting of medication is increasingly seen as a major threat to health, especially in the light of both the everyday reliance on and a broadening of world-wide access to pharmaceuticals. Exaggerated or real, this threat has inaugurated, this article argues, a shift from a drug safety regime to a drug security regime that governs the flow of pharmaceuticals and brings together markets, police, and health actors in new ways. This entails a shift from soft disciplinary means aimed at incremental and continued inclusion of defaulters, to one of drastically sovereign measures of exclusion and banishment aimed at fake goods and the people associated with them, in the name of health. Through a multi-sited ethnographic study, this article shows how such new drug security

efforts play themselves out especially in (South) Africa, highlighting a modus operandi of spectacular performativity and of working through suspicion and association rather than factuality, producing value less so for those in need of health than for a petty security industry itself.

[Kangaroo Mother Care in Colombia: A Subaltern Health Innovation against For-profit Biomedicine](#)

César Ernesto Abadía Barrero

This ethnographic study presents the origins, growth, and collapse of the first Kangaroo Mother Care (KMC) program, a well-established practice for neonatal care created in 1978 in Colombia. The WHO and UNICEF praised this zero-cost revolutionary technique for its promotion of skin-to-skin contact between premature and low-birth-weight newborns and family members. KMC facilitates early hospital discharge, brings many clinical and psychological benefits, and constitutes an excellent alternative to placing babies in incubators. However, these benefits and political potential against biomedical interventions were undermined after being relabeled as a “reverse innovation,” a business concept that encourages corporate investments in low-income countries to develop technologies that can both solve global health problems and boost multinational corporations profits. In response, I propose “subaltern health innovations” as a label for KMC that accounts for the power dynamics in global health between health care initiatives that originate in the Global South and neoliberal configurations of for-profit biomedicine.

[There Is No Place Like Home: Imitation and the Politics of Recognition in Bolivian Obstetric Care](#)

Gabriela Elisa Morales

This article examines how efforts to “culturally adapt” birthing spaces in a rural Bolivian hospital are generating debates among doctors about what constitutes proper obstetric care. Working at the intersection of national and transnational projects, NGOs in Bolivia have remade the birthing rooms of some public health institutions to look more like a home, with the goal of making indigenous women feel more comfortable and encouraging them to come to the clinic to give birth. Yet narratives of transformation also obscure ongoing conditions of racial and gendered inequality

in health services. I demonstrate how doctors' use of culturally adapted technologies enacts shifting affective relations—warm, cold, gentle, harsh—that draws on preoccupations with indigenous culture as a threat to maternal and infant life. In tracing practices of care, I argue that culturally adapted birthing in many ways extends historically rooted practices of doing biomedical work on indigenous bodies.

[The Redistribution of Reproductive Responsibility: On the Epigenetics of “Environment” in Prenatal Interventions](#)

Natali Valdez

The rapidly shifting field of epigenetics has expanded scientific understanding of how environmental conditions affect gene expression and development. This article focuses on two ongoing clinical trials—one in the United States and one in the United Kingdom—that have used epigenetics as the conceptual basis for testing the relationship between nutrition and obesity during pregnancy. Drawing on ethnographic research, I highlight the different ways that clinical scientists interpret epigenetics to target particular domains of the environment for prenatal intervention. Here I examine three environmental domains: the pregnant body, the home, and everyday experiences. In so doing, I show how different scientific approaches to epigenetics multiply concepts of “the environment,” while also individualizing responsibility onto pregnant bodies. Ultimately, I argue that how the environment is conceptualized in epigenetics is both a scientific and a political project that opens up questions of reproductive responsibility.

[The Morality of Disordered Eating and Recovery in Southern Italy](#)

Ann M. Cheney, Steve Sullivan, Kathleen Grubbs

Scholars have traced the processes through which moral subjectivities are constituted in culturally meaningful ways through eating disorders and recovery practices, demonstrating how subjective meanings of eating disorders and recovery from them are imbued with moral undertones and become meaningful ways of existing within specific historical and cultural contexts. Drawing on ethnographic insights and interviews with young women with disordered eating histories in southern Italy, we show how suffering from eating disorders and recovery from them enables women to retool their identities and craft moral selves. We draw

attention to the value of medical anthropology in the care and comprehension of well-being of girls and women suffering from disordered eating.

[Medical Humanities](#)

[Evidence and speculation: reimagining approaches to architecture and research within the paediatric hospital](#)

Rebecca McLaughlan, Alan Pert

As the dominant research paradigm within the construction of contemporary healthcare facilities, evidence-based design (EBD) will increasingly impact our expectations of what hospital architecture should be. Research methods within EBD focus on prototyping incremental advances and evaluating what has already been built. Yet medical care is a rapidly evolving system; changes to technology, workforce composition, patient demographics and funding models can create rapid and unpredictable changes to medical practice and modes of care. This dynamism has the potential to curtail or negate the usefulness of current best practice approaches. To imagine new directions for the role of the hospital in society, or innovative ways in which the built environment might support well-being, requires a model that can project beyond existing constraints. Speculative design employs a design-based research methodology to imagine alternative futures and uses the artefacts created through this process to enable broader critical reflection on existing practices. This paper examines the contribution of speculative design within the context of the paediatric hospital as a means of facilitating critical reflection regarding the design of new healthcare facilities. While EBD is largely limited by what has already been built, speculative design offers a complementary research method to meet this limitation.

[Sing Your Heart Out: community singing as part of mental health recovery](#)

Tom Shakespeare, Alice Whieldon

This paper reports on a qualitative evaluation of a Norfolk-based network of community singing workshops aimed at people with mental health conditions and the general public. The aims of the study were (a) to evaluate the effectiveness of the Sing Your Heart

Out (SYHO) project and (b) to identify the key features which made the project distinctive. The study draws on 20 interviews with participants, two focus groups with organisers and workshop leaders, and participative observation over a 6-month period. Interviewees all reported improvement in or maintenance of their mental health and well-being as a direct result of engagement in the singing workshops. For most it was a key component, and for some the only and sufficient component in their recovery and ongoing psychological stability. SYHO was regarded as different from choirs and from most other social groups and also different from therapy groups, music or otherwise. The combination of singing with an inclusive social aspect was regarded as essential in effecting recovery. The lack of pressure to discuss their condition and the absence of explicit therapy was also mentioned by most participants as an important and welcome element in why SYHO worked for them. The combination of singing and social engagement produced an ongoing feeling of belonging and well-being. Attendance provided them with structure, support and contact that improved functioning and mood. We conclude that the SYHO model offers a low-commitment, low-cost tool for mental health recovery within the community.

