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In the Journals, March 2019

2019-03-29 21:38:34

By Cara Ryan Idriss

Here are some highlights from the journals in March 2019, including a special issue of *Medical Anthropology Quarterly* dedicated to human-animal health in medical anthropology. Enjoy!

[American Anthropologist](#)

[Crossing Bodily, Social, and Intimate Boundaries: How Class, Ethnic, and Gender Differences Are Reproduced in Medical Training in Mexico](#)

Vania Smith?Oka Megan K. Marshalla

Bodies are useful instruments for understanding the reproduction of inequalities. In this article, we investigate why and how bodily, social, intimate, and physical boundaries are crossed and what this can tell us about individual and social bodies. We unpack how seeing and being seen, touching and being touched, or feeling and being felt are conditioned in very particular ways by the broader political economy. Participants in this ethnographic research in Mexico used the term *manitas* to describe how they trained their senses (hands, ears, eyes) during medical practice; how they learned through practice on the bodies of less?agentive populations (female, raced, or impoverished); and how they crossed intimacy, structural, and physical boundaries through what we term somatic translation: seeing others' bodies with their own. *Manitas* was developed unconsciously by doctors, never explicitly taught or learned in practice, reproducing social difference. These forms of learning highlight a friction between the violence of knowing and the importance of touch as a legitimate mode of care. This form of tactile and sensorial learning entails not only a form of boundary crossing that is medically useful, but it is also a form of boundary crossing that surfaces social inequalities by taking advantage of them. [hospital ethnography, anthropology of reproduction, embodiment, social boundaries, Mexico]

[Culture, Medicine, and Psychiatry](#)

[Moral People or Moral Projects? Worker Altruism in Youth Residential Treatment](#)

Yvonne Smith, Lex Colletta, Anna E. Bender

Paraprofessional youth care workers in residential treatment centers (RTCs) are responsible for the everyday care, supervision, and treatment of youth with serious behavioral and mental health challenges. Turnover rates among this poorly paid workforce are high, and it is not known why individuals seek and maintain youth care work despite its significant challenges. Following anthropologists who study morality as situated practice, we investigate the role of altruism in recruiting and retaining workers in RTCs. We ask: How do managers and youth care workers understand altruism and its role in youth care work and what are the consequences of those understandings? Through organizational ethnography of an RTC, we show that workers and management understood altruism differently. Managers viewed altruism as an inherent trait of some and attributed turnover to its lack. Although workers sometimes enacted this script, they understood themselves as engaged in far more complex situated moral projects in which altruism was only one part. We demonstrate political effects of these differing understandings of altruism, namely, that management deflected institutional critique by viewing it as a sign of workers' immorality. We offer modest recommendations for RTCs seeking to recruit and retain competent youth care workers and address potential new directions for moral anthropology of organizations.

["Boundary Formation" Within Mutual Aid Assemblages](#)

Erica Hua Fletcher

As grassroots user/survivor movements gained traction across the Global North, mental health activists have provided mutual aid for those who consider themselves to be negatively affected by their psychiatrization experiences and for those in search of alternative (non-biopsychiatric) frameworks for understanding mental diversity. In addition to in-person support groups, digital communication has become an integral organizing mechanism for mutual aid actions to support those in mental distress. However, activists have often found both digital and face-to-face communication to be quite taxing to their own well-being—as they negotiate personal capacity to respond to collective needs and practice self-care through limiting their engagements in radical mental health communities. While engaging in an ethnography with a mutual aid community in the United States, I explored the use of “boundary formation” to set parameters for social engagement within digital support and face-to-face encounters. Semi-structured interviews with 14 participants, focus group discussions, participatory observation, and an analysis of digital communication revealed that group members often discussed setting personal boundaries as an act of self-care, a recognition of the pitfalls

associated with engaging in group dynamics during times of mental distress, and as a practice to ensure communal longevity. The ways that participants discussed and enacted boundary formation are analyzed in this paper as a way of blocking, redirecting, and restructuring digital and in-person engagements within mutual aid assemblages.

