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In the Journals, March 2018

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By Julia Kowalski

March featured a number of special issues of interest to Somatosphere readers: Anthropology & Medicine has a special issue, "Genomics and Genetic Medicine: Pathways to Global Health?" Contemporary Drug Problems has a special issue out on gender and critical drug studies. Science as Culture has a special forum on "techno-economic assumptions." Society and Mental Health has a special issue on Race, Ethnicity, Gender, and Mental Health.

American Anthropologist

Called to "Ankle Alley": Tactical Infrastructure, Migrant Injuries, and Emergency Medical Services on the US–Mexico Border
Ieva Jusionyte

In southern Arizona, emergency responders rescue and transport unauthorized migrants who get hurt crossing the border, either when scaling the steel fence in urban areas or taking remote and dangerous routes through the desert. Using data collected during ethnographic research between 2015 and 2017 with firefighters trained as EMTs or paramedics, the article shows how Border Patrol's tactical infrastructure produces specific patterns of traumatic injury that are not only routine but also deliberate, allowing us to trace government's responsibility for what it presents as the unintentional consequence of security buildup on the US–Mexico border.

BioSocieties

The ambiguities of 'social' egg freezing and the challenges of informed consent
Emily Jackson

Fertility clinics (and some employers) in the UK and other high-income countries have recently started to offer egg freezing to women concerned about their age-related fertility decline. Because the use of egg freezing for this purpose is new, there is no reliable evidence of its usefulness, or otherwise. There are no guarantees that egg freezing will work, and for many and perhaps most women, their frozen eggs will never be used. It is

also unclear whether egg freezing is a positive development for women in general. It offers an additional choice, and it may enable some women to have genetically related children more easily in the future. At the same time, it could be argued that egg freezing individualises and medicalises the social problem of a mismatch between female fertility and when women and men feel ready to have children. This article suggests that egg freezing is an ambiguous technology, whose benefits are as yet speculative, and that women therefore need as much clear and frank information as possible in order to navigate this new and by no means straightforward choice.

[Formulating citizenship: The microbiopolitics of the malfunctioning functional beverage](#)
Christy C. W. Spackman

Human and microbial lives constantly intersect. However, accounts of microbial-human partnerings have yet to explore how producers, consumers, and regulators use their imaginings of microbiological activity to shape individual action. How do these understandings and imaginings of microbial life shape relationships with the state in an environment where citizens expect and demand that their government promote food safety via regulatory intervention? This article provides a theoretical framework for understanding producer and consumer responses to the regulatory crackdown over minimal levels of alcohol in kombucha in the U.S., as well as larger conversations about human–microbe relationships. Through interviews with kombucha producers and consumers, media analysis, and observation, I develop the concept of microbiological citizenship to analyze how producers and consumers of kombucha – a fermented tea – sought to preserve their relations with microbial life in the face of regulatory crackdown. Producer practices to re-manage and preserve microbial life in the face of structural difficulties suggest that for post-Pasteurians, encouragement of human–microbe relationships creates new ties of responsibility that promote collaboration rather than competition. Read through the lens of microbiological citizenship, the controversy over kombucha points to how acknowledging, and even welcoming, the microbial irruptions into human life opens up, complicates, and potentially addresses some of the troubling aspects of biological citizenship.

[A genealogy of epidemiological reason: Saving lives, social surveys and global population](#)
David Reubi

Metrics have become all pervasive in global health today. Instead of highlighting their advantages or shortcomings, this article builds on Hacking's notion of historical ontology and explores their political, conceptual and material conditions of possibility. Drawing on research on

the Bloomberg Initiative to Reduce Tobacco Use in Developing Countries, one of the largest international efforts to address the non-communicable disease epidemic in the global South, the article starts by introducing the notion of epidemiological reason – a thought style associated with modern epidemiology that undergirds the metrics permeating the global health field and which is made of a multiplicity of elements, from the ethical imperative to save lives to the social-scientific technique of the survey and the concept of global population. The article then goes on to explore the genealogy of this thought style, arguing that three epistemological ruptures have been critical to its development: the reconfiguration of power articulated around a biopolitics of population in the eighteenth and nineteenth centuries; the twentieth-century shift in medical thought marked by the emergence of surveillance medicine and the idea of lifestyle; and the re-organisation of world health informed by globalisation theories at the start of the twenty-first century.

Contesting normal: The DSM-5 and psychiatric subjectivation
Paige L. Sweet, Claire Laurier Decoteau

In this paper, we analyze the debates surrounding the fifth edition of the Diagnostic and Statistical Manual (DSM-5), psychiatry's manual of mental disorders. One critical component of the recent DSM-5 debates focuses on how expanding definitions of illness reconfigure the underlying category of 'normality.' The literature on biomedicalization and neoliberalism suggests that we have moved past the discrete categories of abnormal/normal into an era in which we all must strive for scales of normality, only achievable via scientific optimization – a shift from normalization to normation. However, the DSM-5 debates suggest that this argument may be too totalizing. Many commentators on the DSM-5 revisions pine for an idealized era when the normal and abnormal were ontologically differentiated in dichotomous terms. We show how this desire to salvage normality from the ambiguity of the norm and the expansion of psychiatry's domain over human conduct constitutes a critique of the neoliberalization of mental health and the biomedicalization of everyday life, which nonetheless essentializes 'human nature.' We excavate these figurations of the normal to highlight the ways in which psychiatry both relies upon and troubles the binary between normal and abnormality, and between optimization and essentialization.

