Symptom: Subjectivities, Social Ills, Technologies

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Abstract
In the domain of health, not only are the raw effects of economic, social, and medical inequalities continually devastating, but novel processes of reconfiguring illness experience, subjectivity, and control are also underway. Human relationships to medical technology are increasingly constituted outside the clinical encounter. In this article we explore how the domestic encroachment of medical commodities affects social bonds in both affluent and resource-poor contexts, as well as how these commodities become interwoven in the very fabric of symptoms and identities. Symptoms are more than contingent matters; they are, at times, a necessary condition for the afflicted to articulate a new relationship to the world and to others. In exploring how people conceptualize technological self-care, we are specifically concerned with disciplinary modes of evidence-making and ask the following: what are the possibilities and limitations of theoretical frameworks (such as structural violence, biopower, social suffering, and psychoanalysis) through which these conceptions are being analyzed in contemporary anthropological scholarship? What can the unique capacities of ethnography add to the task of capturing the active embroilment of reason, life, and ethics as human conditions are shaped and lost? The intellectual survival of anthropological theory, we argue, might well be connected to people’s own resilience and bodily struggles for realities to come.
CONTEMPORARY SYMPTOMS

Symptom: A (bodily or mental) phenomenon, circumstance, or change of condition arising from and accompanying a disease or affection, and constituting an indication or evidence of it; a characteristic sign of some particular disease. Especially, in modern use, a subjective indication, perceptible to the patient, as opposed to an objective one or sign.

-Oxford English Dictionary

“I am not the daughter of Adam and Eve. I am the Little Doctor. CATKINE. I need to change my blood with a tonic. Medication from the pharmacy costs money. To live is expensive.” Without a known origin and increasingly paralyzed, a young woman named Catarina spent her days in Vita, an asylum in southern Brazil (Biehl 2005), assembling words in what she called “my dictionary.” As Catarina wrote, “The characters in this notebook turn and un-turn. This is my world after all.”

Conveying minimal literacy, the dictionary was a sea of words with puzzling references to all kinds of illnesses, places, roles that Catarina no longer inhabited and people she once lived for. “Rheumatism, complication of labor, evil eye, spasm, nerves . . . . Documents, reality, truth, voracious, consumer, saving, economics, Catarina, pills, marriage, cancer, Catholic church, separation of bodies, division of the estate, the couple’s children.”

Caregivers at this grassroots institution of last resort referred to Catarina as “mad” and haphazardly treated her—and the more than 100 people who were also waiting with death in Vita—with all kinds of psychiatric drugs (donations that were by and large expired). “Maybe my family still remembers me, but they don’t miss me.” Catarina knew what had made her an abject figure in family life, in medicine, in Brazil—“I know because I passed through it”—and she organized this knowledge for herself and the anthropologist, thus bringing the public into Vita: “I learned the truth and I try to divulge what reality is.” “Mine is an illness of time.” “My ex-husband sent me to the psychiatric hospital.” “The doctors said that they wanted to heal me, but how could they if they did not know the illness?” “My brothers brought me here. And all of us in Vita, we form a society, a society of bodies.”

Catarina’s life tells a larger story about the encroachment of new medical technologies in urban poor settings and the fate of social bonds in today’s dominant mode of subjectification at the service of medical science and capitalism. “To want my body as a medication, my body.” In her thinking and writing, global pharmaceuticals are not simply taken as new material for old patterns of self-fashioning: “The dance of science, pain broadcasts sick science, the sick study, brain, illness, Buscopan, Haldol, Neozine, invoked spirit.” There is a science to Catarina’s symptoms, a science that is itself sick, a money-making science. The goods of psychiatry, such as “Haldol” and “Neozine,” are now as ordinary as “Buscopan” (an over-the-counter antispasmodic medication) and have become part of familial practices. Ritual-like, they work on her brain and her illness. “What I was in the past does not matter.”

In his lecture “The Sense of Symptoms,” Freud (1957) hinted at the existence of a kind of symptom that could not be traced to an individual’s idiosyncratic history and that the science and skills of psychoanalysis failed to explain satisfactorily (p. 271). He spoke of “typical symptoms of an illness” that are more or less the same in all cases: “Individual distinctions disappear in them or at least shrink up to such an extent that it is difficult to bring them into connection with the patient’s individual experience and to relate them to particular situations they have experienced” (p. 270). Freud had in mind, for example, the repetition and doubt that would be common to all obsessional neurotics. Instead of linking these typical symptoms to biology, Freud saw them as another level of experience, reflecting, perhaps, a kind of universal culture: “If the individual symptoms are so unmistakably dependent on the patient’s experience, it

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1 Biehl conducted research with Catarina from 1997 to 2003. Quotes from Catarina are from Biehl’s own ethnographic materials.
remains possible that the typical symptoms may go back to an experience which is itself typical—common to all human beings” (p. 271).

Freud (1957) admits that the symptom that makes people similar actually enables the work of medical science: “And we must not forget that it is these typical symptoms, indeed, which give us our bearings when we make our diagnosis” (p. 271). But rather than elaborating further on how the expert uses the symptom to produce science, Freud shifts attention back to the individual's tinkering with it. Insightfully, he notes that the typical symptom activates a subjective plasticity: “On this similar background, however, different patients nevertheless display their individual requirements—whims, one is inclined to say—which in some cases contradict one another directly” (p. 270). Through typical symptoms patients actively project—manufacture, one could say—their own individual conditions and moods. But then, instead of exploring the materiality and historicity of this prosthetic agency, Freud refers to it as a kind of nucleus around which the patient refashions his or her given neurosis.

In the end, not surprisingly, Freud universalizes (1957). He suggests that these affects actually make the individual symptom and typical symptom one and the same: “I will try to console you, therefore, with the reflection that any fundamental distinction between the one kind of symptom and the other is scarcely assumed” (p. 271). Thus, the repetition and doubt that are common to obsessional neurotics can be read as “general reactions which are imposed on the patients by the nature of their pathological change” (p. 271). The problem with this interpretation in modern times is that the subject is not simply the reflection of unconscious processes but is literally composed of both life-enhancing and morbid scientific/market/political changes.