[Using photography to enhance GP trainees' reflective practice and professional development](#)

Rutherford, Emer Forde, Jacqueline Priego-Hernandez, Aurelia Butcher, Clare Wedderburn

The capacity and the commitment to reflect are integral to the practice of medicine and are core components of most general practitioners (GP) training programmes. Teaching through the humanities is a growing area within medical education, but one which is often considered a voluntary 'add-on' for the interested doctor. This article describes an evaluation of a highly innovative pedagogical project which used photography as a means to enhance GP trainees' reflective capacity, self-awareness and professional development. Photography was used as a tool to develop GP trainees' skills in recognising and articulating the attitudes, feelings and values that might impact on their clinical work and to enhance their confidence in their ability to deal with these concerns/issues. We submit that photography is uniquely well suited for facilitating insight and self-reflection because it provides the ability to record 'at the touch of a button' those scenes and images to which our attention is intuitively drawn without the need for—or the interference of—conscious decisions.

This allows us the opportunity to reflect later on the reasons for our intuitive attraction to these scenes. These photography workshops were a compulsory part of the GP training programme and, despite the participants' traditional scientific backgrounds, the results clearly demonstrate the willingness of participants to accept—even embrace—the use of art as a tool for learning. The GP trainees who took part in this project acknowledged it to be beneficial for both their personal and professional development.

[Blind alleys and dead ends: researching innovation in late 20th century surgery](#)

Harriet Palfreyman, Roger L Kneebone

This article examines the fortunes of one particular surgical innovation in the treatment of gallstones in the late 20th century; the percutaneous cholecystolithotomy (PCCL). This was an experimental procedure which was trialled and developed in the early days of minimally invasive surgery and one which fairly rapidly fell out of favour. Using diverse research methods from textual analysis to oral history to re-enactment, the authors explore the rise and fall of the PCCL demonstrating that such apparent failures are as crucial a part of innovation histories as the triumphs and have much light to shed on the development of surgery more generally.

[Paradigm shift? Purity, progress and the origins of first-episode psychosis](#)

Suze G Berkhout

First-episode psychosis has garnered significant attention and resources within mental health services in North America, Europe and Australia/New Zealand since the 1990s. Despite this widespread embrace, little scholarship exists that examines underlying concepts, ideologies and imagery embedded within the early intervention paradigm. In this paper, I offer a sociohistorical analysis of the emergence of first-episode psychosis and early intervention as entities in psychiatry, drawing on contemporary philosophical thought to explore various concepts embedded in them. Although scattered references to 'prodrome' and 'incipient cases' exist in the historic psychiatric literature, the notion of first-episode psychosis as a distinct chronological stage emerged in the late 1980s. This occurred in response to a desire for a homogeneous, medication-naive population within schizophrenia

research. Thematically, concerns regarding 'purity' as well as notions of 'progress' can be read off of the body of work surrounding the creation of the term and its development into a clinical organising concept. Furthermore, examining the sociohistorical context of the term demonstrates its entanglement with the course of atypical antipsychotic drug development, the expansion of clinical rating scales and wider neoliberal biopolitics within healthcare. Within psychiatry, the early intervention model has been termed a 'paradigm shift,' with the promise that earlier interventions will translate into shorter durations of untreated illness, improved utilisation of services and better prognoses for recovery. While these are laudable goals, they are tied to assumptions about biomedical progress and idealisations of clinical populations that feminist and disability critiques problematise.

[Women, 'madness' and exercise](#)

Jennifer Jane Harges

The positive relationship between exercise and mental health is often taken for granted in today's society, despite the lack of academic literature evidencing this symbiosis. Gender is considered a significant determinant in a number of mental health diagnoses. Indeed, women are considered twice as likely as men to experience the most pervasive mental health condition, depression. Exercise for women's mental health is promoted through various macrolevel charity, as well as microlevel, campaigns that influence government healthcare policy and National Health Service guidelines. Indeed, 'exercise prescriptions' in the treatment of depression is not uncommon. Yet, this link between exercise as a treatment for women's mental health has not always been so pervasive. In fact, an examination of asylum reports and medical journals from the late 19th century highlights a significant shift in attitude towards the role of exercise in the treatment of women's emotional states and mental health. This paper specifically examines how this treatment of women's mental health through exercise has moved from what might be regarded as a focus on exercise as a 'cause' of women's mental ailments to exercise promoted as a 'cure'. Unpacking the changing medical attitudes towards exercise for women in line with larger sociopolitical and historic contexts reveals that while this shift towards exercise promotion might prima facie appear as a less essentialist view of women and their mental and physical states, it inevitably remains tied to larger policy and governance agendas. New modes of exercise 'treatment' for women's mental

health are not politically neutral and, thus, what appear to emerge as forms of liberation are, in actuality, subtler forms of regulation.

[Supple bodies, healthy minds: yoga, psychedelics and American mental health](#)

Lucas Richert, Matthew DeCloedt

Much discussion about mental health has revolved around treatment models. As interdisciplinary scholarship has shown, mental health knowledge, far from being a neutral product detached from the society that generated it, was shaped by politics, economics and culture. By drawing on case studies of yoga, religion and fitness, this article will examine the ways in which mental health practices—sometimes scientific, sometimes spiritual—have been conceived, debated and applied by researchers and the public. More specifically, it will interrogate the relationship between yoga, psychedelics, South Asian and Eastern religion (as understood and practiced in the USA) and mental health.