Rethinking prevention: Shifting conceptualizations of evidence and intervention in South Africa's AIDS epidemic
Manjari Mahajan

In recent years, statements about the 'end of AIDS' and an 'AIDS-free world' have dominated headlines about the epidemic. This contemporary moment of extraordinary optimism has been prompted in significant part

by developments in the field of HIV prevention. New approaches to prevention include techniques that are markedly different from older strategies; new prevention techniques are targeted and relentlessly biomedical, and have increasingly displaced older behavior change programs and broad based social measures. HIV/AIDS, which was long called a 'social epidemic' marked by unprecedented human rights struggles and community action, has increasingly become dominated by a discourse and practice of discrete interventions and their calculable efficacy. This article aims to explain the shift in conceptualizations and practices of prevention, and the changed understanding of the epidemic. How did prevention become about access to drugs? How did the discourse around HIV/AIDS move from a concern with social determinants of disease and human rights to matters of efficiency, efficacy, and measurable impact? The article argues that a conjunction of new biomedical technologies, changing managerial logics of donors and governments, and emergent evidentiary practices have led to the ascent of new approaches to prevention. To support this argument, it traces prevention strategies over the last three decades in the context of South Africa's HIV/AIDS epidemic. The South African story, while unique and historically situated, nonetheless serves as a lens through which to understand broad based transformations underway in HIV/AIDS and in global health writ large.

[Toward a critical theory of corporate wellness](#)
Gordon Hull, Frank Pasquale

In the U.S., 'employee wellness' programs are increasingly attached to employer-provided health insurance. These programs attempt to nudge employees, sometimes quite forcefully, into healthy behaviors such as smoking cessation and exercise routines. Despite being widely promoted as saving on healthcare costs, numerous studies undermine this rationale. After documenting the programs' failure to deliver a positive return on investment, we analyze them as instead providing an opportunity for employers to exercise increasing control over their employees. Based on human capital theory and neoliberal models of subjectivity that emphasize personal control and responsibility, these programs treat wellness as a lifestyle that employees must be cajoled into adopting, extending the workplace not just into the home but into the bodies of workers, and entrenching the view that one belongs to one's workplace. At the same time, their selective endorsement of health programs (many scientifically unsupported) produce a social truth of wellness framed as fitness for work. We conclude by arguing that the public health initiatives occluded by the private sector's promotion of wellness programs would be a much better investment of resources.

[Body & Society](#)

[Habit and the Politics of Social Change: A Comparison of Nudge Theory and Pragmatist Philosophy](#)
Carolyn Pedwell

Re-thinking the political workings of habit and habituation, this article suggests, is vital to understanding the logics and possibilities of social change today. Any endeavour to explore habit's affirmative potential, however, must confront its legacies as a colonialist, imperialist and capitalist technology. As a means to explore what it is that differentiates contemporary neoliberal modes of governing through habit from more critical approaches, this article compares contemporary 'nudge' theory and policy, as espoused by the behavioural economist Richard Thaler and the legal scholar Cass Sunstein, with the pragmatist philosophies of habit offered by John Dewey, William James and Shannon Sullivan. While nudge advocates focus on how policy-makers and corporate leaders can intervene in the 'choice architectures' that surround us to outsmart or bypass problematic human tendencies, I argue, pragmatist philosophers appreciate the necessity of collective efforts to develop new and flexible forms of habituation in order to engender more enduring and democratic forms of social transformation.

[Culture, Medicine, and Psychiatry](#)

[Lawful Sinners: Reproductive Governance and Moral Agency Around Abortion in Mexico](#)
Elyse Ona Singer

The Catholic Hierarchy unequivocally bans abortion, defining it as a mortal sin. In Mexico City, where the Catholic Church wields considerable political and popular power, abortion was recently decriminalized in a historic vote. Of the roughly 170,000 abortions that have been carried out in Mexico City's new public sector abortion program to date, more than 60% were among self-reported Catholic women. Drawing on eighteen months of fieldwork, including interviews with 34 Catholic patients, this article examines how Catholic women in Mexico City grapple with abortion decisions that contravene Church teachings in the context of recent abortion reform. Catholic women consistently leveraged the local cultural, economic, and legal context to morally justify their abortion decisions against church condemnation. I argue that Catholic women seeking abortion resist religious injunctions on their reproductive behavior by articulating and asserting their own moral agency grounded in the contextual dimensions of their lives. My analysis informs conversations in medical anthropology on moral decision-making around reproduction and on local dynamics of resistance to reproductive governance. Moreover, my findings speak to the deficiencies of a feminist vision focused narrowly on fertility limitation, versus an expanded framework of reproductive justice

that considers as well the need for conditions of income equality and structural supports to facilitate reproduction and parenting among women who desire to keep their pregnancies.

Diversity, Conflict, and Recognition in Hospital Medical Practice
Sylvie Fortin, Serge Maynard

The hospital is a place of encounter between health care providers, patients and family members, the healthy and the suffering, migrants and non-migrants, as well as social and cultural minorities, and majorities of various backgrounds. It is also a space where multiple conceptions of care, life, quality of life, and death are enacted, sometimes inhibiting mutual understanding between caregivers and the cared for, a scenario that in turn may provoke conflict. Through the lens of conflict, we explore in this article the theme of Otherness within the clinic, basing analysis on an ethnographic study conducted in recent years in three cosmopolitan Canadian cities. Daily practices and—on a larger scale—the social space of the clinic become material here for reflecting on recognition (and non-recognition) of the Other as actors in the clinical encounter. The examination of structural and situational conditions that contribute to the emergence of conflict offers an understanding of the diversity of values that pervade the clinic. By way of conclusion, we argue that recognition of diversity, at least on the part of practitioners, is a key condition for the emergence of a pluralist normativity in the social space of the clinic.

