

Am I fine?

Exploring everyday life ambiguities
and potentialities of embodied sensations
in a Danish middle-class community

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Abstract

Woven into the fabric of human existence is the possibility of death and suffering from disease. This essential vulnerability calls forth processes of meaning making, of grappling with uncertainty and morality. In this article we explore the uncertainty and ambiguity that exists in the space between bodily sensations and symptoms of illness. Bodily sensations have the potential to become symptoms of disease or to be absorbed into ordinariness, prompting the question: how do we ascribe meaning to sensations? In the context of middle-class everyday life in Denmark, we show how different potentialities of ambiguous sensations are weighed against each other on a culturally and morally contingent continuum between normal and not normal, uncovering the complex interplay between the body, everyday life, and pervasive biomedical discourses focusing on health promotion, symptom awareness, and care seeking.

Keywords

potentiality, sensations, symptoms, uncertainty, Denmark

Introduction

In theory, anything could be cancer. My elbow hurts right now – it could be something, right? I do think about it. Now I've had this aching elbow for three, four . . . seven days, and wondered what exactly is this? But then it disappears and that's it.
– Jens, sixty-seven-year-old retired general laborer

The essential uncertainty Jens expresses when he states: 'it could be something, right?' captures the ambiguity of sensorial experience that emerges between our habitual everyday attribution of meaning (or no meaning) to bodily sensations and contemporary biomedical knowledge production that continues to show that bodies sometimes harbor insidious diseases such as cancer long before they appear in the guise of discernible lumps or pains. As eloquently stated by Throop (2010, 2) in his writings on pain and subjectivity among the People of Yap, 'to be human is to be vulnerable to both the possibility and inevitability of suffering pain'. Jens's wonder about his ambiguous bodily experience does not address the specifics of pain, but of potential suffering and death. The aim of this article is to explore and unfold this complex ambiguity, which is characterized by the possibility that a bodily sensation 'might be something else'. We focus on how this potentiality is composed at the intersection between everyday lifeworlds, pervading biomedical discourses, and the subjective bodily experiences emerging from this, all contingent on the time and space of their context, in this case Danish middle-class citizens above the age of sixty. More specifically, the point of departure for this article is the desire to understand how bodily sensations are attributed meaning in this everyday life context, with a focus on the potentiality of sensations. Inspired by a medical anthropology of sensations that started taking form in 2008 with a special issue of *Transcultural Psychiatry* (see Hinton, Howes, and Kirmayer 2008; Hay 2008; Throop 2008) that emphasizes the need to know more about the process that turns bodily sensations into possible symptoms of illness, this article asks the simple question 'When is something "something?"'.

Recently described as the happiest people in the world, primarily due to high levels of social trust and security (Wiking 2014), Danes generally enjoy a peaceful, safe, and wealthy society, where social welfare benefits and a relatively fine-meshed social safety net markedly reduce everyday basic uncertainties compared to most places in the world. The majority of Danes do not face the uncertainty of not knowing how and when they will get their next meal, whether they can pay for their children's education, or whether they can cover their health care expenditures should they fall ill. The Danish welfare state, designed to make citizens 'fare well' through life (Langer and Højlund 2011), diminishes this kind of uncertainty. However, the Danish middle class – like all human beings – still faces the very roughness of being, meaning the potentials of illness and suffering that can disturb the course of faring well throughout life. Moreover, in the context of a society designed to support people's

faring well, the bodies and health of citizens are matters of substantial political, economic, and ethical concern to the governing power. In Denmark, citizens' bodies and health have been subject to increasing political focus and a diverse range of interventions aimed at improving health, promoting healthy lifestyles, and using the public health care system correctly. In Foucauldian terms of biopower, bodies in the well-regulated and regulating Danish welfare society are carefully governed by the state (Foucault 1990 [1976]).

Everyday life in the Danish middle class is largely centered around the nuclear family. Most of the informants in this study settled down in the suburban neighborhood that constitutes the ethnographic field site when they were in their twenties and thirties. They got married, had children, and worked hard to create a safe and stable environment for their children to grow up in and develop. As most of them are now retired or close to retirement, everyday life now mostly revolves around grandchildren, friends, traveling, and leisure activities such as biking or golf. A major concern is therefore being able to do these things and being able to enjoy some of the good things in life after a long and often strenuous working life. If we see the ordinary uncertainty of everyday life as threats to 'what really matters' to these people, health and illness are major and very present concerns in their moral everyday life, deliberations, and experiments on how to live (Kleinman 2006; Mattingly 2014).