[Fiction-reading for good or ill: eating disorders, interpretation and the case for creative bibliotherapy research](#)

Emily T Troscianko

Compared with self-help bibliotherapy, little is known about the efficacy of creative bibliotherapy or the mechanisms of its possible efficacy for eating disorders or any other mental health condition. It is clear, however, that fiction is widely used informally as a therapeutic or antitherapeutic tool and that it has considerable potential in both directions, with a possibly significant distinction between the effects of reading fiction about eating disorders (which may—contrary to theoretical predictions—be broadly negative in effect) or one's preferred genre of other fiction (which may be broadly positive). Research on creative bibliotherapy, especially systematic experimental research, is lacking and requires a medical humanities approach, drawing on knowledge and methods from psychology and cognitive literary studies as well as clinical disciplines to expand our understanding of how the dynamic processes of interpretation mediate between textual structures and characteristics of mental health and illness.

[New Genetics & Society](#)

[Dimensions of responsibility in medical genetics: exploring the complexity of the “duty to recontact”](#)

Shane Doheny, Angus Clarke, Daniele Carrieri, Sandi Dheensa, Naomi Hawkins, Anneke Lucassen, Peter Turnpenny & Susan Kelly

Discussion of a “duty to recontact” emerged as technological advances left professionals considering getting back in touch with patients they had seen in the past. While there has been much discussion of the duty to recontact as a matter of theory and ethics, there has been rather little empirically based analysis of what this “duty” consists of. Drawing on interviews with 34 professionals working in, or closely with, genetics services, this paper explores what the “duty to recontact” means for healthcare professionals involved in genetics. Using a discourse analytic framework, the paper identifies three system generated discourses on recontact (governance, legal and responsabilizing discourses) and three lifeworld discourses (situating recontact as a formal duty; more loosely as an obligation; and as a personal sense of responsibility). In summary, the paper shows that the “duty” to recontact involves a complex interplay of system responsibilities with professional duties, responsibilities and obligations.

[Extending experimentation: oncology’s fading boundary between research and care](#)

Alberto Cambrosio, Peter Keating, Etienne Vignola-Gagné, Sylvain Besle & Pascale Bourret

Historians and social scientists view the distinction between research and care as diachronically and synchronically contingent, rather than transcendental, as is often the case in bioethics. Comparing how the notion of total care was used in the 1950s with present-day use of that same term by genomically informed oncology programs, the paper argues that the distinction between research and care needs: to be historicized, by examining its repeated emergence and re-definition, and the shifting relations between these two “ideal-typical” components; and to be problematized, by paying attention to the entities, practices, and institutions that are constitutive of the successive regimens that

have punctuated oncology's development. Shifting to contemporary activities, the paper examines how the recent massive injection of molecular biology and high-throughput genomic technologies in the field of oncology has been accompanied by a reshuffling of the research/care distinction, a process that is leading to new forms of "experimental care".

[The politics of valuation and payment for regenerative medicine products in the UK](#)

Alex Faulkner & Aurélie Mahalatchimy

The field of regenerative medicine (RM) faces many challenges, including funding. Framing the analysis in terms of institutional politics, valuation studies and "technologies of knowledge", the paper highlights growing debates about payment for RM in the UK, setting this alongside escalating policy debates about "value". We draw on interviews and publicly available material to identify the interacting and conflicting positions of institutional stakeholders. It is concluded that while there is some common ground between institutional stakeholders such as industry and health system gatekeepers, there is significant conflict about reward systems, technology assessment methodologies and payment scenarios; a range of mostly conditional payment schemes and non-mainstream routes are being experimented with. We argue that current developments highlight a fundamental conflict between a concern for the societal value of medical technologies in a resource-limited system and a concern for engineering new reward and payment models to accommodate RM innovations.

[Realizing responsibility. Institutional routines, critical intervention, and the "big" questions in the controversy over non-invasive prenatal testing in Germany](#)

Kathrin Braun & Sabine Könniger

NIPT has become a matter of controversy in Germany over the past years, there is now a widespread concern that it raises fundamental social and ethical questions. Starting from the assumption that responsible governance requires governance actors to address these questions, the article examines how the main governance actors realized their responsibility in the sense of conceiving and performing it. Building on the pragmatic sociology of critique, we study how actors are doing responsibility within a

given institutional and political context. We show that critical interventions disrupted institutional routines and caused governance actors to struggle with conflicting commitments of complying with institutional rules and exercising responsibility by taking social and ethical considerations into account. Whereas these conflicting commitments posed a predicament for political decision-makers, who solved it through shifting responsibility for social and ethical issues elsewhere, there was no such predicament for the producers; for them, routine and responsibility converged

[Philosophy, Psychiatry, & Psychology](#)

[The Importance of Self-Narration in Recovery from Addiction](#)

Doug McConnell, Anke Snoek

Addiction involves a chronic deficit in self-governance that treatment aims to restore. We draw on our interviews with addicted people to argue that addiction is, in part, a problem of self-narrative change. Over time, agents come to strongly identify with the aspects of their self-narratives that are consistently verified by others. When addiction self-narratives become established, they shape the addicted person's experience, plans, and expectations so that pathways to recovery seem to be implausible and feel alien. Therefore, the agent may prefer to enact her disvalued self-narrative because at least it represents who she takes herself to be. To recover, the agent needs to conduct narrative work, adjusting her existing self-narrative so that it better supports recovery-directed narrative projections. Reducing cravings, managing withdrawals, increasing self-control, and developing goals are all important for recovery, but those approaches will often be in vain if the influence of self-narrative is ignored. If our analysis is correct, addiction treatment will typically be more effective if it incorporates support for self-narrative change.

[Why Does the Diagnosis of Schizophrenia Persist?](#)

Huw Green

For almost 30 years, the diagnosis of schizophrenia has been subject to an extensive critique of its validity as an object of

scientific research. It has also been identified with negative social consequences in its own right. This raises the question of why the label retains so much professional and social currency. Authors who have addressed this issue attribute schizophrenia's success to the material interests of the profession of psychiatry, but it is here argued that this account is insufficient. I draw on what I call the reference account to explain why schizophrenia persists. Despite its problems, I suggest that the label continues to exist because, in certain usage contexts, it successfully refers to some aspects of reality. Schizophrenia will likely be decomposed and replaced by more precise diagnostic terms, but for the time being a coherent and unanimously agreed upon alternative is missing.