Idling in Mao's Shadow: Heroin Addiction and the Contested Therapeutic Value of Socialist Traditions of Laboring
Nicholas Bartlett

The Chinese government has come under attack by international critics for forcing drug users to labor in the name of treatment. While joining these activists in criticizing conditions in compulsory labor centers, former detainees who congregated at a drop-in center in southern Yunnan also defended the therapeutic potential of socialist legacies of laboring. Shuttling between laboring in state compulsory centers and idling in a market economy, long-term heroin users saw their difficulties in recovering from addiction as inextricably linked to their inability to find suitable work opportunities. Certain drop-in center attendees maintained that earlier Communist laboring projects had helped wayward citizens, including drug addicts, "merge into" society as productive workers. This group evoked the stable long-term jobs and benefits once provided by local state-owned enterprises and the radical revolutionary power of "remolding through labor" they imagined to have existed in the first years of the People's Republic as powerful alternatives to their recent crisis of idling. The nuanced ways that drop-in center regulars revisited the potential healing power of earlier traditions of socialist laboring as remedies to their

contemporary struggles complicates long-standing debates about coercion in treatment and the responsibility of the postsocialist state towards marginalized workers.

Guan (Care/Control): An Ethnographic Understanding of Care for People with Severe Mental Illness from Shanghai's Urban Communities
Jianfeng Zhu, Tianshu Pan, Hai Yu, Dong Dong

This article investigates how the political culture of *Guan* (care/control) in China is played out across the platforms of the state, the community and the family through the lens of caring for people with severe mental illness in urban Shanghai. Based on ethnographic data collected from six communities in a district of Shanghai, we provide a nuanced understanding of the roles of family members, street committees and other governmental organizations in their daily practices of caring for people with severe mental illness. We show the complicated and intertwined relationships between local governmental agents and the family. We argue that the political culture of *Guan*, which permeates the everyday life of Chinese people, tends to objectify its subjects and reflects a long history of patriarchy in Chinese society. Without further changing such political cultural arrangements, respect for the agency of mentally ill patients, the effort of bringing humanistic psychiatric reforms to China, will be in vain.

Attachment, Mothering and Mental Illness: Mother–Infant Therapy in an Institutional Context
Sonia Masciantonio, Susan R. Hemer, Anna Chur-Hansen

This paper is an ethnographic exploration of how attachment theory underpins therapeutic practices in an Australian institutional context where mothers of infants have been diagnosed and are undergoing treatment for mental illness. We argue that attachment theory in this particular context rests on a series of principles or assumptions: that attachment theory is universally applicable; that attachment is dyadic and gendered; that there is an attachment template formed which can be transferred across generations and shapes future social interactions; that there is understood to be a mental health risk to the infant when attachment is characterised as problematic; and that this risk can be mitigated through the therapeutic practices advocated by the institution. Through an in-depth case study, this paper demonstrates how these assumptions cohere in practice and are used to assess mothering as deficient, to choose therapeutic options, to shape women's behaviour, and to formulate decisions about child placement.

Distinct and Untamed: Articulating Bulimic Identities
Karin Eli

Bulimia nervosa and anorexia nervosa are inextricably linked, with substantial clinical and epidemiological overlaps. Yet, while anorexia has been analyzed extensively in medical anthropology, bulimia remains under-theorized. This is, perhaps, because, compared to self-starvation, binge eating presents a logic of practice that is difficult to reconcile with culturally reified notions of self-control, transcendence, and hard work. Thus, although anthropologists have analyzed anorexic subjectivities as imbued with a sense of cleanliness and purity, moral superiority, and heroics, similar analyses have not been extended to bulimic subjectivities; instead, bulimia has been subsumed, as a tangential disorder, into analyses of anorexia. In this paper, I aim to move bulimic identities from the margins to the centre of anthropological analysis. Based on participant narratives, I analyze bulimic identity as articulated by six Israeli women who identified as bulimic and received treatment for bulimia. The women's narratives show that bulimic identity is aligned with concepts of distinct selfhood. For these women, to be bulimic was to be framed as 'abnormal'; but this 'abnormality', albeit a source of social stigma and shame, held meanings that went beyond pathology. Through the claiming of bulimic identity, the women positioned themselves as untamed, non-conforming subjects, who acted against gendered and classed expectations—and even against the limitations of the body. Their constructions of bulimic distinction highlight the need for anthropological work that situates bulimia not as a footnote to anorexia, but as a structurally and culturally meaningful condition in its own right.

[A Sorrow Shared is a Sorrow Halved: The Search for Empathetic Understanding of Family Members of a Person with Early-Onset Dementia](#)
Silke Hoppe

In this article, I explore how family members of a person with early-onset dementia in the Netherlands attempt to achieve empathetic understanding from significant others, and the barriers they encounter in the process. Based on qualitative interviews, I show that the type of relationship shapes the choices people have to communicate their suffering and their expectations regarding the reactions of others. This article builds on theoretical work on empathy and problematises the notion of shared experiences. It focuses on empathy between family members and significant others, arguing that empathetic understanding between these people is a field of study thus far insufficiently explored.