Illness and suffering can destroy and remake everyday life (Scarry 1985; Kleinman, Das, and Lock 1997; Kleinman 2006). In this regard, bodily sensations can be seen as potential remakers of everyday life and are as such endowed with social and cultural significance. Some sensations, however, pose no immediate threat or suffering. This makes sensations, and especially vague and elusive sensations that are not (yet) translated into a symptom category, interesting but also difficult to study. As Throop (2010, 3) argues, the ambiguities, confusions, gaps, and ambivalences in lived experiences have often been overlooked in our anthropological search for certainties, coherences, and structures; he suggests that we expand 'our view of experience to include a spectrum of articulations that range from the most formulated and explicit to the most inaccessible and vague'. Our analysis attempts to unfold this range of experience from the perspective of the Danish middle class, with particular attention paid to the vague and ambiguous sensations that are both part of everyday life and potential symptoms of disease. The study of everyday – more or less vague – bodily sensations relates to and differs from the extensively studied and more explicit sensation of pain (see, for example, Good et al. 1994; Scarry 1985; Throop 2010; Morris 1991). Scarry (1985), for example, argues that pain is essentially unshareable and resists language; for the sufferer 'having pain' is the same as 'having certainty', while for the other, this pain cannot be known for certain. In comparison with pain, vague bodily sensations are likewise difficult to share and, for the most part, resist language, but they do not necessarily demand attention the way pain does and they produce ambiguity and doubt rather than certainty for the

‘potential sufferer’. To explore this ambiguity and uncertainty in the liminal space between sensation and symptom in the middle-class body in everyday life, we suggest that adding the dimension of potentiality – the ‘What if?’ – of bodily sensations is useful.

One of the aims of our analysis of the potentiality of sensations is to contribute to contemporary critical writings on ‘symptoms’ in the health sciences as well as the social sciences. In particular, we are inspired by a growing interest in sensations within medical anthropology, which calls for a more comprehensive questioning of the idea of the symptom based on phenomenological, philosophical, and semiotic perspectives (Hay 2008; Eriksen and Risør 2014; Staiano-Ross 2011). In line with this, our analysis explores the ‘coming into being’ of symptoms in terms of the concept of potentiality of sensations. Following Taussig, Hoeyer, and Helmrich (2013, 4), we think of potentiality as ‘that which does not (yet and may never) exist’, and the space between sensation and symptom as a transitory or liminal space that is characterized by potentiality in different ways (for elaboration on potentiality, see also Vigh 2011; Gammeltoft 2013; Gibbon 2013; Svendsen 2011). The concept of potentiality can be employed with respect to different aspects of life and the body and with a variety of overlapping meanings. Distinguishing between the use of potentiality as an analytical perspective and as an object of study (Taussig et al. 2013), we mainly consider potentiality an object of study in this article by concentrating on the question of how potentiality is perceived on the continuum between – as aptly phrased by Hay (2008) – ‘fine’ and ‘sick’ when people experience bodily sensations. While potentiality is closely related to notions of risk, in this article, we employ the concept more in relation to uncertainty and ambiguity. It is in the uncertain and ambiguous ‘What if?’ of sensorial experience that sociocultural context, subjectivities, and the pervading discourse of biomedicine interweave and produce meaning for bodily sensations and configure symptoms. Here, we aim to provide a general perspective on how uncertainty and ambiguity are lived by seeing the uncertainty and ambiguity of the body as an essential source of moral concern in everyday life (see also Throop 2010; Mattingly 2014).

As a result, we treat symptoms as an emic category used by informants as a specific way of ascribing meaning to bodily sensations. As phrased by Hay (2008, 221): ‘A sensation is embodied; it is a felt experience. By contrast, a symptom is a constructed and socially informed cognitive interpretation that indexes but is not itself an embodied sensation’.

Methodology and field

The analysis presented here is based on eighteen months of ethnographic fieldwork consisting of repeated field visits and semistructured interviews with eighteen key informants and their families. The fieldwork took place in one of the largest middle-class residential

areas in Denmark. Broadly defined as working and retired citizens who own their own single-family home in this neighborhood, the middle-class group in this study is characterized more by the particular space and time they occupy and the images they invoke than by sociodemographic variables. We chose to weigh the characteristics of the neighborhood heavier than the socioeconomic variables across individuals in an attempt to describe Danish middle-class culture as it is lived. However, the recruitment of informants for this study is based on ownership of a one-family home in the area in question, which can be socioeconomically characterized as suburban middle class and working class (Olsen et al. 2012).

This study is part of a larger interdisciplinary research project on contemporary orientations to cancer diagnostics, and Offersen initially set out to explore symptom experiences and health care-seeking practices. Approaching symptoms as biosocial phenomena that are configured in processes of embodied experiences, attention, and interpretation (Hay 2008), one of the driving factors behind the project was to enter and nuance conversations within the behavioral sciences of medicine where a focus on symptom awareness – as a strategy, for example, for cancer disease control – tends to treat symptoms as reified entities to be discovered (Quaife et al. 2014; Whitaker et al. 2015). The study's focus on the Danish middle class rests upon 1) the weight of an 'indeterminate middleclass-ness' as social and cultural norm in the supposedly egalitarian nation of Denmark (Jenkins 2012), and 2) the study's position within a larger research agenda exploring symptom making and health care seeking in different empirical fields along the social gradient and across population and the health care system in Denmark (see for example Andersen, Tørring, and Vedsted 2015; Merrill, Vedsted, and Andersen n.d.).