[Narrative Navigation: HIV and \(Good\) Care in Aceh, Indonesia](#)

Annemarie Samuels

In this article, I elaborate the concept of narrative navigation to analyze the subjective and intersubjective ways in which people struggle through experiences of illness by constructing multiple, ambiguous and non-linear narratives that may continuously change, as they reposition themselves within changing circumstances. Drawing on ethnographic material on HIV care in Aceh, Indonesia, I show how subjunctivity and open-endedness are crucial narrative ways in which people living with HIV, their relatives, medical doctors and support group workers adjust to possibilities and limitations of care over time, thereby continuously negotiating what good care may be. Unfolding within a changing Indonesian healthcare system, their narrative navigations reveal caregiving to be a complex and contradictory process, thereby problematizing boundaries between good care and neglect.

[Contemporary Drug Problems](#)

[Conceptualizing Addiction as Disability in Discrimination Law: A Situated Comparison](#)

Rebecca Bunn

People labeled as having an addiction and people with disabilities face significant discrimination in their daily lives. In countries where targeted disability discrimination law is applied, it is often assumed that including addiction in the definition of disability will protect those labeled as having an addiction from discrimination. Several scholars have considered the effects of excluding addiction from the remit of discrimination law, but there has been less work examining the consequences—both positive and negative—of including addiction. Using the method of “situated comparisons” developed by intersectionality scholars, this article interrogates how addiction and disability are co-constituted in two contrasting legal and geographical contexts, where people labeled as having an addiction have sought to assert their right to equality before the law. By comparing the application of targeted discrimination law in Australia with a human rights charter in Canada, it demonstrates how systems of power such as ableism and neoliberalism work through the law

to co-constitute addiction and disability in ways that are stigmatizing, even within legal approaches that aim to eliminate discrimination. Furthermore, the law, in both contexts, fails to recognize the intersectional nature of discrimination often experienced by these groups. The article contends that conceptualizing addiction as a disability will not necessarily reduce the discrimination faced by people labeled as having an addiction and concludes with recommendations for both policy and legal practice.

[“Devil’s Lure Took All I Had”: Moral Panic and the Discursive Construction of Crystal Methamphetamine in Australian News Media](#)

Anne Fredrickson, Alexandra Farren Gibson, Kari Lancaster, Sally Nathan

Crystal methamphetamine (“ice”) has been a fixture in Australian newspapers since the early 2000s. This study explores discourses at work in constructing the ice “problem” in recent Australian media, possible implications for how people who use ice are discursively positioned, and the resulting significance for drug policy. Twenty-seven articles were selected for discourse analysis, sampled from a larger study of Australian ice-related news items. By critically engaging with sociological concepts of “moral panic” and the “risk society,” we demonstrate how three media discourses produce the subject of the “young person” as both victimized by ice and a catastrophic threat in and of themselves: (1) “ice traps and transforms youth,” (2) “ice does not discriminate,” and (3) “ice perverts sanctuary.” These discourses illustrate the tensions between the meanings of ice use and understandings of safety and risk, speaking to current anxieties in Western, neoliberal societies. Ice use is further constructed as a form of abjection, threatening traditional social boundaries and institutions. However, the agency and determinism simultaneously granted to ice the substance troubles the notion we are witnessing yet another “drug scare” that polices social behavior. Instead, we observe how these discourses mirror those in the biomedical literature, which construct ice as a uniform, agentic, and uniquely dangerous drug. With use attributed to entrapment and/or naturalized as addiction, the drug is constituted as engineering its own, always harmful, consumption. This limits conceptions of any “safer,” “rational,” or “pleasurable” forms of ice use and further justifies state intervention on its users. Overall, these discourses rationalize prohibitionist interventions around ice and singularize drug consumption as a behavior requiring institutional management.