[Ethos](#)

[Suggestions of Power: Searching for Efficacy in Indonesia's Hypnosis Boom](#)
Nicholas J. Long

From relative obscurity in the 1990s, hypnotherapy has become a major industry in contemporary Indonesia. This article examines its tremendous surge in popularity, and the subsequent trajectories of its vernacularization. It shows the hypnosis boom to have been underpinned by the introduction of a distinctive "30% theory, 70% practice" seminar format, structured in such a way as to allow mass?market consumers to experience themselves as hypnotically efficacious. With such efficacy proving unsustainable outside the seminar context, Indonesians reached for and developed alternative conceptions of "hypnosis" that allowed them to continue as effective hypnotherapists. Such material demonstrates the value of incorporating a theory of interactional affordances into anthropological models of cultural transmission and globalization. [efficacy, hypnosis, globalization, Indonesia, interaction, psychotherapy]

"This Path Is Full of Thorns": Narrative, Subjunctivity, and HIV in Indonesia
Annemarie Samuels

In this article, I focus on the active fostering of subjunctivity in processes of narrative worldmaking. Drawing extensively from the narrative of an HIV?positive woman in Indonesia, I show that by subjunctively leaving open multiple narrative trajectories and future possibilities, individuals may navigate the ethical complexities of their lives and maintain relationships with the world and others while staying true to the things that really matter to them. I suggest that although entertaining a range of possible future trajectories may involve constructing several alternative narrative plots, most of the time there is no plot to be followed, and not determining future parallel plots may be more helpful in balancing conflicting ethical demands. By not imagining clear beginnings and endings of narratives yet actively retaining narrative possibilities, values that may seem incompatible in the present may then all be kept open for future moral striving.

"Now We Live for the Money": Shifting Markers of Status, Stress, and Immune Function in the Peruvian Amazon
Paula Tallman

This article examines the relationship between cultural changes, socioeconomic status (SES), and psychobiological health outcomes among the Awajún, an indigenous group living in the Peruvian Amazon. Specifically, it documents how historically important markers of status for the Awajún, such as spiritual visions and war?time success, were replaced by Western markers of status including occupation, income, education and Spanish?language use. These changes are linked to the broader political?economic and social agendas of Peruvian government officials

and American missionaries who sought religious conversion and economic gain in the deepest reaches of the Amazon. The resulting socioeconomic hierarchies have implications for the health and well?being of Awajún men and women in the present. Independent of other relevant factors such as age and community, men with lower SES tended to have higher Epstein?Barr Virus (EBV) antibodies, indicating suppressed immune function, and both men and women with lower SES tended to have higher reported psychological stress levels. This critical biocultural analysis suggests that existing socioeconomic hierarchies in Awajún communities are the result of active colonial, evangelical, and capitalist efforts and shows that local histories and social spheres "get under the skin" to influence the mind and body.

Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine

Healthy habits are no fun: How Dutch youth negotiate discourses about food, fit, fat, and fun
Noortje van Amsterdam, Annelies Knoppers

In this article, we use the notion of "biopedagogical practices" to explore how Dutch youth respond to health messages that focus on body weight. Previous studies suggest that such health messages encourage body dissatisfaction in youth. Few studies, however, focus on the local/cultural specificity of youth's responses to these biopedagogical practices. In this article, we address questions about the re-interpretation of and resistance to health messages that Dutch youth engage in and how these can be understood in their local context. The data were drawn from two previously conducted studies in which a total of 64 Dutch teenagers (aged 12–18 years) took part. We employed a variety of qualitative data collection methods and a feminist poststructuralist perspective to analyze how Dutch youth negotiate biopedagogical practices about health. The results show that our participants constructed health in terms of appearance and reproduced negative constructions regarding fat embodiment. Yet they also often circumvented "healthy" lifestyle behaviors prescribed by biopedagogies of health. They did so first by avoiding physical activities because they were afraid of displaying fat embodiment in the settings of sport and physical education where surveillance is omnipresent. Second, they disregarded advice about healthy eating by drawing on having fun as an alternative discursive resource. We argue that having fun is both part of youth culture and characteristic of the discourse about sociability (*gezelligheid*) that is a central element of Dutch culture.

Clinical encounter and the logic of relationality: Reconfiguring bodies and subjectivities in clinical relations
Karolina A Kazimierczak

This article critically examines the significance of relational approaches for sociological understandings of clinical interactions, relations and practices, by exploring the ways in which relational theories and concepts have been employed in the recent sociological accounts of clinical encounters to trouble the classical dyadic models of clinical interaction and the related atomistic conceptions of agency and accountability. Reading this work through the theoretical contributions from feminist science studies scholarship, and particularly the work of Donna Haraway and Karen Barad, the article proposes an alternative understanding of clinical interactions, relations and practices, where relations are conceived as constitutive of individuals (objects/bodies and their attributes/identities), rather than being constituted by encounters between individuals. Key for this understanding is the reconceptualisation of clinical encounter as an apparatus of bodily production through which different agents (patients, clinicians, diseases and healthcare services) are materialised and enacted.