[Auditory Verbal Hallucination and the Sense of Ownership](#)

Michelle Maiese

About 75% of subjects diagnosed with schizophrenia experience auditory-verbal hallucination (AVH) and report “hearing voices” that are not actually present. Wu maintains that AVHs should be understood as aberrant auditory experiences. However, his account is unable to make sense of a full range of AVH experiences and mistakenly treats AVH as an isolated symptom. Because AVH is phenomenologically heterogeneous in certain respects, an adequate explanation of AVH needs to take this diversity of experience into account. Still, it is important to understand what these different sorts of AVHs have in common with each other, and also how they are linked to some of the other characteristic symptoms of schizophrenia. I maintain that AVHs result from an underlying disruption to self-consciousness, namely, a diminished sense of ownership. This diminished sense of ownership, in turn, is caused by a breakdown in selective attention.

[Science as Culture](#)

[Virtuous Play: The Ethics, Pleasures, and Burdens of Brain Training](#)

Matthew Wade

Through normative appeals of cognitive enhancement, the brain has become a site of both promise and peril. Displaying oneself as ethically sound may now include showing requisite care for

cognitive capacities. Moreover, enhancing our cognitive reserves is framed as aspirational means of averting neurodegenerative disease and neoliberal precarity. Such demanding labours of self-care warrant close scrutiny. Promissory discourses proclaim our ‘neuroplasticity’, encouraging subjects to work on endlessly improvable functional capacities that hold labour market value. Yet a ‘fun morality’ is equally prevalent in today’s experiential economies. Neuro-enhancement is thus sold not as an ascetic chore, but an ecstatic potential. Hope, fear, pleasure, and ethical conduct are, therefore, all closely entwined in the ‘virtuous play’ of ‘brain training’, where commercial entities use digital platforms for game-based tasks designed to enhance cognitive abilities. These services are typically promoted through appeals to our dutiful biocitizenship. This type of virtuous play is increasingly the means by which subjects produce themselves as simultaneously pleasure-seeking, productive, and resoundingly ‘well’. However, this understanding of virtuosity is often narrowly derived—reduced to ‘active ageing’, corporate-style ‘neurohacking’, and ‘brain profiles’—that threaten to foreclose other ways of imagining well-being. In failing to recognize the neoliberal underpinnings of virtuous play we entrench burdensome attachments to emerging modes of personal enhancement. Against these seductive appeals of combining pleasure with self-improvement, we must cultivate a critical reflexivity regarding exactly how ‘enhancement’ is conceived, opening room for lines of possibility outside of currently dominant frameworks.

[Constructing Legitimacy in Geoengineering Discourse: The Politics of Representation in Science Policy Literature](#)

Brynna Jacobson

Geoengineering, the idea of addressing climate change through large-scale technological projects, is a unique example of a contested emerging technology. It stands out in the degree to which both its scope of possibilities and its premise are characterized by global existential risks. Despite controversy due to inherent and perceived risks, this field has been shifting toward mainstream consideration. Geoengineering science policy reports reflect this shift and influence the subsequent trajectory of research and potential deployment. The two most notable geoengineering policy reports are those by the Royal Society in 2009 and the National Research Council (NRC) in 2015. Discursive strategies recurrent in these reports construct notions of legitimacy and normalcy in regard to geoengineering. These strategies include

relative legitimation of actors and approaches, differentiating research from deployment, elevating particular geoengineering methods through comparative evaluation, and normalizing novel geoengineering proposals through analogy. These strategies are present in both the benchmark geoengineering policy reports, with a deepening and entrenchment evident in the later NRC report. Together, these discursive strategies promote the legitimization of geoengineering research.

[Anticipatory Uncertainty: How Academic and Industry Researchers in the Life Sciences Experience and Manage the Uncertainties of the Research Process Differently](#)

Maximilian Fochler & Lisa Sigl

The institutional contexts of research increasingly require researchers to anticipate their productivity and the uncertainties inherent in their research. This applies to both academic researchers and to researchers in start-up companies. This creates a specific kind of uncertainty, anticipatory uncertainty, that we define as the state of being uncertain as to whether research processes will be productive in a specific time frame and along situated definitions of good performance. In the life sciences, this anticipatory uncertainty is experienced and managed differently, depending on how research is organized and the cultural resources available in specific institutional contexts. In biotechnology companies, there is a readiness to embrace dynamic changes in both research strategies and the organization of work in response to new developments in the progress of the overall research agenda. In academia, the ability of research groups to react with similar flexibility seems significantly constrained by the individual attribution of research work and credit, and the correspondingly high level of individual anticipatory uncertainty. This raises questions about how far the current organization of academic research allows epistemic uncertainty to be embraced and corresponding risks to be taken, rather than safe questions to be pursued.

[Casuistic Reasoning in Expert Narratives on Healthy Eating](#)

Janne Huovila & Sampsa Saikkonen

Individualisation of healthy eating is a broad tendency in Western culture and is becoming a popular ideal in nutrition science. Public

perception of dietary knowledge is central to this individualisation and many experts now aim to present dietary knowledge in a way which relates to individual experience, as well as a casuistic style in which particular cases are discussed in relation to general, universal principles. Analysis of casuistic narrative styles in the public communication about healthy eating by experts makes explicit their flexible use of both particular cases and universal claims, in which clinical and personal cases are narratively employed by the experts to invite readers to personally consider dietary knowledge. Such casuistic narration by experts relates human agency and particular bodies to universal concepts in a way that has generative and critical functions with respect to dietary knowledge and understanding. The public articulation of clinical narratives by experts make salient the intersubjective emergence and accumulation of dietary knowledge between expert reasoning and lay understanding. Personal narratives have an essential role in presenting casuistic reasoning through experts' personal lives and making their own bodies relevant to public communication about healthy eating. This emphasises the experts' personal agency in relationship to common norms and general knowledge. Furthermore, both clinical and personal narratives are used by experts in their assessment of the shortcomings in public health messages. Experts' casuistic narration thus does not merely construct credibility but has epistemic functions in constructing dietary knowledge tangible with respect to actual eating practices.