[Medical Anthropology Quarterly](#)

[A Genealogy of Animal Diseases and Social Anthropology \(1870–2000\)](#)

Frédéric Keck

Culling, vaccinating, and monitoring animals are the three main techniques used in contemporary veterinary public health to manage animal diseases that can be transmitted to humans. Each technique is underpinned by different ontological understandings of how microbes figure in relations between humans and animals. Therefore, animal diseases are not only a question for an applied anthropology but also involve the theoretical core of the discipline: that is, understanding how social causality emerges out of physical causality. To defend this argument, the article describes what Herbert Spencer wrote about foot-and-mouth disease; what William Robertson Smith thought about sacrifice in the context of bovine tuberculosis; how Emile Durkheim took vaccination for smallpox as a metaphor for the pathologies of the social; and what Claude Lévi-Strauss wrote about mad cow disease. The conceptions of the social in the writing of these four authors are analyzed through their understanding of the risk of transmission of animal diseases to humans, moving from prevention to precaution to preparedness.

[Zoonotic Semiotics: Plague Narratives and Vanishing Signs in Madagascar](#)

Genese Marie Sodikoff

Zoonosis calls for a multispecies approach to medical semiotics, a method involving the decipherment of outward symptoms and the construction of narrative. In Madagascar, early detection of bubonic plague outbreaks relies on sightings of sick and dead rats. However, people most vulnerable to plague often do not perceive warning signs, and plague symptoms do not always present in rat and human bodies. In August 2015, a plague outbreak killed 10 residents of a rural hamlet in the central highlands. To reconstruct the transmission chain, scientists elicited survivors' memories of dead rats in the vicinity. Not only were these clues imperceptible to most, but residents had also constructed an alternative outbreak narrative based on different evidence. Stark health disparities, a lack of historical memory of the plague, and genetic adaptations of rats and plague bacteria have created a problem of "semiotic cluelessness" that complicates outbreak control measures and increases mortality.

[Hookworms Make Us Human: The Microbiome, Eco-immunology, and a Probiotic Turn in Western Health Care](#)

Jamie Lorimer

Historians of science have identified an ecological turn underway in immunology, driven by the mapping of the human microbiome and wider environmentalist anxieties. A figure is emerging of the human as a holobiont, composed of microbes and threatened by both microbial excess

and microbial absence. Antimicrobial approaches to germ warfare are being supplemented by probiotic approaches to restoring microbial life. This article examines the political ecology of this probiotic turn in Western health care. It focuses on *Necator americanus*—a species of human hookworm—and its relations with immunologists. The analysis moves from a history of human disentanglement from hookworm, to contemporary anxieties about their absence. It examines the reintroduction of worms for helminthic therapy and explores emerging trajectories for probiotic health care involving the synthesis, modification, and/or restoration of worms and their salutary ecologies. The conclusion differentiates these trajectories and identifies an emerging model of “post?paleo” microbiopolitics.

[Living Waste and the Labor of Toxic Health on American Factory Farms](#)
[Living Waste and the Labor of Toxic Health on American Factory Farms](#)

Alex Blanchette?

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In the 1930s, erosion caused storms of dust to hurtle across the American Great Plains and Midwest. While agricultural conservation methods helped remediate this landscape, recent studies suggest the region is contending with a new type of particle cloud: desiccated fecal dust that renders the vitalities of factory farms airborne, potentially exposing those in their surrounds to various forms of illness while spreading antibiotic resistance genes. Thinking alongside these findings, and based on research within corporate hog farms, this article develops an ethnography of excrement by tracing the practices and knowledge of people who live and labor in proximity to late industrial lifeforms, such as confined pigs and resistance genes, and who are tasked with intimately shaping this unruly waste that has the potential to affect broader populations. In so doing, it analyzes the maintenance of American animals' toxic health alongside the politics of labor with complex anthropogenic materials.