Abandoned in Vita to die, Catarina has ties to pharmakons. These universally disseminated goods are entangled in and act as vectors for new mechanisms of sociomedical and subjective control that, in her case, have a deadly force. In this sense, it is not the symptom per se that is ahistorical but an understanding of how these scientific identifications became so widely available, as well as the concrete ways in which they replace social ties, voiding certain forms of human life in the family and medicine. Catarina writes that her desire is now a pharmaceutical thing with no human exchange value: “Catarina cries and wants to leave, desire, watered, prayed, wept, tearful feeling, fearful, diabolic, betrayed, my desire is of no value, desire is pharmaceutical. It is not good for the circus.” The symptoms she experiences are the outcome of events and practices that altered the person she had learned to become. Words such as “Haldol” and “Neozine” is now literally her. The drug Akineton used to control the side effects of antipsychotics is actually embedded in the new name Catarina gave herself in the dictionary: CATKINE. While integrating drug experience into a new self-perception and literary work, she kept seeking camaraderie and demanded another chance at life. “The abandoned are part of life.”

THE ANTHROPOLOGY OF TECHNOLOGICAL LIVES


life chances and the strategic value of agency claims into the twenty-first century. Although the current understanding of subjectivity as a synonym for inner life processes and affective states is of relatively recent origin, subjectivities have quickly become “raucous terrae incognitae” for anthropological inquiry, writes Fischer (2007): “landscapes of explosions, noise, alienating silences, disconnects and dissociations, fears, terror machineries, pleasure principles, illusions, fantasies, displacements, and secondary revisions, mixed with reason, rationalizations, and paralogics—all of which have powerful sociopolitical dimensions and effects” (p. 442).

As Catarina conveys, subjectivity does not merely speak as resistance, nor is it simply spoken (or silenced) by power. It continually forms and returns in the complex play of bodily, linguistic, political, and psychological dimensions of human experience, within and against new infrastructures and the afflictions and injustices of the present (Abu-Lughod 2002, Biao 2006, Dunn 2004, Edmonds 2007, Han 2004, Petryna 2002, Pinto 2008, Rofel 2007, Rouse 2004, Schull 2006). To grasp the wider impact of how medical technologies are becoming interwoven in the very fabric of symptoms and notions of well-being, we must account comparatively for the ways such life forms are fundamentally altering interpersonal relations, domestic economies, and identity-making processes in both affluent and resource-poor contexts (Fassin & Rechtman 2009, Reynolds Whyte 2009). The study of individual subjectivity as both a strategy of existence and a material and means of sociality and governance helps to recast totalizing assumptions of the workings of collectivities and institutions. It also holds the potential to disturb and enlarge presumed understandings of what is socially possible and desirable.

In suburban America, Lynette, a mother of four, is one of thousands of people who report feeling an array of worms and parasitic fibers inhabiting her organs, biting her skin and even turning her flesh into plastic. She believes these pathogens cannot be detected by biomedical diagnostics because technology itself is a component of the parasites that she feels transforming her body in the most intricate and terrifying ways, making her flesh electro-sensitive and even responsive to devices such as computers and televisions. Lynette often seeks virtual help for her symptoms, finding it hard and even impossible to talk to her children and husband. “I feel like I’m in this world, but not of it anymore,” she said offhandedly one night while eating a Styrofoam bowlful of pills for dinner.

In her bowl, the mixed antidepressants and prescription antibiotics are easy to recognize because they are printed with cryptic letters and numbers; but their tiny shapes often slip underneath the natural remedies, which are larger pills and far outnumber the prescriptions—yellowish and dully speckled, or sapphire blue and translucent. She eats them with a plastic spoon, as if the bowl contained a colorful cereal missing only its milk. Yet such attempts at self-treatment do not represent an escape to a new technological world, but rather signify her last tenuous link to and effort to remake the former self she feels receding. As an Internet magazine recently reported on her emergent condition, it “is in the process of reconstructing people into an entirely different life form; a cyborg-like creature, both biological and machine.” Or as Lynette reports more simply, holding up a strip of her peeled skin close to a light so she can check it for infectious nanomachines: “Sometimes I can’t tell which parts are me anymore.”

The many infectious disease experts and parasitologists Lynette has seen remain incredulous that these parasites are real, some calling her crazy and most telling her they have no way to help her. Yet Lynette’s symptoms do not dissipate when pushed out of the clinic—to the contrary, her subjective and interpretive struggle is only intensified as she drinks liquid silver, rinses her skin with bleach solutions, devises pharmaceutical regimens from an array of prescribed antibiotics, and ultimately is left alone with such
technologies of self-care. “Some days I am so symptomatic,” she sighed. “No one knows what I should do to heal, to get my life back. But trying gives me ways to face the unknown.”

One can see some hauntingly evocative parallels discernable within these two women’s drastically divergent circumstances. Although their stories span the devastating conditions of an asylum in southern Brazil and a lonely bathroom in middle-class America, Catarina and Lynette both grapple with the destructive and healing potentials of technology at the level of their very self-conception, painfully wrestling with their illnesses in ways that reshape understandings of kinship and redefine patterns of consumption within their own sick roles to open possibilities for an alternate future.

THE DISCOURSE OF CAPITALISM AND SUBJECTIVE PLASTICITY

In a 1972 lecture (unpublished translation), psychoanalyst Jacques Lacan said that capitalism was now the new discourse of the master and as such it overdetermined social bonds. Lacan spoke of the effects of an absolutization of the market: Subjects do not necessarily address each other to be recognized but experience themselves in the market’s truths and commodities (increasingly a bioscientific market—Petryna 2009, Rajan 2006). Although people might have access to the products of science, those countless objects are made to never completely satiate their desires or the desires of those who mediate the access to technologies (Biehl et al. 2001, Zizek 2006). A few years earlier, Lacan stated, “The consumer society has meaning when the ‘element’ that we qualify as human is given the homogenous equivalent of any other surplus enjoyment that is a product of our industry, a fake surplus enjoyment” (1991, p. 92). Or, as Catarina suggests, these days one can conveniently become a medico-scientific thing and ex-human for others. In the contemporary version of the astute capitalistic discourse we seem to be all proletariat patient-consumers, hyperindividualized psycho-biologies doomed to consume diagnostics and treatments (for ourselves and surrounding others) and to experience fast success or self-consumption and lack of empathy.