[Science in Context](#)

Special Issue: Interactions of Interwar Physics: Technology, Instruments, and Other Sciences

[The Interwar Period as a Machine Age: Mechanics, the Machine, Mechanisms, and the Market in Discourse](#)

Richard Staley

This paper examines some of the ways that machines, mechanisms, and the new mechanics were treated in post-World War I discourse. Spengler's 1919 *Decline of the West* and Hessen's 1931 study of Newton have usually been tied closely to Weimar culture in Germany, and Soviet politics. Linking them also to the writings of Rathenau, Simmel, Chase, Mumford, Hayek, and

others, as well as to Dada and film studies of the city will indicate central features of a wide-ranging, international discourse on the machine and mechanization. I argue that machines were so thoroughly integrated into social and economic experience that we can treat this as a distinctive new phase in the cultural history of mechanics, what some contemporaries called the “machine age”: a period in which rather than the hand mill or steam engine, the city stands as an appropriate realization (and sometimes symbol) of the significance but also ambiguities and tensions of mechanical life; and concepts of mechanization were extended to encompass the economy and market mechanisms.

[The Shaping of Interwar Physics by Technology: The Case of Piezoelectricity](#)

Shaul Katzir

Concentrating on the important developments of quantum physics, historians have overlooked other significant forces that shaped interwar physics, like that of technology. Based on the case of piezoelectricity, I argue that interests of users of technics (i.e. devices or methods) channeled research in physics into particular fields and questions relevant for industrial companies and governmental agencies. To recognize the effects of such social forces on physics, one needs to study the content of the scientific activity (both experimental and theoretical) of the researchers within its social and disciplinary contexts. By examining paths of individual scientists along with a study of the research in the field as a whole this paper exposes a range of reasons that led researchers to studies pertinent to technics. In particular, it shows that commercial, social, and military powers shaped interwar research through institutions aimed at fostering technology, some of them newly founded, and by a general view that academic research should help technology, a position that became more common at the time.

[Science, Technology and Human Values](#)

[The Geopolitics of Climate Knowledge Mobilization: Transdisciplinary Research at the Science–Policy Interface\(s\) in the Americas](#)

Katie Meehan, Nicole L. Klenk, Fabián Mendez

Climate change and sustainability science have become more international in scope and transdisciplinary in nature, in response to growing expectations that scientific knowledge directly informs collective action and transformation. In this article, we move past idealized models of the science–policy interface to examine the social processes and geopolitical dynamics of knowledge mobilization. We argue that sociotechnical imaginaries of transdisciplinary research, deployed in parallel to “universal” regimes of evidence-based decision-making from the global North, conceal how international collaborations of scientists and societal actors actually experience knowledge mobilization, its systemic barriers, and its paths to policy action. Through ethnographic study of a transdisciplinary research program in the Americas, coupled with in-depth analysis of Colombia, we reveal divergences in how participants envision and experience knowledge mobilization and identify persistent disparities that diminish the capacity of researchers to influence decision-making and fit climate knowledge within broader neoliberal development paradigms. Results of the study point to a plurality of science–policy interface(s), each shaped by national sociotechnical imaginaries, development priorities, and local social orders. We conclude that a geopolitical approach to transdisciplinary science is necessary to understand how climate and sustainability knowledge circulates unevenly in a world marked by persistent inequality and dominance.

[The Biomedicalization of Social Egg Freezing. A Comparative Analysis of European and American Professional Ethics Opinions and US News and Popular Media](#)

Rajani Bhatia, Lisa Campo-Engelstein

In 2012, two major professional societies representing Europe and the United States released influential statements that would propel a commercial market for social egg freezing (SEF), in which women bank their oocytes for later use in order to avoid compromised fertility that comes with age. While the European Society of Human Reproduction and Embryology (ESHRE) condoned SEF based on reproductive autonomy and justice, the American Society for Reproductive Medicine (ASRM) discouraged SEF based on insufficient data and concerns about false hope. In this article, we map the contexts and discursive moves by which the biomedicalization of SEF proceeded since 2012. We compare professional bioethical arguments that made the case to approve SEF in Europe with news and popular media discourse that formed and shaped the commercial marketization of SEF in the United

States despite the recommendation of the ASRM. While a statist pronatalist perspective informed the former, a distinctly private labor market recruitment strategy utilizing a Lean In efficiency model of feminism buttressed the latter.

[Social Science & Medicine](#)

[LGBT people and suicidality in youth: A qualitative study of perceptions of risk and protective circumstances](#)

Ian Rivers, Cesar Gonzalez, Nuno Nodin, Elizabeth Peel, Allan Tyler

Evidence suggests that lesbian, gay, bisexual and trans (LGBT) people are more likely to attempt to take their own lives in their youth when compared to heterosexual and/or cisgender people. This study draws on in-depth interviews with 17 LGBT individuals living in England, and explores the narratives used by participants to better understand their perceptions of risk and protective circumstances to explain suicide attempts in youth. Using a Goffman-informed thematic analysis, results identified three key themes that were linked to attempts to end life in youth. The first theme considers the conflicts resulting from first disclosure of sexual orientation and/or gender identity/trans status and being 'out' to others. The second theme explores participants' accounts of their concurrent mental health issues and how diagnoses of the mental health issues helped them make sense of their own experiences of attempted suicide. The final theme explores the experience of grieving over lost relationships and how that grief is received by others, including health professionals. Our results indicate that some LGBT individuals have effectively, although often arduously, navigated suicidal crises by utilising various approaches to coping. We provide a rich and layered picture of LGBT suicide risk in youth and potential resilience scenarios, although these are a reflection of our specific group of participants' experiences and realities. We argue that it is important to understand how LGBT individuals with a history of suicide attempts narrate and make sense of their experiences in early life and we suggest that the early negative experiences continue to have an effect on LGBT adults today.

[The 1967 Abortion Act fifty years on: Abortion, medical authority and the law revisited](#)

Ellie Lee, Sally Sheldon, Jan Macvarish

The recent 50th anniversary of the 1967 Abortion Act provides the opportunity to revisit what has been termed the ‘remarkable authority’ this Act ascribes to doctors. This paper does so using as its starting point a seminal commentary on this question by the renowned medical sociologist Sally Macintyre, published in this journal in 1973 as ‘The Medical Profession and the 1967 Abortion Act in Britain’. We revisit themes from that paper through an analysis of the findings of interviews with 14 doctors who, throughout lengthy careers, have provided abortions and led the development of the abortion service in England and Wales. We contrast our findings with Macintyre’s, and argue that our interviews highlight the shifting meaning of medical authority and medical professionalism. We show that those doctors most involved in providing abortions place moral value on this work; uphold the authority of women (not doctors) in abortion decision-making; view nurses and midwives as professional collaborators; and consider their professional and clinical judgement impeded by the present law. We conclude that medical sociologists have much to gain by taking abortion provision as a focus for the further exploration of the shifting meaning of medical authority.