[Training Dogs to Feel Good: Embodying Well?being in Multispecies Relations ?](#)

Natalie Porter

Social science concepts of well?being are largely premised on notions of a common humanity with shared physical needs and broadly legible experiences of the world. While medical anthropologists have interrogated ideas of universal bodily subjectivities, articulations of well?being across species boundaries remain underexplored. This article offers a

conceptualization of well-being that attends to species difference. Drawing on ethnographic research with an animal rescue organization, I argue that in the context of partially connected bodily experiences, rescue workers navigate distinctions between dogs' internal feelings and external actions, and they train their bodies alongside dogs' bodies to cultivate canine well-being. A multispecies perspective complicates ideals of autonomy and self-actualization long associated with well-being and opens up avenues for considering well-being as an intercorporeal relationship conditioned in unequal bodies and embodied interactions.

[Entanglements in Health and Well-being: Working with Model Organisms in Biomedicine and Bioscience ?](#)

Carrie Friese, Joanna Latimer

Drawing on collaborative ethnographic fieldwork, this article explores how human health becomes entangled with that of model organisms in day-to-day biomedical science. Social science scholarship on modeling has explored either how specific models impact and shape our knowledge of human disease or how animal technicians and scientists affect laboratory animals. This article extends this relational approach by asking how embodied and institutional care practices for model organisms affect the health and well-being of animal technicians and scientists. We focus on two interspecies bodily experiences: pathogenic exchange and stress. We then explore enrichment as a strategy for producing health and well-being across species. We suggest that relations of care form a crucial part of biomedical knowledge production. Not only does care figure in the shaping of model organisms; care for technicians and scientists also plays a role in bioscientific knowledge production. We conclude by proposing an interspecies approach to occupational health.

[Care as an Alternative to Euthanasia? Reconceptualizing Veterinary Palliative and End-of-life Care](#)

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Samantha Hurn, Alexander Badman-King

Palliative care is routinely offered to humans in the United Kingdom, while euthanasia remains illegal. The converse is true for nonhuman animals (henceforth animals). Indeed, euthanasia is widely accepted as the appropriate course of action for "suffering" animals, and for those whose behaviors or suspected ill health are thought to pose a threat to others. This article details examples of nonhuman death at a multi-faith ashram whose members vehemently oppose all forms of killing on religious grounds. Through exploring their efforts in palliative care for animals, and their emphasis on natural death as a means of respecting the sanctity of

life, the practical, emotional, and theoretical viability of caring for, instead of killing, other animals at the ends of their lives is considered. In the process, normative distinctions between different categories of animals, (including humans), and different approaches to end of life care (palliative care, euthanasia, natural death) are called into question. Indeed, paying mindful attention to the diverse ways in which individual animals are cared for as they die reveals the potential violence inherent in both palliative care leading to natural death, and euthanasia, blurring perceptions of good and bad death in both veterinary and human medicine.

[Holobionts, Multispecies Ecologies, and the Biopolitics of Care: Emerging Landscapes of Praxis in a Medical Anthropology of the Anthropocene](#)

Agustin Fuentes

Medical anthropology, given its diversity of practical and historical entanglements with (and outside of) numerous threads of anthropology, is a key site for productive theoretical and methodological confluences in the Anthropocene. Multispecies approaches, ethnographically, theoretically and methodologically, are developing as central locations for the hybridization and mingling of diverse and innovative research questions, particularly those engaging the processes, patterns, and constructs of health.

[Interspecies Engagement in Medical Anthropology](#)

Lesley A. Sharp.

Human–animal interdependencies define longstanding concerns for anthropologists. Within this vast terrain, medical anthropologists claim rights to a significant portion, marked most notably, perhaps, by our sustained attention to nonhuman species as pathogens, vectors, and reservoirs of disease. Our discipline, nevertheless, has been slow to engage with contemporary theorizing about interspecies entanglements, a deficit this volume’s collection seeks to rectify. As I argue below, this collection opens up new domains of study, analysis, and understanding, where an especially important intervention involves enfolding interspecies sensibilities within praxes of care.

