4th Annual MAYS Meeting "Impediments and Catalysts", Tarragona, Spain, 10 – 11 June 2013 - Abstracts

SPEAKERS		
Ahlin, Tanja	**University of Amsterdam**	**Informants and/or friends? Friendship as method in medical anthropology** During our fieldwork, we often develop close relationships with at least some of our informants. In fact, deep and sincere friendship is sometimes the only way to gain people's trust and to participate in significant, yet highly intimate events and experiences in their lives that may be at the same time crucial to our research. This is especially true in medical anthropology, as information related to health may be a very sensitive issue that people would not always want to disclose for various reasons. Friendship has been described in anthropological literature very recently as a method of inquiry (Tillmann-Healy 2003), yet anthropologists, as good scientists, tend to be skeptical about discussing or using it in their fieldwork. In this presentation, I want to discuss and problematize friendship as method: In which situations is friendship a particularly good method to use? What are the ethical aspects of this method? Is it even "right" to instrumentalize friendship for research purposes and if we do that, how will we feel about it? How do we deal with friendships after leaving our field? In this presentation, I want to address these and other related questions by using my own fieldwork in Uttarakhand, North India, as the basis of discussion. The fieldwork, which I carried out as a part of my Master's thesis, took place in a very remote part of this Indian state and it lasted three months altogether. During this time, I forged a friendship with a young Indian woman who worked as a pharmacist in the area and was experiencing severe health problems, including disordered eating. Through our close relationship, I was able to understand the complexities of her condition and how it was related to the development and modernization of the region. However, maintaining a sincere relationship with my main informant and simultaneously being true to my role of a scientist represented some challenge, too, and involved a lot of dynamic negotiation between the two roles – a process that continues even today, long after the official fieldwork had finished. **Reference** Tillmann-Healy, Lisa M.: Friendship as Method. *Qualitative Inquiry* 9/5, 2003: 729–749.
Alegre, Elisa	**Universitat Rovira i Virgili**	**Rethinking auto-ethnography. The subjective relationship in ethnographic method** This paper is part of a study on the dynamics and interactions that occur in 'home care' in situations where a family member is diagnosed with Severe Mental Disorder (SMD). Family encounters in relation to the use of space, problem solving, articulation of self-care and the mental health care system is closely observed. I probe into the triangular relation of the mental health professional, patient, and 'patient's family' to detect "factors" that improve health/disease/and care processes, while taking into account its significance on the affected person. The study is still at the formulation stage and theoretical reflections from an auto-ethnography approach. The study is estimated to be done within three years period in the Catalonian region of Spain. It is argued that the study of a phenomenon like this from an auto-ethnographic perspective reveals the researcher's role; methodological biases or benefits: it reflects on the subjective relationship through the research process and how it affects the political positioning of the researcher (from the collection and interpretation of events). An auto-ethnographic approach could be an additional tool for the researcher to gain access to persons diagnosed with SMD within the modern 'home care' mental health system. Our ethnographic experiences as a person could be used in applied and social transformation research wherein we have the opportunity for dialogue and horizontal relationship with key informants.