Can we fall for science and technology in different and more lively and caring ways? In Lynette’s case, interpreting her symptoms and the technology she uses to treat them become for her both a process that alienates her from the loved ones in her life and her last chance to make possible a continuing connection to that world. In this sense, symptoms and technology are fundamental to the lives of both these women because of the subjective work they occasion (Corin 1994, Turkle 2008b, Young 1995). For whatever their painful constraints, symptoms can also serve as a vital prosthesis—a means of searching for a name, in a singular quest for recognition and care where the search itself becomes more important than the final name at which the search might arrive. Symptoms are born and die with time. They can be significant articulations of one’s relationship to the present world. In fact, the word “semiotic” itself was originally defined as “relating to symptoms” (Oxford English Dictionary), underscoring this potential for symbolic work.

The possibilities opened by such processes begin to suggest the profound malleability of the subject, which relates to one set of ideas that we foreground here: the power of plasticity inherent to human interiority. “I mean,” writes Friedrich Nietzsche (1955) in The Use and Abuse of History, “the power of specifically growing out of one’s self, of making the past and the strange one body with the near and the present, . . . of healing wounds, replacing what is lost, repairing broken molds” (pp. 10, 12). Rather than speaking of an essential individuality or of an all-knowing subject of conscious-ness, Nietzsche calls our attention to modifications in subjective form and sense vis-à-vis historical processes and the possibilities of establishing new symbolic relations to the past and to a changing world.

Such plasticity—whether we think of it as the capacity for being molded or the adaptability of an organism to changes in its environment—is a theme moving through
readings of anthropology, psychoanalysis, psychiatry, and cultural history. It appears in the “allo-plastic” capacity of Freud’s neurotic patients to alter reality through fantasy (1959, p. 279); in Malinowski’s argument about the “plasticity of instincts” under culture (as an alternative to the notion of a mass psyche) (2001, p. 216); in Mauss’s ensemble of the social, the psychological, and the biologically, “indissolubly mixed together,” in “body techniques” (1979, p. 102); in Kleinman’s reading of patterns of social and moral upheaval in individuals’ symptoms of distress (1981, Kleinman & Kleinman 1985); in Scheper-Hughes’s account of medicalization of the bodily common sense of “nervoso” alongside hunger (1992); in the body of the old person becoming an uncanny double in the liminal space between households and the science of old age, as evidenced by Cohen (1998, p. 269); and in the self-empowerment afforded to the subjected by ambiguity, as Butler (1997) argues in The Psychic Life of Power. The notion of the self as malleable runs through these otherwise divergent arguments—malleability is central to our understanding of how sociocultural networks form and how they are mediated by bodily affect and inner worlds.

By way of speech, the unconscious, and the many knowledges and powers whose histories they embody, one can see a subjective plasticity at the heart of Catarina’s and Lynette’s existences. Facing changing social and medical realities, they deal with a multiplicity of bodily symptoms and desperately try to articulate a symbolic function that has been lost, searching for words and identifications that might make life newly possible. We are not here suggesting that symptoms are basically a matter of social construction or that pharmaceutical treatments do not carry potential benefits for the afflicted. Our point is simply that disorders such as the ones experienced by Catarina and Lynette take form at the most personal juncture between the subject, her biology, and the interpersonal and technical recoding of “normal” ways of being in local worlds. Hence they do implicate those people, institutions, and things standing for common sense and reason, and it is our responsibility to account for their embroilment in the unfolding of such disorders. Ethnography, we believe, can help us to resituate and rethink pathology within these various circuits and concrete struggles over belonging, voice, and care.

In this article, we explore how people conceptualize illness experiences today and also probe the anthropological frames through which these conceptions are being analyzed. We understand human interiority as fundamentally ethnological—as the whole of an individual’s behavior in relation to his or her environment and to the measures that define reality—he they legal, scientific, relational, or affective. It is in family complexes and in convoluted medical, technical, economic, and political domains, as they determine life possibilities and the conditions of representation, that human interiority and its paradoxes belong to a certain order of being in the world.

“EVERYDAY REFLEXIVITY (REGARDLESS OF CULTURE)”

Ethnographically examining symptoms—the entangled realities of affects, subjectivities, social ills, and technologies—requires rethinking older formulations and problematics associated with human nature, social control, identity, and culture. In uniting psychological with cultural themes, Geertz (1973, 1983) famously articulated a cultural approach to subjectivity and a subjectivity-oriented theory (Ortner 2006, Shweder & Good 2004). Geertz commented on the distinction between symptoms and symbolic acts in his discussion of the relationship between depth psychology and anthropology:

“In the study of culture the signifiers are not symptoms or clusters of symptoms, but symbolic acts or clusters of symbolic acts, and the aim is not therapy but the analysis of social discourse. But the way in which theory is used—to ferret out the unapparent import of things—is the same” (1973, p. 26).

Geertz insightfully highlights the importance of using theoretical tools to extrapolate from the nuances of lived experience, but his...
“disciplinary” distinction between symptoms and symbolic actions also raises new questions for the anthropology of subjectivity. Are there realities below the level of action—things envisioned or unspoken—that still matter in shaping the trajectory of a human life? Is the conception of anthropology's purpose as a close analysis of social discourse still enough, or are certain aspects of therapeutic approaches—such as the primacy of affects and role of sublimation—helpful in staking out a new space between these modes of analysis? By more centrally exploring the affective tissue that makes a symbolic action possible or impossible, anthropological accounts can return to life the uncertainty and angst it holds when it is actually lived rather than merely studied and theorized. In this sense, symptoms are more than contingent matters; they are, at times, a necessary condition for us to articulate a relationship to the world and to others.

In addressing psychosis, Lacan (1977), for example, urged psychiatrists and psychoanalysts to question their own trust in the order of reality, to halt diagnosis, and to let patients define their own terms. “I have a great deal of difficulty in logifying,” said a patient in a conversation with Lacan. “I don’t know if that is a French word, it is a word I invented” (1980, p. 27). We are here faced with the patient’s making of meaning in a clinical world that would rather assign such meaning. We are also faced with Lacan’s important insight (drawn not only from intellectualization but also from his therapeutic practice) that the unconscious is grounded in rationality and in the interpersonal dimension of speech “born at the level of the lowest encounters and of all the talking crowd that precedes us” (1978, p. 47). For Lacan (1992), subjectivity is that failed and renewable and all-too-human attempt to articulate the truth of oneself.