Informants were recruited partly from an exercise group for older or retired people that the first author participated in and from the local choir she joined during fieldwork, but also partly by going door to door in the neighborhood. A minimum of six field visits, three of which included an interview, were used to follow the eighteen key informants throughout the period of study. Furthermore, everyday life activities such as exercise (for example, going to the fitness center, walking, golf) and grocery shopping were followed, but most of the fieldwork was conducted in informants' homes over meals or coffee or in their yards. Field notes were almost exclusively written afterwards rather than during visits to be able to be fully present in conversation with the informants. Over a period of six months, informants kept a health diary to record any bodily sensations, symptoms, or contacts with the health care system. The diary was used as a point of departure for one of the interviews, which focused on the experience of concrete bodily sensations. During the interview, the diary made it possible to discuss experiences of bodily sensations that informants said they had already forgotten about. Reminded by the diary, they recounted their experiences, enabling

us to discuss some of the bodily sensations that are absorbed into the ordinariness of everyday life as ‘something normal’. As Das and Das (2007) also note, varying between methods, such as between frequent interrogations into everyday bodily sensations and long open-ended interviews, allows researchers the opportunity to look at how people’s experience of sensations moves between registers of the ordinary and the extraordinary.

With the intention of exploring a process of transformation from sensation to symptom, doing fieldwork on what turned out to be largely undramatic experiences of the body in everyday life was at times frustrating. Only occasionally would a bodily experience or interpretation stand out from the flow of the ordinary. The culturally defined thresholds between sensation and symptom (Hay 2008) that we were looking for were only visible in hypothetical examples that the informants gave, such as a lump in the breast. Every actual sensation that occurred during the fieldwork was ambiguous and did not surpass any certain threshold. It instead went back and forth between normal and abnormal, influenced by the culturally contingent ordinariness of the everyday life context, and could thus be seen more as a continuum of bodily normality. In this way, the ordinary – with all its predictability and all its uncertainties – takes center stage: the dynamics of the ordinary play out in the process of ascribing significance to sensations and does not just pose a fixed cultural background upon which to understand bodily sensations.

As a background for discussing the potentialities of sensations, in the next section we describe Danish middle-class everyday life as unfolding between an ordinary predictability and a general uncertainty.

The ordinary uncertainty of everyday life

The stories informants recounted in this article were most often told to Offersen over coffee while eating homemade bread in the living room or around the kitchen table in a standard single-family home built in the 1970s. In Denmark, this counts as an almost stereotypical image of middle-class everyday life for people approaching retirement age. In this suburban neighborhood, similar types of standard houses, each with a yard, stand side by side along meticulously straight roads and a corresponding system of pathways for pedestrians and bicyclists. Named after Danish islands, the roads are in alphabetical order and the hedges are allowed to grow no higher than the allowed maximum of five feet nine inches as stated in the declarations of the area. The geographical predictability of the neighborhood is reflected in the rhythms and routines of everyday life as it unfolds during fieldwork:

Kirsten and her neighbor Elsa arrive at the fitness center together. I take two rounds on the machines together with them. They talk a lot while warming up on the exercise bikes, but as we switch between the different machines, they stay focused on their training. After that, we sit down at a table in the center for coffee, as Kirsten and Elsa always do. ‘They make great coffee here’, Kirsten remarks, as they tell me about how they come to the center every Monday, Wednesday, and Friday morning to work out and socialize with each other. We go outside and Kirsten and Elsa light their cigarettes while rather non-enthusiastically discussing the possibility of quitting their smoking habit. Back from the fitness center, I sit at the kitchen table with Kirsten and her husband, Robert. Kirsten has prepared a typical Danish lunch with rye bread, pork liver pate, canned mackerel in tomato sauce, and a choice of various sliced lunchmeats. We all drink a beer, and Kirsten and Robert also have a glass of schnapps as they usually do. They tell me how important it is to eat fish every day and how much they enjoy a daily schnapps and beer with their lunch. . . . Later in the afternoon we have a cup of coffee and Kirsten serves a cake purchased from the bakery: ‘We almost never eat cake or white bread. White bread is the worst [most unhealthy]’, she says, clearly indicating that this is a special occasion because I am there. However, we all enjoy the cake, and before I leave Kirsten picks flowers in her yard and arranges a nice bouquet for me to take home.

In the familiar and the certain, there seems to be a valued sense of confidence and security that is underlined by the physical living space. However, as informants sit in their living rooms drinking coffee while looking out at their neatly orchestrated gardens, they tell life stories that are also full of the unpredictability, uncertainty, and ambiguity of which everyday life is made (Kleinman 2006). The contrast between the seemingly predictable and ordinary everyday life of the neighborhood and individual stories of tragic accidents, loss of loved ones, illness, poverty, crime, violence, disabling pain, and the fear of all those things is striking. The tension between everyday life’s essential uncertainties and the efforts we make to control them serves to show that the ordinariness of everyday life is not a given. It is a hard-won achievement that must be continuously sustained in accordance with local cultural ideals of the ‘the good life’ (Mattingly 2014; Offersen 2016). With regard to health and well-being, there is a consciously defined rhythm in the random everyday of Kirsten’s life described above. The choice of exercising three days a week and the claimed avoidance of cake and white bread (which were commonly referred to among informants as dangerous, following a long and insistent focus in the media and among the general public on the possible hazards of carbohydrates to one’s health and weight) are examples of how everyday routines are proactively built to cultivate a safe and predictable everyday life. In an apparent contradiction, well-known health hazards, such as cigarette smoking and daily alcohol intake, are valued and actively defended as part of Kirsten and Robert’s everyday well-being. This is

exactly where the potentiality of sensations should be considered, as emerging amidst interchangeable ideals of the good life; prevailing discourses on health, illness, and the body; and the ordinary uncertainty of everyday life along with the effort to control it and make the everyday livable. We experience bodily sensations constantly in the middle of all this. How we perceive and act upon them is contingent on local context and global discourses, and the way subjective experience emerges between them. Before digging deeper into the potentiality of sensations, let us just briefly consider contemporary health promotion and symptom awareness discourses in Denmark.