[Complex narratives of health, stigma and control: Antimicrobial resistance screening among non-hospitalized refugees](#)

Kamenshchikova, P.F.G. Wolffs, C.J. Hoebe, J. Penders, K. Horstman

Antimicrobial resistance (AMR) is often presented as a major public health problem globally. Screening for AMR usually takes place in clinical settings. Recent developments in microbiology stimulated a series of studies focusing on AMR in communities, and particularly in travelers (any mobile individual), which was argued to be important for identifying potential public health risks. Against this background, microbiologists have become interested in non-hospitalized refugees as one of the traveler groups. However, this attention to refugees has provoked some professional debates on potential stigmatization of refugees as dangerous “others”. To contribute to these debates, and to explore the idea of AMR screening of non-hospitalized refugees from different perspectives, we conducted a qualitative study

among four groups of stakeholders who were chosen because of their associations with potential microbiological screening: microbiologists, public health physicians, public health nurses, and refugees. The study took place in a Dutch city from June to August 2016 and had 17 participants: five microbiologists, two public health nurses, four public health physicians, and six refugees. While microbiologists and public health physicians demonstrated a de-contextualized biomedical narrative in arguing that AMR screening among non-hospitalized refugees could be important for scientific research as well as for AMR prevention in communities, public health nurses displayed a more contextualized narrative bringing the benefits for individuals at the center and indicating that screening exclusively among refugees may provoke fear and stigmatization. Refugees were rather positive about AMR screening but stressed that it should particularly contribute to their individual health. We conclude that to design AMR prevention strategies, it is important to consider the complex meanings of AMR screening, and to design these strategies as a process of co-production by diverse stakeholders, including the target populations.

["Like you failed at life": Debt, health and neoliberal subjectivity](#)

Elizabeth Sweet

The need to more explicitly incorporate political economy and neoliberalism into research on social inequalities in health has been acknowledged across disciplines. This paper explores neoliberalism as it relates to consumer financial debt and internalized feelings of personal responsibility and failure for adults in Boston, Massachusetts. Using data from a mixed-methods study (n = 286), findings show that endorsing a neoliberalized view of personal debt as failure is associated with significantly worse health across a range of measures, including blood pressure, adiposity, self-reported physical and emotional symptoms, depression, anxiety, and perceived stress, even when controlling for several socio-demographic confounders. Results are discussed within the context of both neoliberal economic policies that funnel consumers into chronic debt and neoliberal sociocultural ideologies that promote self-judgments of indebtedness as personal failure. Findings highlight the importance of neoliberalism as an important contemporary social determinant of health and suggest new directions for research to explore.

["We have to be mythbusters": Clinician attitudes about the legitimacy of patient concerns and dissatisfaction with contraception](#)

Lindsay M. Stevens

Although women in the United States use birth control at high rates, they also discontinue it at high rates, often citing dissatisfaction and side effects. At the same time, research shows that clinicians often neglect to discuss or discursively downplay the importance of side effects in contraceptive counseling. Scholars have yet to consider how clinicians' beliefs about the legitimacy of patient concerns and dissatisfaction may undergird these patterns. This study uses in-depth interviews with reproductive healthcare providers (N = 24) to examine their attitudes about common complaints regarding hormonal birth control. I identify how their reliance on formal medical knowledge, including evidence-based models, can lead them to frame patients' experiences or concerns about side effects as "myths" or "misconceptions" to be corrected rather than legitimized. I also describe a pattern of providers portraying negative side effects as normal to contraception and therefore encouraging patients to "stick with" methods despite dissatisfaction. Finally, I explore how these themes manifest in racialized and classed discourses about patient populations. I discuss the potential cumulative impact of these attitudes – if providers do carry them into clinical practice, they can have the effect of minimizing patient concerns and dissatisfaction, while steering women towards more effective methods of contraception.

[Ageing and dying in the contemporary neoliberal prison system: Exploring the 'double burden' for older prisoners](#)

Mary Turner, Marian Peacock, Sheila Payne, Andrew Fletcher, Katherine Froggatt

Prison populations across the world are increasing. In the United Kingdom, numbers have doubled in the last two decades, and older prisoners now constitute the fastest growing section of the prison population. One key reason for this shifting prisoner demographic is the growing numbers of men convicted of 'historic' sexual offences, many of whom are imprisoned for the first time in old age, and housed in prisons not suited to their needs. These demographic changes have profound consequences, including increased demand for health and social care in prison, and rising numbers of anticipated deaths in custody. Using the findings from a recently completed study of palliative

care in prison, this paper proposes that older prisoners face a 'double burden' when incarcerated. This double burden means that as well as being deprived of their liberty, older people experience additional suffering by not having their health and wellbeing needs met. For some, this double burden includes a 'de facto life sentence', whereby because of their advanced age and the likelihood that they will die in prison, they effectively receive a life sentence for a crime that would not normally carry a life sentence. There has been little popular or academic debate concerning the ethical and justice questions that this double burden raises. Drawing on the work of Wacquant and others, the paper proposes that these changes are best understood as unplanned but reasonably foreseeable consequences of neoliberal penal policies. Although the paper focuses on the UK (which by comparison with other European countries has high rates of imprisonment), many of the challenges discussed are emerging in other countries across the world. This paper illustrates starkly how neoliberal policies and discourses have shaped the expansion and composition of the prison population with its consequent implications for health and justice.