In a “world in pieces” (Geertz 2000), older notions of the subject who is cultural “all the way down” seem inadequate. Moreover, the body has re-emerged in anthropological analysis in very much the way Mauss (1979) and, later, Foucault (1973, 1980) and Bourdieu (1972) conceived of it (in their distinct theoretical frames) as a privileged heuristic to historical and social processes, thus extending cultural phenomenology to political subjectivity. The presumed subject of humanist theorizing has been deconstructed by poststructuralist, postcolonial, and feminist writers and shown to be a product of Enlightenment, colonial, racialized, and gendered discourses rather than a foundational reality for investigation (Bhabha 1994, Fanon 1963, Haraway 1991, Mbembe 2001, Said 1979, Scott 1999, Spivak 1990). Anthropological studies have, using varying methodologies, shown how medico-scientific formations, political economy, and social networks are mediated by the body and the sense of psychological interiority (Bourgois 1995; Comaroff 1985; Comaroff & Comaroff 1992; Csordas 1994; Das 1996; Lock 1994; Lovell 2006; Martin 1987, 1994; Schepers-Hughes 1979, 1992; Taussig 1986). These studies go beyond mentalist reductionism and convey a key understanding of the self as corporeal, with the body as part and parcel of technical, political, and social processes. The “mindful body” (Hahn & Kleinman 1983, Schepers-Hughes & Lock 1987) has become an important part of our understanding of what the person is in diverse, but always specific, times and places.

By drawing attention to the importance of somatic processes for ordinary life, anthropological studies of the body have cast light on some of the blind spots of a strictly symbolic approach. They have helped to reveal human and institutional interconnectedness and to generalize ethnographic findings. Yet by treating the body as a privileged heuristic of reality, such studies have, at times, also produced a one-dimensional picture of individuals: socially entrained physiologies determined, all the way down, by forms of exploitation and discipline. Not surprisingly, debates on subjectivity that begin with this assumption often center on questions of domination, resistance, and social identity.

Since the 1980s, medical anthropology began moving from studies of ethnomedicine and cultural syndromes to examine also western
medicine as itself a cultural system, paying special attention to patient-doctor relations, the medicalization of illness, and the bureaucratisation of care (DelVecchio Good 1998; Desjarlais 1997; Kleinman 1981, 1989; Mattingly & Garro 2000; Scheper-Hughes 1992). Whereas these important studies focused on topics such as embodiment and illness narratives within the clinic, emerging realities today also demand new analytics through which these new global phenomena might be better understood (Nichter & Lock 2002, van der Geest et al. 1996). A “descent into the ordinary” (Das 2006) of violently fractured places has made necessary a rethinking of the terms of anthropological inquiry (see also Greenhouse et al. 2002 and Scheper-Hughes & Bourgois 2004). As part of his effort to move away from biologically deterministic and philosophically atomistic conceptions of the self, Kleinman (1999, 2006) uses the term human conditions rather than human nature to describe the inherent malleability of lived experience as it both shapes and is shaped by more macrolevel social, political, and economic processes.

Das has also built on the anthropology of the body literature and probed the extent to which market logics, institutional norms, and rational-technical interventions define the relationship between body and subjectivity. For Das, inner and outer states are inescapably sutured together. And an ethnography of subjectivity illuminates the materials of this suturing and the language by which it is experienced: “[L]anguage is not just a medium of communication or misunderstanding, but an experience which allows not only a message but also the subject to be projected outwards” (Das & Kleinman 2001, p. 22). In this way, people come close to Boon’s (1999) “everyday reflexivity (regardless of culture),” disrupting the “comfortably consolidated transdisciplinary theme (‘You-Name-It-Of-The-Body’)” (pp. 263–65).

As institutional care becomes increasingly outsourced to entrepreneurs and local communities, and as powerful medications circulate without even a doctor visit, human relationships to medical technology are increasingly constituted outside the clinical encounter. New populations and forms of intimacy are now emerging around technology at community and domestic levels, as in the case of large-scale AIDS treatment and the massive and often unregulated dissemination of psychiatric drugs worldwide (see, for example, Applbaum 2006, Biehl 2005, Ecks 2005, Famin 2007, Lakoff 2006, Le Marcis 2004, Martin 2007, Reynolds Whyte et al. 2006). Amid the “pharmaceuticalization of public health” (Biehl 2007) and in the daily rituals of medication and adherence, alternative conceptions of political belonging and ideas of what life is for begin to take shape. As interrelations such as kinship become mediated by technology in new ways, we need to account for novel social realities as pharmaceuticals and other health technologies open up and reorient family complexes and human values—as well as for the agency that solitarily and chemically submerged subjects such as Catarina/CATKINE express and live by. How are these new technologies of the human now taken up by ethnographers, and with which conceptual apparatuses?

Likewise, with narrative projects initially at the core of an effort to rehumanize medical subjects (Good 1994, Kleinman 1989, Mattingly & Garro 2000), it is crucial to examine also the ways this original endeavor has been variously reoriented, transformed, and even instrumentalized. Moreover, we have to scrutinize how theoretical frameworks used by anthropologists might flatten realities at hand (Borneman & Hammoudi 2009) thus—paradoxically—dehumanizing the people whose lives are recounted as evidence for a preceding explanatory rubric. The intellectual survival of theory might well be connected to people’s own resilience and struggles for realities to come (Biehl & Locke 2010). Beginning with these two women who feel technology transforming and even becoming literal components of their identities, this article asks how such complex human stories may speak to (or diverge from) major critical trends in sociocultural studies of health—in particular, influential analytics that explain the
subject as fundamentally determined by structural violence, history, biopolitics, and/or the unconscious. What can the unique capacities of ethnography add to the task of capturing the active embroilment of reason, life, and ethics as human lives are reshaped and lost?

**STRUCTURAL VIOLENCE AND HUMAN AGENCY**

Anthropologists have used the term structural violence to express the ways in which a society’s organization and institutions systematically deprive some of its citizens of basic resources and rights—and to critique, in Farmer’s (2003) words, the “flabby moral relativism of our times.” Depicting people as subjects of structural violence has become a central way of articulating the devastation caused by absent and failed health care systems and of framing this absence/failure as a critical end point of diffuse forms of political and economic violence. Although many anthropologists have employed the analytic of structural violence in significant ways, we consider the work of Farmer, Scheper-Hughes, and Bourgois as particularly influential and emblematic of three distinct formulations of subjectivity within this shared rubric. As they study multiple pathologies—from TB and AIDS to malnutrition and child death to organ trade and transplantation and devastating homelessness and drug addiction—each of these authors argues that structural violence and human rights violations fundamentally cause the symptoms of the conditions they chronicle. They share a commitment to a public anthropology as well as to producing knowledge that leads to life-saving action and to maximizing social and economic rights. Farmer and his colleagues at Partners In Health have effectively critiqued entrenched orthodoxies and established alternative forms of evidence and treatment.