Health and Place

Investigating connectivity in the urban food landscapes of migrant women facing food insecurity in Washington, DC
Colleen Hammelman

The survival strategies of migrant women living in urban poverty are embedded in urban food landscapes ('foodscapes') characterized by dynamic social relationships and mobility. Relying on interviews with 31 migrant women in Washington, DC, this paper traces the socio-spatial conditions of their urban foodscapes to show that urban environments inhabited by low-income migrants are dynamic, stretching across multiple neighborhoods as they move throughout the city with social networks to obtain affordable, quality, and culturally appropriate food. Investigating these foodscapes demonstrates the relational nature of food provisioning strategies thus providing a critique of simplistic explanations of hunger that treat food insecure residents as static, ignorant, and individual economic actors. These explanations risk producing equally simplistic and inefficient approaches to addressing food insecurity such as increasing mainstream consumption opportunities in so-called food deserts or focusing on nutrition education and individual choice without considering residents' dynamic urban experiences. As a result, this paper argues that programmatic responses to insecure urban foodscapes should be developed that foster social and physical connectivity while better addressing structural causes of hunger.

Privacy, boundaries and smart homes for health: An ethnographic study
Alison Burrows, David Coyle, Rachael Gooberman-Hill

This article explores how people negotiate borders and boundaries within the home, in the context of health and the introduction of new technologies. We draw on an ethnographic study involving a socially diverse group of people, which included people with experience of telecare or smart home energy systems. Participants engaged in various strategies to regulate the borders of their home, even though new technologies have begun to change the nature of these borders. Participants managed health conditions but also their use of technology through boundary work that permitted devices to be more or less visible and integrated within the home. Findings highlight that if smart healthcare technologies are to be accepted in the home then there is a need for mechanisms that allow people to control the interpretation of data and flow of information generated about them and their households.

Spaces of hope? Youth perspectives on health and wellness in indigenous communities
Lydia Wood, David Kamper, Kate Swanson

This article addresses an apparent paradox between academic and policy depictions of American Indian reservations as "broken" and "unhealthy" places, and Indigenous youth perceptions of reservations as spaces of "health" and "wellness." Public health literature often frames reservations as damaged, health-denying places, chronicling the extraordinarily high rates of suicide, substance abuse, as well as vast health disparities. Despite these dire statistics, our research with Native youth in San Diego County found that young people chose to primarily emphasize their positive experiences with, and attachments to, their reservations. In this article, we share strength- and desire-based narratives to explore how reservations can serve as spaces of wellness for Indigenous youth, despite ongoing settler colonial harm. We seek to expand the discussion on the unintended consequences of deficit-centered scholarship by arguing that health research should also engage with the narratives of hope and desire that are reflective of the way many Native youth feel about their communities. In this article, we urge scholars and practitioners to rethink how we conduct health research to include methodologies that listen to the narratives and experiences of those who, day in and day out, navigate settler colonial landscapes, while continuing to create spaces of hope and healing.

Journal of the Royal Anthropological Institute

Beyond the everyday: sustaining kinship in western Kenya
Elizabeth Cooper

This article considers the efforts people in western Kenya have been making to uphold an ideology and practice of the natal home and kin

group as morally authoritative, in a context where the very survival of many homes and families has been compromised by the devastating effects of AIDS?related deaths and impoverishment. It traces how orphaned adults, who have little experience or memory of living among natal kin at natal homes, make concerted efforts to reconnect – often in necessarily improvised ways – with what survives of their natal kin and home. For women, in particular, such efforts seem less motivated by immediate material interests and more focused on demonstrating lineal solidarity as a means to affirming their moral personhood and value. The analysis addresses how people lacking shared everyday experiences of kinship and homes sustain the possibility of their kinship futures through a combination of imagination and ideological commitment.

Medical Anthropology Quarterly

Embedded Narratives: Metabolic Disorders and Pentecostal Conversion in Samoa
Jessica Hardin

Drawing from interviews and participant observation, this article explores the intersection of diagnosis of metabolic disorders and religious conversion among Pentecostal Christians in Samoa by analyzing what I call embedded narratives—conversion narratives embedded in illness narratives. Drawing from ethnographic data, I examine how using conversion narrative conventions enabled those living with metabolic disorders to narrate behavior change in a culturally and socially valorized way. By embedding their narratives, I suggest those living with metabolic disorders shifted the object of care from a disease process toward the creation of a religious life and in turn transformed the risks associated with metabolic disorders, including diet, exercise, and pharmaceutical use into moral risks associated with everyday religious life. In these cases, Pentecostal conversion created possible scripts for changing health practices, managing stress, and shifting resource use in the name of religious commitment, providing insights into how self?care can be an expression of religious practice.

Efficacious Holidays: The Therapeutic Dimensions of Pleasure and Discipline in Czech Respiratory Spas
Susanna Trnka

As evidence?based medicine has increasingly become the standard for assessing the efficacy of health care, the Czech Republic finds itself in a dilemma, with centuries of sanatorium?style spa treatments resisting easy categorization. Despite some critics' contentions that spas are "pointless holidays" and reductions in government funding of health spas, in 2014 Czech courts affirmed every Czech citizen's right to spa treatments if their

health status merits it. Drawing on research in two children's respiratory spas, this article considers the experiences of patients aged 2–15 and their accompanying parents or guardians (mainly mothers) to suggest that in addition to the range of therapeutic procedures highlighted within spa cures, more amorphous aspects—such as pleasure and discipline—may be just as central to spas' successes. Indeed, as some spa physicians contend, spas may be considered a "package deal," to which EBM criteria is not easily applied.