Health promotion, symptom awareness, and the ordinary

We are said to live in an age of biology (Rose 2007), where technological and scientific progress turns people into ‘biological citizens’ (Rose and Novas 2008) and ‘somatic individuals’, who are given increased responsibility for managing and monitoring their own health (Petersen and Lupton 1996). With notions of health care-seeking behavior and symptom awareness, health-promotion discourses pervade everyday life as an important arena of disease control and are bolstered by biomedical and epidemiological research, delineating ever more vague bodily sensations as symptoms of disease, and by public health interventions aimed at increasing awareness of early signs of disease and at reducing the time from onset of symptoms until health care is sought (Andersen et al. 2015).

Health-promotion and symptom-awareness discourses are fueled by a potentiality for cure, treatment, and control of diseases, or on what has been described, especially in relation to the cure and treatment of cancer, as a ‘political economy of hope’ (Good et al. 1990). In Denmark in recent years, the political economy of hope has taken the form of organizational changes in the health care system with a politically prioritized focus on ensuring early diagnosis and treatment, as well as various national campaigns to increase symptom awareness and early care seeking, especially with regard to cancer (Tørring 2014). In contemporary orientations toward disease control for major diseases such as cancer or cardiac disorders, the past decade has thus witnessed a shift towards what can be termed ‘symptom-management strategies’ (Andersen, forthcoming), which adds individual responsibility for symptom awareness to existing health behavior expectations for people’s lifestyle choices (Risør 2003). The everyday body is encircled and infiltrated by these efforts to control disease and improve individual and societal health outcomes.

Good (2007) uses the concept of ‘biotechnical embrace’ to illustrate the intersection between bioscience, biotechnology, and their societal institutions in subjective experiences of disease and treatments, similar to what we describe as encirclement and infiltration. Potentiality is inherent in the idea of the biotechnical embrace, which ‘fundamentally link[s] high-

technology medicine and bioscience to the wider society' (ibid., 367). Looking at the biotechnical embrace from the perspective of everyday life, we propose that everyday sensations are being embraced by biomedicine and biotechnology both in terms of the potentiality of disease that comes with biomedical knowledge and increasing accessibility to knowledge, and the potentiality to escape disease and minimize risk by means of the same knowledge and corresponding awareness of the body and diagnostic technology. The biotechnical embracing of bodily sensations is an act of amplifying and ascribing potentiality to the sensations as possible symptoms of illness. Striving to trace this potentiality in subjective embodied experiences, we turn to the everyday perception of bodily sensations and explore how and when the biotechnical embrace is met in everyday life.

As indicated, Foucault-inspired scholarship has pioneered work on the reciprocal flow between power relations and 'the social domain', illustrating the productive forces of biopower in shaping the micropolitics of bodily management and perception. It is thus well established that the body is both a biological phenomenon and a cultural construct, and that discourse is part and parcel of processes of embodiment and sense making (Porcello et al. 2010, 61). However, while the introduction of bodily awareness into everyday life may easily be read as just another mode of governmentality, it may also – as we suggest – easily simplify the inherent ambiguities of embodied experiences in everyday life. Turning towards the uncertain, ambiguous, and uncanny experience of sensation (Throop 2010, 2005) in the context of the desired ordinary of everyday life, we take this uncertainty and ambiguity seriously while also paying attention to the discursive structures at play in experience and especially in its representations (Mattingly 2014, 43). By applying the idea of potentiality to bodily sensations in 'the ordinary uncertainty of everyday life', we pursue this challenge by following Stewart (2007, 4) in her admirable endeavor to slow down 'the quick jump to representational thinking and evaluative critique long enough to find ways of approaching the complex and uncertain objects that fascinate because they literally hit us or exert a pull on us'.

Sensation potentialities

In the following section, we will argue that bodily sensations contain different forms of potentiality. Depending on the specific time and place where a bodily sensation is experienced by an individual – and thus constitutes a liminal space between sensation and symptom or nonsymptom – various potentialities take on different weights and constitute the perception of potentiality of the sensation. Potentiality as 'that which does not (yet and may never) exist' contains not just the potentiality of illness but also of nonillness and emphasizes how uncertain and ambiguous the potentiality of sensations are ('is this sensation leaning towards "yet" or "may never"?'). Moreover, as we shall see, the different sensation

potentialities are often at play simultaneously. To illustrate, take the case of one of the informants, Jette, who talked about a mole that had changed appearance but that did not worry her too much: ‘Well, I’m not that foolish – if it oozed or turned into a sore – it just doesn’t. But then I know it could be something awful. It doesn’t have to be, but it could be’. So, how do ambiguous sensations like this move between ‘yet’ and ‘may never’? When is the potentiality for illness downplayed as ‘may never’ and when is it amplified as ‘yet’? We identify and focus on four forms of sensation potentiality that have implications for how sensations are perceived in everyday life: the illness potentiality of sensations, the nonillness potentiality of sensations, the potentiality of nonsensations, and the moral potentiality of sensations.