Despite their shared notion of human lives defined by oppressive political economies, the subjectivities recorded by each of these authors in their ethnographic works notably diverge. In fact, quite radical differences exist among the subjectivities suggested by Farmer’s renderings of the victimized and often heroic surviving poor (1992, 1999, 2003), Scheper-Hughes’s haunting portrayals of damaged mother-child relations under “false consciousness” in conditions of extreme poverty in Brazil (1992), and Bourgois’s carefully balanced depictions of crack dealers and users (1995), who he renders by foregrounding their individual relatability and humanity ultimately to explore addiction as a lived ramification of oppression and symbolic violence (see also Bourgois & Schonberg 2009).

In trying to understand why these depictions of subjectivity vary so surprisingly among authors who share a conception of how the subject is conceived, we must also bring into view the subjectivity, arts, and politics of both the writer and the reader. Yet this issue runs deeper than the frame of intended audience so frequently discussed in the context of editorial constraints and authorial choices, and instead, pushes us to account for the subjectivity of the reader as a formative experience—that is, the formative power of a text to create a public that had not previously existed. To some extent, the three authors discussed here deliberately put the subjectivity of the reader as witness before the subjectivity of the people their ethnographies describe.

Farmer, for example, in *Pathologies of Power* (2003) is deeply committed to the project of securing treatment and sustained support for the global poor, so much so that a flattened depiction of their stories often becomes more rhetorically useful than a nuanced exploration of their complex lives. People seem to live and die in an exemplary way to the point of fitting into preconceived molds. It is not a matter of applauding or critiquing Farmer here, but of calling attention to the ways that an anthropology informed by the structural violence analytic goes about shaping evidence from human lives. What is the slippery trade-off of the representational strategy of idealizing lives and aggregating cases, and how do the sentiments that this strategy is designed to evoke fit into a larger idea of politics?
Farmer (2005) addresses the “politics of pity” critique directly and ultimately tries to find ways to make it useful: “We are not opposed to pity, but we’re anxious to press for policies that would protect vulnerable populations from structural violence” (p. 152). He also acknowledges the criticism that, in using the category of structural violence, he conflates domination with disparity and collapses forms of violence that need to be differentiated. Farmer counters the “rhetorical tool critique” by asking, “But aren’t rhetorical tools necessary if we seek to lessen violence in all its forms? Isn’t that what photographs as personal narratives often are, rhetorical tools?” (p. 186). His explicit evocation of personal narratives is part of a critical activist toolkit—all of which has powerful implications for public mobilization, but also limitations in terms of addressing singularity, and at times, obscuring the nuanced and volatile texture of interlocutors’ own subjectivities.

Although striving to evoke a sense of shared humanity rather than pity, Bourgois (2002) likewise discusses his ethnographic strategy quite reflectively when looking back on his ethnography *In Search of Respect*: “I frequently selected and edited personal narrative so as to evoke sympathy from readers, so that they would recognize emotionally as well as intellectually their common humanity with the crack dealers” (p. 227). Thus, although Bourgois remains painstakingly attentive to the subjective states he observes in his interlocutors, in the end he carefully filtered which of their behaviors and affective depictions will evoke a targeted emotional response in the reader. Yet the collaborative photo-ethnography of his most recent book, *Righteous Dopefiend* (Bourgois & Schonberg 2009) further complicates this theoretical outlook with its stunning photographic moments and accompanying narratives, the force of which comes precisely from their raw portrayals of life with addiction and the unknown variable this adds to possible readings of causality and intervention.

Each of these depictions of human subjectivity implies a distinct consciousness and awareness, which become even more pronounced in Scheper-Hughes’s (1992) readings of false consciousness in contexts of scarcity and inequality. Yet her work becomes difficult to interpret solely through the limits of the theoretical lens she claims for herself because she often writes beyond it, with the force of her writing itself infused with the transformative power of art. Perhaps the piece that escapes Scheper-Hughes’s (2008) theoretical framework is precisely the moment when her characters come alive in their own right.

Such moments when care and art seem to merge point toward explorations that can offer ways outside the structure/agency impasse that still often limits structural violence as a theoretically generative analytic. Approaching such problems through the framework of interlocutors’ subjectivities could allow us to find new ways around the dichotomization of structure and human agency, by understanding these tensions as affectively interconnected, rather than diametrically opposed. Ethnographic experiments that illuminate these intertwined capillaries can help us to repopulate the political stage with always-ambiguous actors (Rancière 2004), using artistic visual materials and the literary immanence of our writing itself to turn their complex and even contradictory actions into a critical dimension of our analytics.

**SUBJECTS OF HISTORY**

Anthropologists have turned to history as a way to add sequential complexity to the human stories they observe unfolding in the present (Boon 1977, Briggs & Mantini-Briggs 2003, Dirks 1992, Feldman 2008, Lomnitz 2008, Povinelli 2002, Stoler 1995, Trouillot 1997). It is important to consider the implications that this historical turn may hold for understandings of subjectivity, particularly in the face of illness, because tracing such trajectories holds special significance for identifying causalities of manifested symptoms as well as resources for alternate futures.

The Comaroffs have made critical disciplinary strides in linking historical flows of capitalism and colonialism with the shaping
of contemporary consciousness. They have shown how the social and even religious meanings of medical contagion were manipulated to establish or reinforce power disparities (Comaroff & Comaroff 1997) and that hierarchies in the biomedical sciences and discourses of imperial control mutually reinforced each other in the colonial reaches of nineteenth-century Africa (Comaroff 1997). Using an eclectic methodology, their work often implicitly interprets symptoms, at once physical and social, as directly springing from new political economies and the uneven terms of European encroachment and neoliberal trade (Comaroff & Comaroff 2006). Yet this critical work leaves a vital question open: How can an individual's inner world, as well as the way it manifests itself through particular symptoms, remain distinct from the forces of collective history within which it is embedded?