[Leveraging smallholder livestock production to reduce anemia: A qualitative study of three agroecological zones in Ghana](#)

Hanson Nyantakyi-Frimpong, Esi K. Colecraft, Raphael Baffour Awuah, Leonard Kofi Adjorlolo, ... Andrew D. Jones

Livestock production and Animal-Source Foods (ASFs) like meat, milk, and eggs are excellent sources of essential micronutrients, including iron and zinc. There is evidence that encouraging increased access to and consumption of these ASFs may either positively or negatively impact anemia, or have no nutritional effects. Drawing upon first-hand experiences in Ghana, this study sought to: (1) identify the main motivations for raising livestock in Ghana; (2) describe the major barriers to consuming ASFs, especially among women of reproductive age (WRA); and (3) explore the feasibility of different livestock-centered interventions to reduce anemia. Key informant interviews and focus group discussions were held with relevant stakeholders at different geographical scales – the national, regional, district, and community levels. The results suggest that livestock enable savings, allow resource-poor households to accumulate assets, and help finance planned and unplanned expenditures (e.g., school fees and illness). Due to these multiple and often pressing uses, direct consumption of home-reared ASFs is not a major

priority, especially for poor households. Even when ASFs are consumed, intra-household allocation does not favor women and adolescent girls, demographic groups with particularly high micronutrient requirements. The study participants discussed possible interventions to address these challenges, including (1) increasing livestock ownership through in-kind credit; (2) encouraging nutrition-related behavior change; (3) improving livestock housing; and (4) hatchery management. The paper discusses these interventions based upon potential acceptance, feasibility, cost effectiveness, and sustainability in the Ghanaian context.

[It's the mother!: How assumptions about the causal primacy of maternal effects influence research on the developmental origins of health and disease](#)

Gemma C. Sharp, Deborah A. Lawlor, Sarah S. Richardson

Research on the developmental origins of health and disease (DOHaD) has traditionally focused on how maternal exposures around the time of pregnancy might influence offspring health and risk of disease. We acknowledge that for some exposures this is likely to be correct, but argue that the focus on maternal pregnancy effects also reflects implicit and deeply-held assumptions that 1) causal early life exposures are primarily transmitted via maternal traits or exposures, 2) maternal exposures around the time of pregnancy and early infancy are particularly important, and 3) other factors, such as paternal factors and postnatal exposures in later life, have relatively little impact in comparison. These implicit assumptions about the “causal primacy” of maternal pregnancy effects set the agenda for DOHaD research and, through a looping effect, are reinforced rather than tested. We propose practical strategies to redress this imbalance through maintaining a critical perspective about these assumptions.

[Pathogenic or health-promoting? How food is framed in healthy living media for women](#)

Alexandra Rodney

In this paper, I investigate the contribution of healthy living blogs to discourse about healthy eating, seeking to understand how blogs compare to mass-media magazine sources. This is done by comparatively analysing 459 healthy living blog posts and 141

health and fitness magazine articles. These were collected between 2011 and 2013 and provide rich data about what food content looks like in media designed for an audience of American women. I analyze how each source establishes the purpose of healthy eating and what foods are considered part of a healthy diet. While both sites are embedded in an overarching discourse of healthy eating, there are important contrasts between the frames used and ideologies they draw from. The magazines largely frame food as pathogenic, emphasizing food's connection to overweight/obesity, positioning particular foods ('scapegoat foods') as related to weight gain, and encouraging restriction of these foods. In contrast, the blogs predominantly frame food as "salutogenic" meaning that it is capable of promoting health and wellbeing. The blogs position food as a conduit for pleasure and an inclusive, varied diet is modelled. The pathogenic frame in the magazines reflects values inherent to hegemonic anti-obesity ideology while the salutogenic frame in blogs reflects a Health at Every Size® ideology. This paper argues that healthy living bloggers are able to broaden the range of mainstream healthy eating discourses, albeit without critiquing the moralization of health or thinness, because of their race, class and body privilege.

[Between empowerment and self-discipline: Governing patients' conduct through technological self-care](#)

Dimitra Petrakaki, Eva Hilberg, Justin Waring

Recent health policy renders patients increasingly responsible for managing their health via digital technology such as health apps and online patient platforms. This paper discusses underlying tensions between empowerment and self-discipline embodied in discourses of technological self-care. It presents findings from documentary analysis and interviews with key players in the English digital health context including policy makers, health designers and patient organisations. We show how discourses ascribe to patients an enterprising identity, which is inculcated with economic interests and engenders self-discipline. However, this reading does not capture all implications of technological self-care. A governmentality lens also shows that technological self-care opens up the potential for a de-centring of medical knowledge and its subsequent communalization. The paper contributes to Foucauldian healthcare scholarship by showing how technology could engender agential actions that operate at the margins of an enterprising discourse.

[“Anywhere but here”: Querying spatial stigma as a social determinant of health among youth of color accessing LGBTQ services in Chicago’s Boystown](#)

Jennifer K. Felner, Terry D. Dudley, Jesus Ramirez-Valles

The link between stigma and negative health outcomes is established, yet available research infrequently considers the complex intersection of place, race, and class-based stigma and how this stigma shapes opportunities and health among marginalized groups. Furthermore, scholarship on the relationship between stigma and health often fails to include the voices of the stigmatized themselves. This exclusion renders their lived-experiences hidden and their insight devalued, producing findings with limited validity to promote health equity and social change. In this article, we explore intersecting place, race, and class-based stigmas, or spatial stigma, as a social determinant of health among youth of color (YoC) accessing LGBTQ-specific services in the Chicago’s White, middle-class gay enclave, Boystown. Qualitative data were collected within the context of a youth participatory action research study with 11 youth researchers (ages 18–24). Data sources included critical autoethnography, focus groups with current and former LGBTQ service patrons, and individual interviews with LGBTQ service providers. Emergent thematic patterns illuminate how the stigmatization of YoC based on place, race, and class (i.e., being from poor and low-income, racialized South and West sides communities) impacts their opportunities in the neighborhood and access to health-supporting resources. These findings may be useful for practitioners and policy makers who aim to promote health equity among marginalized young people and add to the growing body of literature on health effects of spatial stigma among marginalized communities.