The illness potentiality of sensations

Ingrid: I had something here that I got removed, and my doctor told me that it was absolutely nothing. That it looked benign.

Sara: A mole?

Ingrid: No, it was a brown spot – red and wrinkled. So I thought that I’d better have it checked. And then it takes a long time before you get the result, because when they think that it’s nothing, it’s not so important. But it turned out that it was. . . . If it hadn’t been removed, it would have turned into cancer.

Sara: No!

Ingrid: Yes, and I was put at the back of the line because she initially didn’t think it was anything, and I understand that. I didn’t expect it to be something either. But now they told me to keep an eye on my brown spots to see if anything changes. So I have one here on my back that I need to have checked. Olaf [husband] says that it’s just – well, I just thought that I better have her look at it.

Sara: So you’ve become more aware of it?

Ingrid: Yes, I have. You have to be. And I’ve never used as much sunscreen as I do now. You have to do that as well.

Sara: So, have you scheduled an appointment for the – ?

Ingrid: No, no. I looked at it this morning and it was brown. And I thought that I have an appointment soon. Then she can have a look at it when I’m there anyway. I need to have my cholesterol checked.

Ingrid’s story shows an illness potentiality of a bodily sensation – the brown spot. It is a potentiality on different levels. From being one among many brown spots that appear with age, this particular spot has developed into something ‘red and wrinkled’ that has caught Ingrid’s attention. Even though she did not believe that it was ‘something’, she responded to

the potentiality of the brown, red, and wrinkled spot as being a symptom of disease. The presence of ‘something’ that is seemingly ‘benign’ indicates an ambiguous cancer worry that is woven into the story. The potentiality of this worry is taken to a different level when the spot is analyzed and cancer then explicitly enters the story as that which does not (yet and may never but possibly would) exist. With this discovery, Ingrid’s other brown spots also change their potential and Ingrid has already ascribed illness potentiality to another brown spot. Her increased vigilance towards spots on her skin adds signification to bodily marks and changes, and she is ready to act on them.

Other examples show how illness potentiality is immediately recognized when noticing sensations, almost as an underlying ever-present explanation of sensations. Erik suffers from multiple chronic disorders, which worry him primarily because they prevent him from carrying out the everyday life that he had hoped for in his elder years. Chronic disorders and increasing bodily discomfort seem to be widely accepted among the informants as part of aging. Erik, however, also stated that ‘all symptoms can present the question “Could this also be cancer?” and it spans from the stabbing pain in my head that I told you about to the chest pains that I believe are my lungs, etc., which can give rise to [thoughts of] whether you have an early-stage cancer, then it can also be something like this. I have no idea what an early-stage cancer feels like’. He goes on to explain how he has had thoughts about cancer with these sensations, but that he has pushed them away because his regular ‘blood tests look good . . . and, without knowing too much about it, I think that this would be the place to discover it’.

Erik’s description shows how the significance of bodily sensations is woven into and out of potentialities of incipient cancer, aging, chronic conditions, the side effects of medications, and a biotechnical embrace that assures him that if it is not visible via biotechnological measures, it is probably not there. The weight shifts between worry and dismissal, and eventually sensations disappear, persist, or amplify, demanding additional scrutiny and possibly action. Among other things, this process depends on the extent to which it interferes with Erik’s everyday life, resembling what Hay (2008) found in her study of sensations and symptoms among the Sasaks of Lombok in Indonesia.

Another example demonstrates how the potentiality of a bodily sensation spans from severe to innocent, often in one step. Christine explained:

If, for example, I feel tension in my lower body, like – not exactly like contractions but more like menstrual cramps. If there's something like that, then I can find myself thinking: 'Oh – that thing, ovarian cancer, it's difficult to detect. Does this tension mean something like that?' But then, if I don't feel it anymore and I just go to the toilet and it stops, the thought disappears. It can be exposure to cold – I can sense that I get this aching in my lower body from that.

The above examples show how health-promotion and symptom-awareness discourses and the ordinary uncertainty of everyday life are embodied when people pay attention to bodily sensations. Sensations clearly surface into conscious awareness and, in these cases, it is possible to trace the potentiality for illness as an ever-present resource for the perception of sensations. This also indicates a relatively extensive amount of knowledge and awareness of symptoms in the Danish middle class – especially of cancer. As a consequence, the cases presented here demonstrate a hypervigilance towards the body and a hypersignification of bodily sensations that span from being caused by exposure to coldness to hard-to-detect ovarian cancer. Ingrid, Erik, and Christine are all embraced by biomedicine and cancer awareness in their perception of sensations, but the embrace was dismissed by both Erik and Christine and the sensations were absorbed back into the ordinary uncertainty of everyday life. This illustrates how illness potentiality is interlaced into the ordinary or what we could term the nonillness potentiality of sensations. A constant weighing of potentialities is going on in a seesaw between what is normal and what is not.