Handle with Care: Rethinking the Rights versus Culture Dichotomy in Cancer Disclosure in India
Cecilia Coale Van Hollen

Medical practitioners, bioethicists, psychologists, and anthropologists have debated whether it is ethical to disclose or withhold information from patients about cancer diagnoses. This debate is framed as pitting universal individual human rights against cultural pluralism. The rights?based argument asserts that people have a right to information about their own health to make the best decisions about their treatment. The cultural variation argument suggests that in some cultural contexts there is a perception that information about one's cancer diagnosis may cause more harm than good due to the psychological trauma this may cause. Based on ethnographic research with cancer patients in India, I argue that both sides of this debate overemphasize the importance of the content of the information that may be disclosed or withheld and underestimate the central ways in which the act of disclosing or withholding information is evaluated as a symbol of care of paramount concern to patients.

Only Near Is Dear? Doing Elderly Care with Everyday ICTs in Indian Transnational Families
Tanja Ahlin

In Kerala, South India, young people, especially women, are encouraged to become nurses in order to migrate abroad for work and thereby improve the financial status of their family. Meanwhile, many of their parents remain in India by themselves. This is occurring in the context of a strong popular discourse of elder abandonment, related to the local norms of intergenerational co?habitation. Based on fieldwork in Kerala and one of the nurses' destination countries, Oman, I present evidence that complicates this discourse by showing how: (1) migration is a form of elder care practice in itself; and (2) care for the elderly continues across countries and continents with the help of information and communication technologies (ICTs). Using the theoretical approaches of science and technology studies, I analyze ICTs as key members of care collectives and argue that ICTs have a significant role in reshaping care relations at a

distance.

Recognizing Dementia: Constructing Deconstruction in a Danish Memory Clinic

Iben M. Gjødsbøl and Mette N. Svendsen

This article investigates how a person with dementia is made up through intersubjective acts of recognition. Based on ethnographic fieldwork in a Danish memory clinic, we show that identification of disease requires patients to be substituted by their relatives in constructing believable medical narratives; yet during memory testing, patients are not allowed any substitution to clearly expose cognitive shortcomings. In combining works of theorists Ian Hacking and Paul Ricoeur, we argue that the clinical identification of dementia unmakes the knowing subject, a deconstruction that threatens to misrecognize and humiliate the person under examination. The article ends by proposing that dementia be the condition that forces us to rethink our ways of recognizing persons more generally. Thus, dementia diagnostics provide insights into different enactments of the person that invite us to explore practices of substitution and modes of interaction emerging when our fundamental dependency becomes unquestionable.

The Attachment Imperative: Parental Experiences of Relation?making in a Danish Neonatal Intensive Care Unit

Laura E. Navne, Mette N. Svendsen, Tine M. Gammeltoft

In this article, we explore how parents establish relations with extremely premature infants whose lives and futures are uncertain. Drawing on ethnographic fieldwork in a Danish Neonatal Intensive Care Unit (NICU), we engage recent discussions of the limits of conventional anthropological thinking on social relations and point to the productive aspects of practices of distance and detachment. We show that while the NICU upholds an imperative of attachment independently of the infant's chances of survival, for parents, attachment is contingent on certain hesitations in relation to their infant. We argue that there are nuances in practices of relationmaking in need of more attention (i.e., the nexus of attachment and detachment). Refraining from touching, holding, and feeding their infants during critical periods, the parents enact detachment as integral to their practices of attachment. Such "cuts" in parent–infant relations become steps on the way to securing the infant's survival and making kin(ship). We conclude that although infants may be articulated as "maybe?lives" by staff, in the NICU as well as in Danish society, the ideal of attachment appears to leave little room for "maybe?parents."

"You Can Learn Merely by Listening to the Way a Patient Walks through the Door": The Transmission of Sensory Medical Knowledge

Gili Hammer

Examining the mechanisms of medical knowledge transfer, this article addresses the ways nonvisual senses are employed within medical training, asking about the role of sound, touch, and movement in transmitting knowledge of the body. Based on a 10?month ethnography in a medical massage training course for blind students, the article examines the ways sensory medical knowledge is transferred in this setting. I discuss the multisensory characteristics of medical knowledge transfer, and the dual process inherent in this sensory pedagogy, in which senses such as touch and hearing undergo medicalization and scientification, while medicine enters the realm of the sensorial. Contributing to emerging research of nonvisual senses in medical training, this case study allows rethinking larger processes of medical knowing, challenging the dominancy of vision as the means of scientific knowledge transmission, and exposing the multisensorial elements of medical perception, and learning in general.

Medical Humanities

[Cultural crossings of care: An appeal to the medical humanities](#)
Julia Kristeva, Marie Rose Moro, John Ødemark, Eivind Engebretsen

Modern medicine is confronted with cultural crossings in various forms. In facing these challenges, it is not enough to simply increase our insight into the cultural dimensions of health and well-being. We must, more radically, question the conventional distinction between the 'objectivity of science' and the 'subjectivity of culture'. This obligation creates an urgent call for the medical humanities but also for a fundamental rethinking of their grounding assumptions.

Julia Kristeva (JK) has problematised the biomedical concept of health through her reading of the anthropogony of Cura (Care), who according to the Roman myth created man out of a piece of clay. JK uses this fable as an allegory for the cultural distinction between *health* construed as a 'definitive state', which belongs to biological life (*bios*), and *healing* as a durative 'process with twists and turns in time' that characterises human living (*zoe*). A consequence of this demarcation is that biomedicine is in constant need of 'repairing' and bridging the gap between bios and zoe, nature and culture. Even in radical versions, the medical humanities are mostly reduced to such an instrument of repairment, seeing them as what we refer to as a soft, 'subjective' and cultural supplement to a stable body of 'objective', biomedical and scientific knowledge. In this article, we present a prolegomenon to a more radical programme for the medical humanities, which calls the conventional distinctions between the humanities and the natural sciences into question, acknowledges the

pathological and healing powers of culture, and sees the body as a complex biocultural fact. A key element in such a project is the rethinking of the concept of 'evidence' in healthcare.