An interesting example of the Comaroffs’ take on the individual subject comes from a recent text (2003), which begins by evoking one of the figures from an earlier article, “The Migrant and the Madman” (1987), while also adding a new figure—the zombie—to their cast of characters. Both figures are defined largely by their refusal to speak, and the Comaroffs interpret this muteness as a symptom of their depersonalization in the face of new forms of labor. In the end, the madman and the zombie do not become fully fleshed characters with their own names, contradictions, or nonrepresentative symptoms. The Comaroffs’ analytic frame valuably highlights how political economies historically come to exist and shape ways of being, but its applicability for exploring how individuals might understand themselves beyond their membership in an exploited population is open to further investigation.

In When Bodies Remember: Experiences and Politics of AIDS in South Africa, Fassin (2007) defines history as “what is inscribed within our bodies and makes us think and act as we do” (p. xix). Violent legacies of colonialism and racism are part and parcel of lethal symptoms. Past forms of structural violence become a habitus so deeply embodied that the human lives Fassin depicts are inescapably cast as subjects of memory. For him, the contours of subjectivity are shaped—even delimited by or equated with—experiences of history. In a recent article, for example, Fassin and colleagues (2008) ask a young AIDS patient and activist named Magda to record her biography. Yet, surprisingly, the major political events and the racial discrimination that have shaped the nation’s economy and Magda’s life chances “never explicitly appear in the narrative” (p. 227). For the authors, this “invisible context” (p. 227) is itself a symptom of power arrangements and of the violence of history. They take it as their task to make this lacuna intelligible and to make Magda’s story and history “part of each other” (p. 226).

Yet one wonders, why is “excavating the past” the necessary condition of making “the present understandable” (p. 225)? Could we not interpret Magda’s refusal to do so as a simple and profound statement of being-for-the-future as opposed to her muteness being a symptom of the past? From this perspective, Magda would thus seem less a subject of power and memory and more a subject of desire. She herself speaks of a primacy of desire over power when faced with the death of her HIV-positive first child and her own medical demise: “We die, we can die . . . And I used to say ‘hey, they have the babies and me, I don’t have the baby, I want the baby’” (p. 232). She was able to take advantage of the highly politicized AIDS treatment available and gave birth to a second child who was not HIV infected. A microanalysis of such engagements can help us to understand the present and people not so much as claimed by history but as makers of new systems of perception and action that come with specific sets of possibilities and limits. How can we integrate into social science and policy the insights, ambiguities, and desires (alternative human capacities) that millions like Magda now embody?

Stoler’s (2009) recent examination of administrative archives from the Dutch East Indies takes such convoluted margins of history precisely as its object of inquiry. Rather
than focusing on the broad currents of colonial power in hegemony and resistance, Stoler looks for places in which this analytic falters. She uses “minor histories”—moments of failure and seemingly tangential intimacies—to find variegated shades within hegemonic discourses and their attempted applications. The objective is “to identify a symptomatic space in the craft of governance,” foregrounding “structures of feeling and force that in a ‘major’ history might otherwise be displaced” (p. 7). These explorations help us to understand more subtly the subjectivities of colonial administrators, insights that resonate for the holders of power in today’s economy as well. Stoler replaces the language of hegemony and cruelty with the observation that “ethics are not absent” in colonial history. Rather, “imperial dispositions are marked by a negative space: that from which those with privilege and standing could excuse themselves” (p. 256). Stoler pays meticulous attention to the role that documents played in creating “conditions of disregard,” circumscribing what she terms the “limits of care” (p. 256).

We highlight the trope of uncertainty that appears throughout this text and its significance for understanding the structures of time that underlie affective responses. From the first page, Stoler (2009) describes one dimension of her project as “about colonial archives as sites of the expectant and conjured—about dreams of comforting futures and foreboding of future failures” (p. 1). In allowing readers to glimpse a moment in which past futures were unknown, Stoler also raises a critical question for nonarchival ethnography. How do lapses and indeterminacy, waiting and wondering over time and living “in the subjunctive,” help us to understand more fully subjectivity in relation to the trajectories of affect and control (Deleuze 1995, Stewart 2007)?

In keeping such a sense of open-endedness, Good’s (2007) study of epidemic-like experiences of psychoses in contemporary Indonesia helps to illuminate how the present may be haunted by history without being thoroughly determined by it. While directing attention to how the experiences of acute brief psychoses are entangled with the country’s current political and economic turmoil, its postcolonial history, and an expanding global psychiatry, Good and colleagues emphasize the ambiguities, dissonances, and limitations that accompany all attempts to represent subjectivity in mental illness. In unrelentingly resisting closure in their analysis, they challenge us to bring into view movement and unfinishedness. Such unfinishedness is integral to becoming. Returning to the opening story, Catarina was constantly recalling the events that led to her being abandoned as “mad” and with no social ties. And yet, she was not simply trying to make sense of these ruptures and to find a place for herself in history. Her subjectivity was actually constructed in relation to this tinkering. By going through all the components and singularities of the events that led to her abandonment, she was resuming her place in them “as in a becoming,” in the words of Deleuze (1995): “[H]istory amounts only to the set of preconditions, however recent, that one leaves behind in order to ‘become,’ that is, to create something new” (p. 170).

**THROUGH AND BEYOND BIOPOLITICS**

According to Hannah Arendt (1958), political action has increasingly focused on the control of natural life and on the fabrication of automatons. The *Homo faber* gave way to the *Homo laborans*—that is, people became ever more involved in mass production and concerned with physiological existence. Scientific practices have been central to this transformation. Arendt argues that the experimental process that came to define the natural sciences—“the attempt to imitate under artificial conditions the process of ‘making’ by which a natural thing came into existence”—has acquired such a significance that it now serves “as well or even better as the principle for doing in the realm of human affairs” (p. 299).

Foucault pursued the historical complexities that emerged as science became a central component of the ways in which modern institutions
and self-governance function. In his work on psychiatric power (1997), for example, he exposed the role of expertise in the constitution of mental illness, in its spatialization and embodied forms. Or, as Hacking (2002) puts it, “Instead of knowledge being that which is true, the objects of knowledge become ourselves” (p. 4). Lacan (1989) would agree that we moderns are not without a relationship to changing forms of truth (p. 13). Truth has become our labor. “The loss of human experience involved in this development is extraordinarily striking,” writes Arendt (1958, p. 321). In the decades since Foucault’s (1980, 2007) formulation of biopower—how natural life has been taken as an object of modern politics—numerous anthropologists have used this theoretical construct to assess the emergent intertwining or assemblages of medicine, technology, and governance (Dumit 2004; Ong & Collier 2005; Fassin 2001; Franklin 1997; Lakoff 2006; Nguyen 2005; Rabinow 1996, 1999; Rajan 2006). Yet this influential biopolitical analytic deserves deeper ethnographic probing, as it might assume transcendent forms of power and overly normalized people. What is outside biopower?