The nonillness potentiality of sensations

Perhaps even more telling than the sensations that are embraced by illness potentiality are the sensations that are not. This nonillness potentiality differs from the illness potentiality presented above, where sensations were clearly noticed before they were deemed normal or not, by adhering to the constant everyday life flow of ordinary and, hence, almost unnoticeable sensations. This constant absorption of sensations into the realm of the ordinary is where individual bodily normality is defined from shared cultural ideas of the normal body. Moving on the edge of attention and perception, these sensations are often barely noticed, and even when they are, they seem difficult to articulate. Trying to capture these elusive moments of attention towards a bodily sensation, we turned to the health diaries, where informants were supposed to note down every time they noticed any bodily sensations or changes. In many cases, however, they only noted something when they had already embraced the illness potentiality of the sensation, or when they could explain the reason for the sensation. Many diary entries were, for example, characterized by sensations of muscle tension and tiredness explained as resulting from physical exertion, such as housekeeping or yard work.

Other sensations were framed by personal bodily experience and known symptoms of chronic conditions. Sonja noted an episode when her body was aching, wrote that it was due to her ‘climbing up and down the ladder to pick apples, holding a heavy bag with apples on one side’. When asked about it, she explained that this, of course, creates sore muscles, but she loves to pick apples and work in the yard. She continued, recounting how her husband, Jens, was baking his favorite cake, a white cake with a brown sugar topping, and this time he added apples, which she had just given him while she was standing on the ladder, to the topping. It was really nice to come inside from the cold to freshly baked cake, and the apples only made it better.

A closer look at Sonja’s diary shows that she noted several accounts of headaches and body aches, all ascribed to different household activities or yard work. If the aches and pains bothered her too much, she noted having taken one paracetamol, ‘just to take the edge off it’. Before retirement, she worked in the health care sector, and knew that a doctor would recommend taking two tablets, but she explained matter-of-factly that she only would take two if it was really bad because ‘taking them is not so good for you’.

Similar to Sonja’s attribution of nonillness potentiality to her aches and pains, most of the informants told different stories of bodily sensations related to work tasks, household activities, or yard work. This comes as no surprise since these can be seen as hallmarks of everyday life in the Danish middle class. The attitude that taking medication such as painkillers is not good for you was also found in the majority of the participating households. But what do these explanations tell us about the perception of sensations’ potentiality? First of all they show that the body ‘takes place’ in everyday life or, in other words, bodily discomfort is part and parcel of everyday life. The manner in which Sonja’s story about her aching body naturally turns into a story about her husband’s cake, which she could enjoy after her hard work in the yard, illustrates how body and everyday life are completely intertwined. It also indicates something about what counts as valid discomfort and legitimate explanations in the cultural context of the Danish middle class. If shared cultural ideas define the normal body, the perception of the potentiality of bodily sensations is based on the cultural context in which the sensation occurs. When informants significantly emphasize physical activity, especially in the house and yard or at work, as the cause of bodily sensations and discomfort, it connects to Danish middle-class moral concerns about work and home, which are also manifested in the carefully cultivated yards and spotless houses that typically characterized the neighborhood. The determined reluctance to take medication supports this perspective by hinting at values about coping with pain or discomfort and not whining about it.

These nonpotential sensations are not embraced by biomedicine and symptom awareness, but they do draw on sociocultural concerns. They are not experiences endowed with cultural significance like symptoms, but their uneventful status is in itself definitely social and clearly culturally significant. Nonillness potentiality might not seem to be the best place to look for embodiments of symptom awareness and cultural configurations of symptoms. However, since this is the everyday lifeworld by which vague and ambiguous sensations are organized and articulated as symptoms, it is in fact central to our aim to also understand the ordinary, everyday life body in terms of its culturally defined ordinariness and not only in terms of its irregularities.

The potentiality of nonsensations

During a discussion with some people from the exercise group, one of the men talked about how he goes for regular health checkups: ‘you just have to follow the controls. It’s been put into a schedule and then you come, and they say that “it’s fine” and so on. And you owe it yourself to do that! Some people just say, “I don’t care. I’m feeling fine”. Yes, they are. But only until a certain point in time!’

The examples of using health checkups ‘to know that you are fine’ are plentiful. This can be seen as a potentiality of nonsensations that are related to an understanding of the body as the potential carrier of invisible disease. The feeling that disease may hide and grow in the body without producing any symptoms ‘until it is too late’ creates a constant potentiality of nonsensations that is expressed as a hypersignified body, to which people ascribe significations without experiencing signs or sensations. But does this mean that people are in a constant state of vigilance and worry? This potentiality, which is fully a biotechnical embrace, stands in striking contrast to the nonillness potentiality described in the above paragraph, and demonstrates that the awareness of potential ‘invisible’ serious illness is also part and parcel of everyday life. Many of the informants found it easier to see their general practitioner for a general health checkup based on the well-established knowledge of potential disease hiding in the body than based on actual bodily sensations with an uncertain and ambiguous status as a symptom. The diffuse presence of potentiality is thus a powerful legitimizing factor in seeking health care, which is also reinforced by the health care system and public health interventions such as health-promotion and symptom-awareness campaigns, screening programs, and the categorization of risk groups, risk behaviors, and pre-disease states.