[Social Science & Medicine](#)

[Negotiating jurisdictional boundaries in response to new genetic possibilities in breast cancer care: The creation of an ‘oncogenetic taskscape’](#)

Sarah Wright, Mary Porteous, Diane Stirling, Oliver Young, Charlie Gourley, Nina Hallowell

Changes in the nature and structure of healthcare pathways have implications for healthcare professionals' jurisdictional boundaries. The introduction of treatment focused BRCA1 and 2 genetic testing (TFGT) for newly diagnosed patients with breast cancer offers a contemporary example of pathway change brought about by technological advancements in gene testing and clinical evidence, and reflects the cultural shift towards genomics. Forming part of an ethnographically informed study of patient and practitioner experiences of TFGT at a UK teaching hospital, this paper focuses on the impact of a proposal to pilot a mainstreamed TFGT pathway on healthcare professionals' negotiations of professional jurisdiction. Based upon semi-structured interviews (n = 19) with breast surgeons, medical oncologists and members of the genetics team, alongside observations of breast multidisciplinary team meetings, during the time leading up to the implementation of the pilot, we describe how clinicians responded to the anticipated changes associated with mainstreaming. Interviews suggest that mainstreaming the breast cancer pathway, and the associated jurisdictional reconfigurations, had advocates as well as detractors. Medical oncologists championed the plans, viewing this adaptation in care provision and their professional role as a logical next step. Breast surgeons, however, regarded mainstreaming as an unfeasible expansion of their workload and questioned the relevance of TFGT to their clinical practice. The genetics team, who introduced the pilot, appeared cautiously optimistic about the potential changes. Drawing on sociological understandings of the negotiation of professional jurisdictions our work contributes a timely, micro-level examination of the responses among clinicians as they worked to renegotiate professional boundaries in response to the innovative application of treatment-focused BRCA testing in cancer care – a local and dynamic process which we refer to as an 'oncogenetic taskscape in the making'.

[The disciplining of self-help: Doing self-help the Norwegian way](#)

M. Hedlund, B.J.Landstad, J.Q.Trittere

We explore how Norwegian self-help groups are defined and managed to create a particular form of health system governmentality. Self-help groups are typically framed as therapeutic communities where participants define the agenda creating a space where open and equal interaction can produce individual learning and personal growth. In Norway, however, self-help groups are managed in a way that integrates them in to the health system but insulates them from clinical medicine; an approach that disciplines participants to act in a particular way in relation to the health system. We draw on the analysis of 1456 pages of public documents and

websites from the National Nodal Point for Self-Help (NPSH), the organisation that manages self-help groups, and central government including individual testimonies from participants published between 2006 and 2014. We argue, drawing on Foucault, that self-help premised on lay-leadership and self-determination is at odds with the centrally defined regulation apparent in the model adopted in Norway and an example of disciplining that reinforces health system governmentality and serves the interests of the medical profession and the state. Further we propose that this illustrates the contestation between the pastoral power of medics, the National Nodal Point for Self-Help and the Ministry of Health. Our analysis of Norwegian self-help as a mechanism to create a particular form of health system governmentality helps explain the expansion of self-help and self-management within developed health systems and provides an explanation for why self-help within health systems, is typically situated adjacent to, rather than integrated into, clinical medicine.

[Peer worker involvement in low-threshold supervised consumption facilities in the context of an overdose epidemic in Vancouver, Canada](#)

Mary Clare Kennedy, Jade Boyd, Samara Mayer, Alexander Collins, Thomas Kerr, Ryan McNeil

Overdose prevention sites (OPS) are a form of supervised consumption facility that have been implemented in Vancouver, Canada as an innovative response to an ongoing overdose epidemic. OPS are primarily staffed by peers – people who use(d) drugs (PWUD) – trained in overdose response. We sought to characterize peer worker involvement in OPS programming, including how this shapes service dynamics and health outcomes among PWUD. Data were drawn from a rapid ethnographic study examining the implementation, operations and impacts of OPS in Vancouver from December 2016 to April 2017. We conducted approximately 185 h of observational fieldwork at OPS and 72 in-depth qualitative interviews with PWUD. Data were analyzed thematically, with a focus on peer worker involvement at OPS and related outcomes. OPS implementation and operations depended on peer worker involvement and thus allowed for recognition of capacities developed through roles that peers were already undertaking through local programming for PWUD. Peer involvement at OPS enhanced feelings of comfort and facilitated engagement with OPS among PWUD. These dynamics and appreciation of peer worker expertise enabled communication with staff in ways that fostered harm reduction practices and promoted health benefits. However, many peer workers received minimal financial compensation and experienced considerable grief due to the emotional toll of the epidemic and lack of supports, which contributed to staff burnout. Our findings illustrate the specific contributions of task shifting OPS service delivery to peer workers, including how this can enhance service engagement and

