

Everyday afflictions in global context

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We are delighted to bring you the third issue of *MAT*. When we re-launched *Medische Antropologie* as *Medicine Anthropology Theory*, we consciously chose to start from the bottom-up, ‘working the field’ to find and encourage young scholars to submit. As in many fields, medical anthropology can seem a bit like a star system, with élite institutions and recognized scholars driving the field, and the peer-review process at times acting more as a barrier to innovative work. At *MAT* we are trying out a more organic approach – and this issue, we think, suggests that it is bearing fruit. We are particularly grateful to our reviewers who make a significant, but invisible, contribution to *MAT*, and who have shown their commitment to peer review being about encouraging new ideas while ensuring rigour.

This issue includes an important lecture by one of the founders of *Medische Antropologie*, Sjaak van der Geest. In this valedictory talk, given at a conference in Amsterdam in his honour, van der Geest urges us to reject the tendency to treat medical anthropology as distinct from anthropology. He reminds us that central to anthropology is a hermeneutics of everyday life, a hermeneutics that relies on careful attention to the unfamiliar. Medical anthropology focuses on affliction, whose elementary form, Marc Augé and Claudine Herzlich (1983) wrote many years ago, is the ‘event’. An event is a disruption of the familiar, an eruption into the everyday of what Sigmund Freud ([1919] 2003) called the ‘uncanny’. While medical anthropology is thus at the heart of anthropology, its focus on affliction requires engagement with the epistemological apparatus of biomedicine, which exercises a growing hegemony in how affliction is understood and intervened upon. Van der Geest thus cautions against conflating engagement with illness and biomedicine with capitulation to biomedical

epistemology, while at the same time urging careful attention to the everyday. Importantly, van der Geest reminds us of the rich intellectual heritage of *MAT* in Dutch anthropology and scholarship more generally, most of it unfortunately unknown to many of our readers. In a companion piece, Anita Hardon provides an overview of van der Geest's career and describes how his careful investigations laid the groundwork for important advances in medical anthropology. Perhaps the most notable was his observation that pharmaceuticals are, in everyday life, deployed through practices of naming and demonstrate the cultural logics of symbolism. This observation opened the door to understanding pharmaceuticals as condensations of social relations, yielding important insights on the nature of the commodity.

The everyday emerges strongly in brief reflections on *jamu* (herbal medicines in Java) and animals, offered by Laplante, Porter, and Dewachi. Along with Elliott's photo essay on Ebola treatment camps in Guinea, these pieces show how, below the surface of everyday life, questions of healing, violence, and survival lurk. The three major articles complement these essays in demonstrating, powerfully and coherently, that contemporary biomedicine is a crucial site for theoretical innovation in the social sciences – and that this work makes an important contribution to global health at large. All three papers show how hidden assumptions about the social are central to how biomedicine fashions its objects and its interventions – and how, as a consequence, biomedical interventions shape social relations, demonstrating the 'looping effects' so elegantly described by Hacking (1995).

Meinert and Seeberg demonstrate that the contemporary interest, in global health, in 'noncommunicable diseases' (NCDs) raises crucial epidemiological issues about what constitutes communicability. Attention to NCDs reflects concerns that the current emphasis on infectious diseases (such as HIV, malaria, and tuberculosis), justified by their global contribution to disease burden, may mask 'hidden' or emerging epidemics of cancer, diabetes, hypertension, and so on. However, as Meinert and Seeberg rightly point out, although they are not caused by transmissible micro-organisms many NCDs are indeed 'communicable' in the sense that they travel along social networks in the same way that viruses and bacteria do. This is a powerful indictment of much biomedical thinking that blames 'lifestyle' for NCDs. As the authors point out, the notion of lifestyle elides how particular biosocial dynamics make NCDs possible. Moving beyond the notion of syndemics, Meinert and Seeberg urgently call for attention to how predispositions circulate – and the frictions they encounter, and point to the role of ethnography in doing so.

Cousins does just this, using ethnography to explore the 'gut' as key site of biological and social connection, a membrane mediating insides and outsides, self and environment. Based on fieldwork with plantation workers in the South African state of KwaZulu Natal, Cousins juxtaposes lay accounts of digestion, the science of metabolism, and the nutritional

interventions that result, and recent biological understandings of the microbiome. These accounts all point to how affliction is connected to constellations of social relatedness. The gut is where violence, irritation, and absorption occur; it is where substance can be transformed into physical endurance – or can sap vigour. Cousins's contribution is a plea to engage with the gut, not as metaphor, but actually a site of material exchanges and incorporations. Rather than dismissing 'folk' physiologies of digestion, Cousins suggests that these profane accounts actually point to material realities, or ontologies, that cannot be dismissed.

Premkumar draws on anthro/sociological theories of the 'maternal foetal unit' (MFU) to address the way in which care is given to substance-using mothers in the United States. Premkumar builds on these theories' aim to deindividualize and demedicalize the notion of a MFU, drawing on ethnographic work with substance-using women in a hospital context to illuminate blind spots. He suggests that greater attention be paid to the potentialities, the fluid and unstable natures coalescing around MFUs. Deleuze and Guattari's notions of becoming and assemblage are mobilized to do so, in the process highlighting new possibilities for care and expanded horizons of becoming that might, as a result, become available to substance-using women particularly through care programs.

These three articles show how the intersection of medicine and anthropology is ripe for developing specific concepts, or partial theories, that can be used to explore phenomena further afield. From concerns with the everyday to theorizing concepts still in formation, we continue to be compelled by the broad range and relevance of the concerns taken up through the lens of medical anthropology.

References

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