This potentiality of nonsensations is also evident in Helen’s story about the retirement of her regular physician and finding a new one. After careful consideration of what was a reasonable distance from home and the options for parking her car, which can be an issue

with clinics in the city, she ended up choosing her new physician primarily based on the amount of parking available. At her first visit, she was offered an annual health checkup. Helen repeatedly claimed during field visits and interviews that she is never ill but she complied and went for a health checkup, which showed that she had ‘something on her lungs’. She went through additional tests at the hospital that showed a spot on one of her lungs. Cancer was named as a possibility, but they claimed that it was nothing to worry about as long as she continued to be monitored regularly at the hospital. Helen expressed how grateful, amazed, and lucky she was that her rather randomly chosen new physician coincidentally led her to discover this potentiality for disease, which she can now actively make an effort to keep at a minimum.

Existing as a biological fact inside her, the spot on Helen’s lung had not manifested sensorially and thus did not exist until the health checkup brought this particular illness potentiality to life as a risk. Helen’s example shows how a nonsensation, or a state of bodily normality, is turned into a very real illness potentiality that is institutionally nourished and reinforced by her now regular control appointments. This is not to deemphasize Helen’s risk of developing a serious medical condition but quite simply to show how the normal can turn into something pathological only by means of the diffuse potentiality of nonsensations.

Apart from suspecting a lung disease and having a gynecological problem, which she actually had been quite worried about, Helen insisted that she is actually never ill. The insistence on being in good health was a common tendency among the informants, leading us to take a closer look at the role morality plays in the potentiality of sensations.

The moral potentiality of sensations

The way the different potentialities play out in everyday life also indicates something about everyday life morality, about what is at stake for its participants. As ‘what really matters’ to people (Kleinman 2006), morality is an intrinsic component of the ‘at-stakeness’ of everyday life. From this perspective, bodily sensations can thus arguably be said to possess a moral potentiality that has an important part to play in the liminal space between sensation and symptom. When Helen, for example, insisted that she is practically never ill despite her illness and symptom episodes, it is more an evaluative statement than a descriptive one (see also Gullestad 2001). It relates, for instance, to specific Danish middle-class moral concerns about acting responsibly in relation to common public goods (such as free health care) in the Danish welfare society (Offersen, Vedsted, and Andersen, forthcoming). It can also be argued that the focus we found among informants on physical activity, either in the direct form of regular exercise or in the everyday keeping oneself busy, is central to the moral potentiality of sensations. An example of this is when Kirsten and her neighbor attended

their fitness program and explained how it really made them feel a positive difference in their bodies. Various versions of this story were repeated by people in the neighborhood, all of whom emphasized either their dedication to physical activity, which felt good for their bodies, or their lack of physical activity, which they presumed would make their bodies and health better.

As the nonillness potentiality of sensations shows, culturally shared ideas of the ordinary body and nonpotential sensations chiefly revolve around physical activity, where sensations are more or less consciously perceived to be normal. Sonja, for instance, explained that her body ached because it had been exhausted from picking apples and working in the yard. While framed as a normal bodily sensation relating to how the body was used, she also remarked that she would probably not have as much pain after working in the yard and be less at risk of illness if she exercised 'like some people do'. As an example of the culturally defined ordinary body, physical activity in this way encompasses both the ordinary middle-class body as a body in use – with valid, subsequent discomfort – and the ideal middle-class body as a useful body that is functional and well kept due to exercise and healthy eating. This illustrates how Danish middle-class everyday life norms of working and housekeeping are embraced by the biomedical and health-promotion discourses in a normative idea of physical activity.

Physical activity is an example from the normative end of the moral potentiality of sensations. Our aim, however, is also to show that the potentiality of bodily sensations must be understood in light of the overarching concern with what really matters, as Kleinman (2006) defines morality. To illustrate this point, consider the way time is lived and perceived in everyday life. In our discussions with informants about symptoms and health care seeking, time is often phrased as a matter of great moral concern. Many informants tell stories about people who presented their symptoms to a doctor 'too late'. But what does 'too late' mean? First of all, 'too late' most often refers to the idea that serious diseases such as cancer may be hiding and growing within the depths of the body. Temporality in terms of pathological growth and temporality in terms of 'being aware' thus feed into the potentiality of sensations and shape new moral contexts for bodily experience.

Moreover, for people who fear life-threatening diseases, 'too late' is often an expression of unavoidable death, consequently disrupting what really matters and often voiced as concerns about not being able to watch grandchildren grow up or missing out on realizing the hopes and dreams they have had about the rest of their lives. However, between the ultimate potentialities of life or death, moral potentialities of sensations also disturb what really matters in other ways in relation to time. Consider, for example, how the duration of a sensation can affect how the potentiality of the sensation is perceived. This is also a moral potentiality in the question of legitimizing a sensation as a symptom and eventually

legitimizing seeking health care in the local moral world of the Danish middle class (see also Offersen et al., forthcoming). Or we could look at the time of day, the time of year, or the phase of life when the body and its sensations are noticed in different ways due to different concerns. Many informants, for instance, described how they worry about specific sensations while lying in bed before going to sleep or how they notice something is different when they wake up in the morning. Or they stated that their bodily sensations change with the seasons or with age. The moral potentiality of sensations can also be seen in the informants' concerns about the quality of their time. A strikingly large number of the informants stated that they would not opt for treatment if they got cancer after having seen friends and family suffer severely from chemotherapy. Two male informants said they would rather not know if they had cancer. In most cases, these statements were in direct opposition to other potentialities at play for them and also to their health care-seeking practices, when they readily went to their doctor with worries and gladly participated in available screening programs and health checkups. The moral potentiality also encompasses the wider society and organization of the health care system, apparent in several stories of general practitioners who did not suspect serious illness and delayed diagnosis, or of organizational aspects of the system where mistakes were made and people were diagnosed too late.