promote the reduction of harms among PWUD. Amidst an ongoing overdose epidemic, expanding formalized peer worker involvement in supervised consumption programming may help to mitigate overdose-related harms, particularly in settings where peers are actively involved in existing programming. However, efforts are needed to ensure that peer workers receive adequate financial support and workplace benefits to promote the sustainability of this approach.

[Embodiment and the foundation of biographical disruption](#)

Athena Engman

The concept of biographical disruption has now enjoyed nearly 40 years of use in medical sociology. This paper argues that taking an embodied approach to biographical disruption helps to explain the concept's enduring efficacy. Drawing on the work of Maurice Merleau-Ponty and contemporary theories of embodiment inspired by his phenomenology, this paper advances that biographical disruption involves, in the first instance, a disruption to the ability to enact an embodied orientation towards the world. Biographical disruption does not, from this perspective, result from illness as such, but from the ways that illness impinges on one's physical ability to engage with daily life.

This paper examines the experiences of solid organ transplant recipients for the purpose of shedding light on the conditions under which biographical disruption arises in experience. The analysis includes interviews with 36 post-operative solid organ transplant recipients (heart, liver, lung, and kidney) living in British Columbia or Ontario, Canada. These participants exhibit a wide range of illness experiences, some of which manifest as biographical disruption and others that do not. Tracing the contours of these experiences, this paper argues that the efficacy of biographical disruption for describing the illness experience depends not only on the illness experience but also, fundamentally, on the content of embodiment prior to the onset of that experience.

[Society and Mental Health](#)

[Being "on Point": Exploring the Stress-related Experiences of Incarceration](#)

Lauren C. Porter

Prior studies establish a link between incarceration and stress-related health, but relatively little is known about perceived stressors among current and former prisoners. To better understand the stress-related

experiences of this population, in-depth interviews were conducted with 25 former inmates in upstate New York and northeast Ohio in 2012 and 2013. Participants were asked about their health during and after prison, with all participants describing aspects of their incarcerations as stressful. The most commonly identified primary stressors (i.e., stressors while incarcerated) were interactions with correctional officers, interactions with medical staff, and fear of other inmates. Post-release, employment troubles emerged as the most cited secondary stressor. Surprisingly, few participants described feeling stigmatized following their imprisonment. Findings carry implications for the long-term health and well-being of ever-incarcerated individuals and point to the need for further research, both quantitative and qualitative, on stress-related health among correctional populations.

[Sociology of Health & Illness](#)

[Is HIV prevention creating new biosocialities among gay men? Treatment as prevention and pre-exposure prophylaxis in Canada](#)

Gabriel Girard , San Patten, Marc-André LeBlanc , Barry D. Adam, Edward Jackson

The advancements of “treatment as prevention” (TasP), “undetectable viral load” (UVL) and “pre-exposure prophylaxis” (PrEP) are redefining HIV prevention standards. Relying on the concept of biosociality, this article explores how gay men rally around, debate, and sometimes disagree about these emerging HIV prevention technologies. This article is based on data from the Resonance Project, a Canadian community-based research project. Twelve focus groups (totalling 86 gay and bisexual men) were held in three Canadian cities (Montreal, Toronto, Vancouver) in 2013–2014. Respondents view UVL and PrEP through the prism of their generational experience of HIV prevention. In this respect, biosocialities highlight an experiential dimension that is tied to the context of the HIV epidemic. The biosocialities of HIV prevention are also built around serological identities. However, our study shows the diversity of these positions. Analysis grounded in biosocialities is useful for better understanding how scientific information circulates, is made sense of, and generates debate among gay men.