Anthropologist Allan Young (1995) has drawn from Foucault (1980) and Hacking (1986, 2002) to explore the ways that post-traumatic stress disorder (PTSD) classifications themselves distinctly “make people up” and shape war trauma experience. Through archival research on World War II veterans alongside ethnographic work at the Veterans Administration Hospital, Young suggests that certain aspects of PTSD, such as experiences of time, are not “natural” biological facts but rather “an achievement, a product of psychiatric culture and technology” (p. 116). More recently, Kaufman (2005) has profiled the ends of life in U.S. hospitals, revealing the dominant clinical strategies aimed toward coaxing families to make the “right decision” regarding the discontinuation of life support—which, as she points out, is not a matter of saying yes or no to the single device many people imagine but rather deliberating among an overwhelming array of ambiguous machines, tubes, and technological support systems (2005). Young and Kaufman incorporate dozens of brief case studies into their analyses; in fact, they both record most of the clinical exchanges they witness in the form of extended interview-style dialogs, as do many anthropologists who have done important work in domains of technological expertise (Fortun 2008, Rabinow & Dan-Cohen 2005, Reardon 2004). This kind of evidence making importantly highlights clinical/laboratory narratives and the way expert knowledge is constituted and negotiated, yet at times, it may also have the unintended side effect of implying that there is a theory of subjectivity inherent to the forms of science and medicine themselves.

Lock (2002) undertakes a related project in *Twice Dead*, yet the comparative nature of her study—which bridges Japan and North America—adds a different dimension to her depictions of subjectivity. In examining the relationship between definitions of brain death and organ donation, the tension between the two sites allows her to carefully separate the biological conditions she observes from corresponding medical discourses to understand better what is locally specific within a given culture of medicine. For example, she suggests that qualities of Shinto animism often extend to inanimate objects and cast even medical technology in a more positive light in much of Japan, noting Mathews Hamabata’s observation that “workers often understand the machinery they work with as a spiritual extension of themselves” (Lock 2002, p. 370)—in stark contrast with the humiliating connotations that life support often holds in American hospitals. Such divergences help Lock to move away from a top-down understanding of power/knowledge, as the comparative depth of her project brings her to consider not only the way various people react differently to analogous life technologies, but further how such differences impact assumed power structures themselves.

By exploring connections that make legal and medical forms newly personal, Adriana Petryna’s (2002) concept of biological citizenship helps to elucidate the political nature of
science as well as shifting state-market structures and the modes of survival they make available. Petryna describes people’s common struggle in Ukraine to provide evidence that their illnesses are linked to the Chernobyl nuclear disaster and thereby make them eligible for welfare and care in an entirely new democratic state form. It is the deep engagement with vulnerable human lives and detailed accounts of their layered experiences with science, medicine, and politics that lends force to Petryna’s biological citizenship. Meanwhile, the sociological uptake of Petryna’s original concept (Rose & Novas 2005) can sometimes be “programmatic and decontextualized”; by foregrounding media and scientific discourses rather than the everyday human lives they travel through, in this latter framework “politics concerns an all-pervasive power that shapes perceptions and subjectivity” (Reynolds Whyte 2009, p. 11). Exploring the situated interrelations of subjective and economic experiences of illness and medico-legal criteria, Petryna empirically traces the interface of these registers—often painfully incommensurable—to illuminate novel ideas of care, ethics, and political belonging.

Although plasticity may be intrinsic to human subjectivity, technology makes such malleability literal in new ways. In examining such realities, we should reconsider, as Turkle (2008b) writes, “how technology touches on the ethical compacts we make with each other” (p. 29). The memoirs in her edited volume examine how our ways of being human are increasingly dependent on technological devices—from prosthetic eyes and virtual avatars to dialysis apparatuses and gambling machines (see Boellstorff 2008). But if mechanical intimacy shapes new meaning for digital lives and cyborg existences, perhaps chemical transformation allows for a different kind of subjective transformation. Martin (2007) grapples insightfully with this issue in a chapter on “Pharmaceutical Personalities,” evoking her own struggles to medicate the symptoms of her bipolar disorder alongside interviews with pharmaceutical representatives and the stories of many other diagnosed patients’ medication histories—or as one woman put it, her “chemical résumé” (p. 166). As another of her interlocutors says, “If I take a new drug, even a new brand name of the same drug … I have to reshape my entire identity, like I am now not that person who took Depakote. If I have to go and take lithium, then I have to come up with an identity that takes lithium” (p. 162). In this description, naming and language become as important as the chemical composition of a new drug in rearticulating an identity.

For Martin and Turkle, technology does not determine or even necessarily constrain human lives; in fact, it often liberates them. They can explore these topics so intimately in part because of their fundamental premise that science and medicine are more than tools of control or even personified inanimate objects, but rather represent one actor in a process that always involves at least two sides acting on each other. The malleability and identity work that such objects can make possible in human lives are the affective end point of a process “about science, technology, and love” (Turkle 2008a, p. 3). In this process, technology itself becomes a complex intersubjective actor, with transformative potential that must be negotiated with and even cared for to actualize its fragile chance for a new beginning. As medical technology becomes a potential way to explore the new people we might be or the relationships we might imagine, Turkle (2008b) notes, “Inner history shows technology to be as much an architect of our intimacies as our solitudes” (p. 29).

Philosopher Giorgio Agamben (1998) has significantly informed contemporary biopolitical debates with his evocation of the Homo sacer and the assertion that “life exposed to death” is the original element of western democracies (p. 4). This “bare life” appears in Agamben as a kind of historical-ontological destiny—“something presupposed as nonrelational” and “desubjectified” (1999). A number of anthropologists have critiqued Agamben’s apocalyptic take on the contemporary human condition and the dehumanization that accompanies such melancholic, if poignant, ways of
thinking (Das & Poole 2004, Rabinow & Rose 2006). Whether in social abandonment, addiction, or homelessness, life that no longer has any value for society is hardly synonymous with a life that no longer has any value for the person living it (Biehl 2005, Bourgois & Schonberg 2009, Garcia 2008). Language and desire meaningfully continue even in circumstances of profound abjection. Such difficult and multifaceted realities and the fundamentally ambiguous nature of people living them give anthropologists the opportunity to develop a human, not abstractly philosophical, critique of the nonexceptional machines of social death and (self) consumption in which people are caught. Against all odds, people keep searching for contact and for ways to endure, at times reworking and sublimating symptoms in their search for social ties.