Everyday life in the Danish middle class can be seen as the efforts that over the life course are put into creating basic certainty and a space that allows dreams and aspirations to evolve and unfold. Everyday life consists of the sum of our endeavors towards the life we wish to live, and can be argued to carry moral weight (Mattingly 2014; Offersen 2016). Illness threatens the hard-won ordinariness of everyday life as well as hopes and aspirations for the future. As a result, symptoms of illness are loaded with morality. In the liminal and ambiguous space between sensation and symptom, moral potentiality adds 'at-stakeness' to sensations. As Das and Das (2007, 70) explain: 'illness experiences move between the registers of the ordinary and the extraordinary, centered in one's social and material worlds, yet carrying the power to propel one outside of these worlds'. Thus, having showed how bodily sensations are constantly weighed between different forms of potentialities, we believe that a moral potentiality of sensations is always present and of key importance in the balancing act between normal and not normal.

Concluding discussion

In our attempt to delineate various potentialities of bodily sensations, what most clearly stands out is how deeply entwined they are (see also Das and Das 2007). We argue that a weighing of potentialities takes place when people experience bodily sensations, and we suggest that the outcome of this weighing is contingent upon the local moral world in which sensations are sensed. In the context of the Danish middle class, 'the good (everyday) life'

emphasizes creating and sustaining a socioeconomically stable and secure foundation for ‘what really matters’ (Kleinman 2006) or for ‘faring well’ (Langer and Højlund 2011). The notion of ‘faring well’ connects individual well-being to collective and political concerns about how to live well throughout life within a specific cultural context. We have explored how the uncertainty and ambiguity of bodily sensations and ideas of health and illness interrupt faring well and threaten what really matters in middle-class everyday life. We showed how the Danish welfare state’s health promotion rhetoric pervades everyday life concerns and influences the potentiality of bodily sensations as well as individual well-being and morality. Looking at everyday life potentialities of bodily sensations reveals how the subtleties of the biotechnical embrace appear in the ordinary uncertainty of everyday life and in the mostly uneventful experiences of the body in the Danish middle class. In this way the potentiality of sensations casts light on the many subtle ways biomedicine and health promotion discourses structure the everyday organization, articulation, and experience of the body. However, the perspective of potentiality also shows the complexity of subjectivities spanning the political economy of the welfare state and the local moral world of middle-class everyday life in the experience of bodily sensations. The uncertainty of the liminal space between bodily sensations and symptoms is thus not only biotechnically embraced but also embraced by notions of morality (see also Offersen et al., forthcoming). Our point here is to equally emphasize the role of the everyday moral concerns of ordinary uncertainty in the perception, experience, and articulation of sensations next to the more easily discernible and extensive discursive influence of the biomedical field and health-promotion rhetoric, which we must be careful not to treat as ‘a ready-made peg on which people can hang their illness [and sensorial] experiences’ (Das and Das 2007, 90) in this biotechnically embraced modern Western society.

Viewing the subtle perceptual organization and articulation of sensations as symptoms as continuously happening on a seesawing continuum, where the balance gradually shifts back and forth between normal and not normal, rather than as crossing a threshold at a certain culturally defined point, acknowledges and allows us to explore the ambiguities of experiences embedded in the sociocultural context, as is called for by Throop (2010).

An understanding of this ambiguity provides new perspectives on how health-promotion discourses feed into and affect the body in everyday life. This understanding questions the idea of sensation-to-symptom transformations being somewhat linear interpretive processes, where rational decision making can be influenced by awareness and knowledge of symptoms, present in the behavioral sciences of medicine. Our perspective instead illustrates the non-linearity of ascribing meaning to bodily sensations and shows how health promotion and symptom awareness provide just some of the nuances in the complex palette of potentialities of bodily experience in the ordinary uncertainty of everyday life. Indeed, biomedical and health-promotion discourses are significant in everyday life, and we believe

that the present public health rhetoric on symptom awareness in Denmark does expand the illness potentiality of sensations as described here. However, this expansion probably merely rearranges the landscape of uncertainty, ambiguity, and potentiality – it does not reduce it. In accordance with Das and Das (2007, 80), who dismiss the idea of ‘symptoms and diagnostic categories as arising from culturally standardized practices of classification’ and instead suggest that we ‘shift the weight of explanation to the regimes of labor through which both body and temporality are being produced and consumed in local settings’, we perhaps instead need to direct our attention to how potentialities of sensations are weighed against each other and to the local cultural and moral concerns upon which this weighing is contingent.

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