[Valuing height: diagnosis, valuation and the case of idiopathic short stature](#)

Michael Morrison

This paper proposes a ‘valuographic’ approach to diagnosis, exploring how values and valuation practices are implicated in the contested

diagnostic category of idiopathic short stature (ISS). ISS describes children who are 'abnormally' short but do not have any other detectable pathology. In the USA growth-promoting hormone therapy has been approved for ISS children, since 2003. However, no other jurisdiction has approved this treatment and the value of ISS as a diagnostic category remains disputed among healthcare professionals. Drawing on qualitative interviews with paediatric endocrinologists in the UK and the US, this study presents a historical snapshot illustrating how the problematisation of ISS as a diagnosis involved multiple registers of value including epistemic, economic and moral calculations of worth. Contestation of the diagnosis was not just about what counts but about what ought to be counted, as respondents' accounts of ISS gave differential weight to a range of types of evidence and methods of assessment. Ultimately what was at stake was not just the value of increased height for short patients, but what it meant to properly practice paediatric endocrinology. Consideration is then given to how a valuographic approach can be applied to sociological studies of diagnosis more broadly.

[Rejecting, reframing, and reintroducing: trans people's strategic engagement with the medicalisation of gender dysphoria](#)

Austin H. Johnson

This article uses ethnographic methods to explore how transgender people engage the medicalisation of transgender experience in a U.S. context under the purview of the American Psychiatric Association. Building on sociological literature related to medicalisation, this paper argues that the lived experience of medicalisation is a non-linear, complex process whereby individual engagement with medical authority is both empowering and constraining in the lives of trans people. Inductive qualitative analysis of 158 hours of participant observation and 33 in-depth interviews with members of a transgender community organisation revealed that transgender individuals (i) reject a medical frame for gender dysphoria, (ii) embrace and stress the importance of gender-affirming medical technologies for individual identity development and social interaction and (iii) strategically reintroduce medical logics and embrace medical authority in order to facilitate medical and social recognition, validation and acceptance.

[Critical Inquiry](#)

[Hot Chocolate](#)

Carlo Caduff

Excerpt: Care has always been there, yet somehow it has remained

invisible. This is the founding lament of the sociology of care. Its mission as a scientific endeavor is to dedicate more attention to a critical infrastructure of social reproduction that needs to be rescued from the corrosive damage of systematic neglect. Care needs care is the mantra of a sociology of care that fashions itself as a progressive project of devotion, conversion, and protection. As Annemarie Mol and her colleagues note, "If care practices are not carefully attended to, there is a risk that they will be eroded." In this appeal to care about care with care, the object has become the method. But what are the stakes beyond devotion, conversion, and protection?

AMA citation

Idriss C. In the Journals, March 2019. *Somatosphere*. 2019. Available at: <http://somatosphere.net/2019/in-the-journals-march-2019-year.html/>. Accessed March 31, 2019.

APA citation

Idriss, Cara Ryan. (2019). *In the Journals, March 2019*. Retrieved March 31, 2019, from Somatosphere Web site: <http://somatosphere.net/2019/in-the-journals-march-2019-year.html/>

Chicago citation

Idriss, Cara Ryan. 2019. In the Journals, March 2019. Somatosphere. <http://somatosphere.net/2019/in-the-journals-march-2019-year.html/> (accessed March 31, 2019).

Harvard citation

Idriss, C 2019, *In the Journals, March 2019*, Somatosphere. Retrieved March 31, 2019, from [<http://somatosphere.net/2019/in-the-journals-march-2019-year.html/>](http://somatosphere.net/2019/in-the-journals-march-2019-year.html/)

MLA citation

Idriss, Cara Ryan. "In the Journals, March 2019." 29 Mar. 2019. Somatosphere. Accessed 31 Mar. 2019. [<http://somatosphere.net/2019/in-the-journals-march-2019-year.html/>](http://somatosphere.net/2019/in-the-journals-march-2019-year.html/)