New Genetics & Society

Knowing something versus feeling different: the effects and non-effects of genetic ancestry on racial identity
Janet K. Shim, Sonia Rab Alam & Bradley E. Aouizerat

Since the completion of the Human Genome Project, there have been pitched debates about its implications and the research it enables. One prominent thread of concern focuses on the role of post-genomic science on technically enabling and generating interest in genetic ancestry testing (GAT). Critical analyses of GAT have pointed to multiple issues, raising the alarm on consumers' experiences with such technologies. This paper describes the results of a pilot study in which we tracked women's experiences receiving their genetic ancestry results, and their understandings of, reactions to, and valuing of this information over time. Overwhelmingly, our participants reported a curious combination of anticipation and satisfaction yet no discernable impact on their sense of self or racial identity. We elaborate on the effects and non-effects of GAT for the women in our study, and how we make sense of their simultaneous experiences of 'knowing something' but not 'feeling different.'

Clinicians' views and expectations of human microbiome science on asthma and its translations
Jennie Haw & Kieran C. O'Doherty

Human microbiome science examines the microbiota that live in and on the human body and their role in human health. This paper examines clinicians' views and expectations of microbiome science in asthma care. Drawing on qualitative interviews with 10 clinicians in Canada, we explore their perspectives for insights into translation of human microbiome science. The emphasis on novelty in much microbiome scholarship, we suggest, does not account fully for the ways in which microbiome science translations may be taken up in multiple ways that are both disruptive to and continuous with contemporary biomedicine. We suggest that clinicians drew on scientific discourses of "evidence" and "facts" as a form of boundary work to re-establish a separation between western biomedicine and alternative health practitioners, and clinical expertise and lay knowledge. We conclude with a discussion of human microbiome science and the emergence of post-Pasteurian modes of health in western biomedicine.

Science, Technology, and Human Values

Mapping Superpositionality in Global Ethnography
Logan D. A. Williams

Science studies scholars often study up to high-tech elites who produce and design scientific knowledge and technology. Methodological tension begins when you pair a desire to study down to less economically developed countries, with the desire to study up to high-tech elites within them. This becomes further complicated when the ethnographer and his/her informants share professional interests and credentials. In these situations, the researcher has high status because of geopolitical privilege. However, the researcher is neither a high-tech elite nor a local cultural elite. How might the ethnographer successfully access and navigate field sites imbued with these unseen power differentials? There are currently no visual mapping tools to enhance the process of reflexivity by feminist ethnographers, as they consider their globally embedded multiple, hierarchical, and situated positionality. This reflection methodology piece provides a tool to consider this phenomenon, as it exists across the Global North/South divide of power. Such a tool would be useful to northern ethnographers to better strategize ethics and access while avoiding complicity with structures of inequality and empowering their southern interlocutors.

The Materiality of Care and Nurses' "Attitude Problem"
Josiane Carine Tantchou

Health systems in Africa have been widely studied in the social sciences. Several aspects have been addressed in particular: the provision of and access to care, working conditions, the human resources crisis, and patient–provider relations, for example. In this respect, the idea of an "attitude problem," with health-care providers offering different services for different patients, has been suggested. Recently, researchers have studied the impact of global health initiatives on local health systems, mainly in the fight against HIV/AIDS. Others have explored why some health issues have attracted more attention than others. Despite this wealth of studies, one point remains insufficiently addressed: the materiality of care and its impact on interactions (human and nonhuman) within hospital settings. In this article, I consider the heuristic value of the uses of a maternity ward in a resource-limited country (Cameroon) to understand health workers' so-called attitude problem, specifically, the tension characteristic of patient–provider interactions. I suggest that this tension is related to a continuous process of translation and anticipation to adapt the maternity ward's space to everyday activities. Drawing on Akrich's description of technical objects, and Lussault's pragmatics of space, I attempt to show that in this context, care is also an art of tinkering with unpredictable bodies in unstable hospitals' spaces.

Social Science & Medicine

Media coverage of the Zika crisis in Brazil: The construction of a 'war' frame that masked social and gender inequalities
Barbara Ribeiroa, Sarah Hartley, Brigitte Nerlich, Rusi Jaspal

Between 2015 and 2016, Zika became an epidemic of global concern and the focus of intense media coverage. Using a hybrid model of frame and social representations theory, we examine how the Zika outbreak was reported in two major newspapers in Brazil: O Globo and Folha de São Paulo. The analysis of 186 articles published between December 2015 and May 2016 reveals a dominant 'war' frame supported by two sub-frames: one focused on eradicating the vector (mosquito) and another on controlling microcephaly, placing the burden of prevention on women. Scientific uncertainties about the virus and its relationship to microcephaly coupled with political uncertainties in Brazil increased the power of the war frame. This frame gave prominence and legitimacy to certain representations of disease management during the crisis, masking social and gender inequalities. We show how the cartography of the disease overlaps with that of poverty and regional inequality in Brazil to argue that addressing socio-economic aspects is essential, but normally neglected, in media communications during disease outbreaks like Zika.