Acknowledging the insights and alternative human capacities that grow out of abjection also forces us to inquire into how they can be part and parcel of the much needed efforts to redirect care. The need for subjective texture thus also raises broader anthropological questions about ethnography’s unique potential to bring the private life of the mind into conversations about public health and politics. Rather than ethnographically illustrating the silhouettes of biopolitical theory, new ways of thinking about political belonging and subjectivity force us instead to reconsider this theoretical framework’s very terms.

CODA: LITERATURE AND HEALTH

The function and formation of “Le Sinthome” (an ancient way of writing what would later be called symptom) was one of Lacan’s final theoretical investigations (2005). In his 1975–1976 seminar he elaborated on the concept of the sinthome as the enigmatic fourth element that tied the imaginary, the symbolic, and the real together (p. 21). With a nature of their own, symptoms convey the inextricably knotted processes of identity. They are the support of subjects trying to organize the complex relationship between body and language; in Lacan’s words, “We recognize ourselves only in what we have. We never recognize ourselves in what we are” (p. 120).

In classic psychoanalysis, symptoms are addressed to the analyst and might be dissolved through interpretation and analytic work—but the sinthome, Lacan argues, testifies to the persistence of the traumatic Real. Trauma is an event that remains without the possibility of symbolization. Or as Zizek (1989) puts it, the sinthome is “an inert stain resisting communication and interpretation, a stain which cannot be included in the circuit of discourse, of social bond network, but is at the same time a positive condition of it” (p. 75). Lacan (2005) said he learned from Joyce (“he was the sinthome”) that it is only through art and “these little pieces of writing” that we can “historically enter the Real” (p. 68), undo supposed truths, and reinvent and give substance to the sinthome. As Lacan states, “it is the knot that gives writing its autonomy” (p. 140).

We find Deleuze’s insights on “Literature and Life” especially helpful for this inquiry into the relationship between symptoms and creative art. For Deleuze (1997), writing is “a question of becoming, always incomplete, always in the midst of being formed, and goes beyond the matter of any livable or lived experience. It is a process, that is, a passage of Life that traverses both the livable and the lived” (p. 1). He thinks of language as a system that can be disturbed, attacked, and reconstructed—the very gate through which limits of all kinds are transcended and the energy of the “delirium” unleashed (Didion 2006, Kristeva 1982). The delirium suggests alternative visions of existence, the possibility of being singularized out of a population and open to a future that clinical definitions would tend to foreclose.

This vision for literature can also inspire anthropologists (Biehl 2005, Desjarlais 2003, Jackson 2009, Pandolfo 1998, Taussig 2006): Listening as readers and writers, rather than clinicians or theoreticians, our own sensibility and openness become instrumental in spurring social recognition of the ways ordinary people
think through their conditions. Ethnographic details reveal nuanced fabrics of singularities and the worldliness, rather than exceptionality, of people’s afflictions and struggles; they make explicit the concreteness of processes and buried anticipations. In Catarina’s words, real and imaginary voyages compose a set of intertwined routes. “I am a free woman, to fly, bionic woman, separated.” These trajectories are inseparable from her efforts of becoming. “The ultimate aim of literature,” Deleuze (1997) argues, “is to set free, in the delirium, this creation of a health or this invention of a people, that is, a possibility of life.” Or as Catarina wrote: “Die death, medication is no more.” “I will leave the door of the cage open. You can fly wherever you want to.”

Anthropologists can render publicly intelligible the value of what people, amid new rational-technical and politico-economic machineries, are left to resolve alone (Biehl & Locke 2010). Catarina’s writings, and Lynette’s efforts to heal herself enough to be human again, all evince pain and an ordinary life force seeking to break through forms and foreclosures and define a kind of subjectivity that is as much about swerves and escapes as about determinations. People’s practices of survival and inquiry, their search for symbolic authority, challenge the analytic forms we bring to the field, forcing us to articulate more experience-near and immediately relevant conceptual work. Theory is thus embattled and unfinished on both sides of the conversation. Yet this open-ended tentativeness, this untimeliness (Rabinow 2008), is not always easily borne: With an eye to the possibilities and non-inevitability of people’s lives, we must recognize the thresholds at which liberating flights and creative actions can become deadly rather than vital forms of experimentation, opening up not to new webs of care and empathy but to systematic disconnection.

As evident in Catarina’s writing and in Lynette’s thinking, the openings that such moments of imagination, creation, and sublimation can offer are undeniably fleeting. Yet the fact that such efforts often falter or even fail to change material constraints does not negate the intrinsic force of this struggle to connect, the human resilience it reveals, or the ways these stories can complicate theories of how social structures shape people’s own understandings of their possible futures. In accounting for symptoms, the profound plasticity inherent to human interiority surfaces as part of the struggle for answers and survival, reworked in the most visceral ways. Such efforts to understand and heal can make symptoms more than the incidental markers of disease, but rather a fundamental part of people’s being and means of articulating a relationship to the world—at times an effort to reestablish a social tie that has been lost, perhaps less a matter of finding a voice than establishing oneself as part of a matrix in which there is someone else to hear it.

This is a rich human opening, in which anthropology has a unique disciplinary potential to contribute to commentaries on the power of narrative art that have largely emerged from reflections on literary giants. For while Lacan builds on Joyce and Deleuze draws from Kafka, we as anthropologists have a distinct task: Our curiosity can meet what remains to be known as we bring back the everyday stories and writings of characters that might otherwise remain forgotten, with attention to the ways their own struggles and visions of themselves create holes in dominant theories and policies. Perhaps the creativity of ethnography arises from this effort to give form to people’s own painstaking arts of living and the unexpected potentials they create, and from the descriptive work of giving these observed tensions an equally powerful force in our own accounting.

Continually adjusting itself to the reality of contemporary lives and worlds, the anthropological venture has the potential of art: to invoke neglected human possibilities and to expand the limits of understanding and imagination. Compellingly attending to tiny gestures, islands of care, and moments of isolation or waiting in which hope and life somehow continue are not just footnotes in the ethnographic record, but rather the very place where our new ethics and politics might come into being.
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