[Sociology of Health and Illness](#)

[Harmless, friendly and lethal: antibiotic misuse in relation to the unpredictable bacterium Group A streptococcus](#)

Hedvig Gröndal

Evidence-based treatment guidelines for managing infections in health care are promoted as tools to prevent unnecessary use of

antibiotics. Antibiotic misuse has been examined as regards the doctor?patient relation and the social context of medical practice. Less attention has been paid to how the very conceptualisation of human?microbial relations may influence understandings of antibiotic misuse. The article examines a medical controversy concerning guidelines for managing throat infection and antibiotic treatment in Sweden. It demonstrates how this controversy unfolds around two different ways of relating to a specific bacterium – Group A Streptococcus. The analysis shows how two ‘microbiopolitics’, involving different understandings of human?microbial relations, are created in the controversy and how different antibiotic prescribing practices are justified. By focusing on Group A Streptococcus, which is commonly observed, but also unpredictable and potentially dangerous, the article provides new insights into the relations between bacteria, humans and policy in an age of antimicrobial resistance. It argues, in particular, that the definition of antibiotic misuse is unstable and consequently that policy measures aimed at reducing misuse must be related to how specific infections and bacteria are conceptualised in the actual context the policy addresses.

[‘Essentially it’s just a lot of bedrooms’: architectural design, prescribed personalisation and the construction of care homes for later life](#)

Sarah Nettleton, Christina Buse, Daryl Martin

This article draws on ethnographic data from a UK Economic and Social Research Council (ESRC) funded study called ‘Buildings in the Making’. The project aims to open up the black box of architectural work to explore what happens between the commissioning of architectural projects through to the construction of buildings, and seeks to understand how ideas about care for later life are operationalised into designs. Drawing on recent scholarship on ‘materialities of care’ and ‘practising architectures’, which emphasise the salience of material objects for understanding the politics and practices of care, we focus here on ‘beds’. References to ‘beds’ were ubiquitous throughout our data, and we analyse their varied uses and imaginaries as a ‘way in’ to understanding the embedded nature of architectural work. Four themes emerged: ‘commissioning architectures and the commodification of beds’; ‘adjusting architectures and socio?spatial inequalities of beds’; ‘prescribing architectures and person?centred care beds’; and ‘phenomenological architectures and inhabiting beds’. We offer the concept prescribed personalisation to capture how practising architectures come to

reconcile the multiple tensions of commodification and the codification of person centred care, in ways that might mitigate phenomenological and serendipitous qualities of life and living in care settings during later life.

[A licence to drive? Neurological illness, loss and disruption](#)

Melissa Stepney, Susan Kirkpatrick, Louise Locock, Suman Prinjha, Sara Ryan

The sense of freedom and independence that being able to drive generates may be taken for granted by many until it is threatened by illness. Drawing on the 'mobility turn' in social sciences that emphasises the social and emotional significance of the car (Sheller and Urry 2000, 2006), this article presents secondary analysis of narratives of driving and its significance across four neurological conditions (epilepsy, Parkinson's disease, transient ischaemic attack and motor neurone disease). Taking an interactionist approach we explore how the withdrawal of a driving licence can represent not just a practical and emotional loss of independence, but also loss of enjoyment; of a sense and feeling of 'normal' adulthood and social participation; and of an identity (in some cases gendered) of strength and power. Conversely the ability to keep driving can maintain an unbroken thread of narrative, for example enabling people with speech difficulties to feel and look normal behind the wheel. Moments of pleasure and normality illuminate the importance of examining the micro-strands of disruption illness can cause.

[Unpacking the lunchbox: biopedagogies, mothering and social class](#)

Benedetta Cappellini, Vicki Harman, Elizabeth Parsons

This study investigates how mothers respond to school surveillance of their children's packed lunches. In a context where increasing attention is focused on healthy eating, we adopt a biopedagogical approach to illustrate different positions and strategies which mothers occupy in relation to feeding their children in the school setting. We use photo-elicitation interviews and focus groups to trace both the discursive and practical significance of these biopedagogies. We find that the subjective experiences of feeding children at school are infused with classed notions of mothering in public. Our analysis highlights two broad positions. Firstly, there were those with strong distinctions between

home?food and school?food, which was associated more clearly with middle class families. Secondly, there were those with more fluid boundaries between home?food and school?food. This was more commonly encapsulated by working class mothers who were seen to place more emphasis on their children as autonomous decision?makers. Overall the findings document localised and classed practices of resisting the school's normalising gaze.

[Gendered imaginaries: situating knowledge of epigenetic programming of health](#)

Luca Chiapperino, Francesco Panese

Our paper explores the value?laden and epistemic resources that scientists working in epigenetics and developmental programming of health and disease (DOHaD) mobilise to produce scientific representations of pregnancy and parenthood, which in turn imagine norms, values, and responsibilities for the protection of future generations. In order to do so, we first describe the place of questions regarding the relative weight of paternal and maternal influences on the health of the offspring in the discursive formalisation of this research in scientific publications. This enables us to identify the mutual constitution of 'prototypes' (i.e. experimental designs, settings, techniques) and 'stereotypes' (i.e. social meanings, beliefs, norms and values) of parental roles in DOHaD and epigenetic biomedical sciences, by means of a specific gendered figuration of paternal influences: the 'father?as?sperm'. Second, and drawing from a set of interviews (N = 15), we describe a tension between this dominant, objectifying molecular discourse and the perspective of individual scientists. The situated perspective of individual researchers provides in fact evidence for a conflictual (moral and epistemic) economy of gendered engagements with parental figurations in DOHaD and epigenetic research, and consequently suggests a more fine?grained, as well as conflictual web of socio?political positioning of this 'knowledge' in its societal circulation.

[Generating the perception of choice: the remarkable malleability of option?listing](#)

Merran Toerien, Markus Reuber, Rebecca Shaw, Roderick Duncan

The normative view that patients should be offered more choice both within and beyond the UK's National Health Service (NHS)

has been increasingly endorsed. However, there is very little research on whether – and how – this is enacted in practice. Based on 223 recordings of neurology outpatient consultations and participants' subsequent self-reports, this article shows that 'option-listing' is a key practice for generating the perception of choice. The evidence is two-fold: first, we show that neurologists and patients overwhelmingly reported that choice was offered in those consultations where option-listing was used; second, we demonstrate how option-listing can be seen, in the interaction itself, to create a moment of choice for the patient. Surprisingly, however, we found that even when the patient resisted making the choice or the neurologist adapted the practice of option-listing in ways that sought acceptance of the neurologist's own recommendation, participants still agreed that a choice had been offered. There was only one exception: despite the use of option-listing, the patient reported having no choice, whereas the neurologist reported having offered a choice. We explore this deviant case in order to shed light on the limits of option-listing as a mechanism for generating the perception of choice.

AMA citation

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