Getting pain on the table in primary care physical exams
Amanda McArthur

Using conversation analysis and a dataset of 171 video recordings of US primary care encounters (2003–2005), this paper examines patients' unsolicited pain informings – e.g. "that hurts" – during the physical examination phase of acute care visits. I argue that when patients experience pain in a physical exam but have not been asked a question like "does that hurt?", they face an interactional dilemma. Having presented their health problem to a doctor, they have tacitly set in motion epistemic and interactional asymmetries through which the doctor investigates the problem on their behalf. In this context, volunteering unsolicited pain information could facilitate progress towards an accurate diagnosis, but it could also be heard as independently asserting the relevance of pain to what the doctor is doing, thereby departing from the previously established asymmetries. I show that patients manage this dilemma by using turn design practices to implicitly account for unsolicited pain informings as motivated by a virtual solicitation and/or a sudden pain sensation. With these practices, patients manage to share potentially relevant pain information without accountably being heard to assert its relevance to the doctor's diagnostic inquiry. This achievement demonstrates how asymmetries in doctor-patient communication are a joint accomplishment of both doctors *and* patients, and are incarnate in the

details of everyday clinical interactions.

"These African stories": Life, labor, and dying in northern Zambia
Joshua Garoon

This paper analyzes the effects of antiretroviral therapy (ART) on the social worlds of people living with HIV and ART (PLHA) in rural northern Zambia. Studies have demonstrated high rates of ART adherence over a range of sites in southern Africa. Drawing on a year of ethnographic research conducted in Zambia's Mukungule chiefdom between 2006 and 2008, this study investigates expectations of this exemplary adherence, and experiences of treatment failure. Motivated by the life and AIDS-related death of a Mukungule resident, Grace, it moves beyond asking "what made initial cohorts of African PLHA exceptionally adherent?" to raise the pressing question of "what happens next?" Previous scholarship addressing this question has analyzed how PLHA navigate the competing moral and political economies of local kinship and social networks and global HIV/AIDS initiatives. Scholars have emphasized the afterlives of access and adherence, looking beyond survival to what "the good life" means for PLHA, and placing PLHA at the center of action and analysis. This paper flips that script, by focusing on the stories that Grace's death spurred Mukungule residents to share. It shows how attention to and analysis of stories told not just about, but by members of PLHA's kinship and social networks, are critical to developing a more robust understanding of exemplary adherence and treatment failure. Such understanding critically depends on paying more attention to how those living with and caring for PLHA (and especially their families) facilitate PLHA's pursuit of good and "normal" lives – not just while, but also through, pursuing their own.

The becoming of methadone in Kenya: How an intervention's implementation constitutes recovery potential
Tim Rhodes

This analysis treats the recent introduction of methadone treatment in Kenya as a case of 'evidence-making intervention'. Using 30 qualitative interviews with people in receipt of methadone treatment in Nairobi, Kenya, methadone's becoming is treated as an effect of its narrative and material implementations. The interviews are shown to enact a narrative of methadone recovery potential towards normalcy beyond addiction. Such recovery potential is materialised in practice through social interactions wherein methadone's embodied effects are seen to be believed. Here, the recovering body affects others' recovery potential. In a context of competing claims about methadone's effects, including the circulation of doubt about experimenting with methadone treatment, embodied methadone effect helps moderate the multiverse of methadone

knowledge. The material dynamics of methadone treatment delivery also affect its recovery potential, with the methadone queue enacting a rationing of recovery hope. Here, the experience of methadone's implementation loops back to a life with drugs. I conclude that there is a coexistence of potentiality and actuality, a 'methadone multiple', produced through its narrative and material implementations.

[Sociology of Health & Illness](#)

['Love builds brains': representations of attachment and children's brain development in parenting education material](#)
Glenda Wall

A focus on early brain development has come to dominate expert child rearing advice over the past two decades. Recent scholars have noted a reinvigoration of the concept of attachment in this advice and changes in the ways that attachment is framed and understood. The extent to which the concept of attachment is drawn on, the way it is framed, and the consequences for mothers, families and parent?child relationships is examined through a discursive analysis of a current Canadian parental education campaign. Findings support the argument that attachment is receiving a great deal of attention in brain?based parenting education programmes as children's emotional development becomes increasingly prioritized. Attachment is presented as needing to be actively and continually built through expert?guided empathetic and responsive parental behaviour, and is framed as crucial for the development of brain pathways that promote emotional strength and self?regulation in children. Attachment?building is also presented as requiring highly intensive parenting that falls overwhelmingly to mothers. The parent?child relationship that is envisioned is one that is instrumental, lacking in affect and conducive to the creation of ideal self?regulating neo?liberal citizens.

[Theory, Culture, & Society](#)

[Pharmaceutical Capitalism and its Logistics: Access to Hepatitis C Treatment](#)
Mathieu Quet

New and highly effective treatments against hepatitis C have come on the market in recent years. Their high cost has sparked vociferous debate concerning drug price control, the state's responsibility towards infected populations and the power of multinational pharmaceutical companies. One possible way to understand these debates is to take into account the particular effects of pharmaceutical capitalism upon the circulation of commodities. Recent protests related to access to treatment identify circulation of medicines as an increasing site of capital accumulation and

conflicts. This article defines the notion of 'logistic regimes' and shows how such regimes are contested. It analyzes critical ways of engaging with contemporary pharmaceutical logistics, through variations on medical tourism, critiques of patenting and pricing practices, and organization of alternative supply routes. It further proposes to deepen the notion of diversion as a political concept describing specific forms of opposition to the management practices of logistical capitalism.

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