| Banks, Carys | University of Bath | **What constitutes ethical ethnographic research among adults with intellectual disability? Considerations for the study of the relational dynamics between carers and the cared for within supported-living settings.**
Over the last three decades, political reforms focused on privatisation of national services, as well as rights discourses, both evolving from libertarian philosophies, are said to have influenced and shaped UK welfare services. This doctoral research project will investigate whether, if at all, such reforms have impacted upon the care and support provided within supported-living homes for adults with intellectual disabilities. Of particular interest is whether the relationships that exist between carers and the cared for within these settings are being influenced. Although different in their objectives, advocates of these approaches claim they enable recipients as consumers with self-determination, individual choice and civil rights, values that promote and improve health and wellbeing. Yet, within intellectual disability sectors, and elsewhere, there is debate regarding the contradictory nature of some of the approaches that governments and rights groups have adopted, as well as the most appropriate method of social care service delivery. I am in the first year of a three-year doctorate, and at this stage I am negotiating access to a research site (a supported-living home for adults with intellectual disability). Due to the fact that the client group I am working with is framed within policy and legislation as 'vulnerable', there can be some opposition to conducting ethnography, a research approach which health and social care sectors can perceive as intrusive. Many of these concerns relate to whether this research should explicitly involve individuals with potentially limited understandings of what they are consenting to. Indeed, it is of the utmost importance that when conducting fieldwork, be that ethnographic or otherwise, and, in turn, when analysing and writing up findings, that protecting the wellbeing and privacy of participants is always maintained. In attempts to formally ensure this protection, encounters that occur within the context of a research situation are now governed by particular 'professional protocols', as defined in the ASA's *Ethical Guidelines for Good Research Practice*. In aiming to reduce the possibility of exploitation of research participants, these protocols can involve restricting the use of anthropological approaches, as well as, in certain contexts, completely denying access. As such, these protocols have profoundly influenced what aspects of social life can be studied and, in turn, how they are studied. In the context of my research, I argue that anthropology, as the study of human relationships, is such that it requires a kind of interaction involving intimate, unpredictable and often chaotic exchanges between researcher(s) and participant(s). A line of inquiry that current academic ethical protocols may be jeopardising in that they potentially 1) stifle creativity and novelty of research, which ultimately depletes its productivity as an intellectual pursuit, 2) remove aspects of the researcher(s) pre-existing personal moral responsibility and awareness, and 3) undermine participants as less powerful actors in the knowledge production process. Therefore, in drawing on the experiences in my project, and that of fellow colleagues, I would be interested in how we, as novice medical anthropology scholars, might strive to resist such potentially detrimental forces, whilst maintaining ethical and disciplinary integrity. |
| Bartoszko, Aleksandra | Oslo and Akershus University College of Applied Sciences | **Patient hierarchies in ambulance services in Norway and methodological reflections on vulnerable field sites**
My current project seeks to understand the connection between disease prestige, social status and informal priorities within ambulance services in a Norwegian city. I am mapping how different treatment priorities happen, and how various hierarchies (social, cultural, political and clinical) interact with and influence each other in emergency situations: What values influence paramedics' assessment (and judgment) of patients? How does the assessment of patients' "suitability" for ambulance help influence the service given to them? How do the low status call-outs influence the ambulance personnel's motivation, engagement and professional identity? What factors, other than clinical, mobilize personnel to provide unequal treatment? The project involves a long-term fieldwork in the emergency medical services where I follow the ambulance squads during all their shifts and all their call-outs. This type of fieldwork is particularly challenging with regards to 1) traditional anthropological methodology (e.g. ambulance squads as a small scale community in urban space participating in exclusively short-time relations with patients/publics); 2) the organizational characteristics of the field and access issue (e.g. the "closed" and bureaucratic culture of public health care, gatekeeping, fear of trust violation and possible repercussions for reputation etc.); 3) the ethical considerations (e.g. patients not able to give informed consent); 4) the political sensitivity (e.g. few recent cases with ambulance involved, which received an enormous media attention, contributed to policy changing in Norway). Thus, my presence in the field and the following publication might have consequences going far beyond the academic ambition of theory development and knowledge production. The vulnerability of the field site I am studying has forced me to make some methodological, ethical and political choices (e.g. supervisor being part of the field, exemptions from confidentiality etc.). I will address these difficult issues in my paper and suggest few solutions regarding anthropological studies in similar fields/conditions. I will also share my experience of being employed at the hospital as an applied anthropologist, which lead me to this research project, and which made it possible to conduct fieldwork in the ambulance services. |

Beguería, Arantza	University of Barcelona	**Online ethnography in medical anthropology: The analysis of readers' comments in online newspapers** The aim of this paper is to discuss about both opportunities and challenges offered by Internet-based research techniques for medical anthropologists. The background for this discussion is an ongoing (2011-2013) interdisciplinary project of ethnoepidemiological base, whose main objective is to analyze the social representations of the bodily experience of human contamination and internal pollution by toxic substances and Persistent Organic Pollutants (POP). POPs are chemical substances used in agricultural and industrial settings. They get embedded in the interior of the human body through environmental contamination and consumption of polluted food in small doses over the long term. The use of these substances may cause disorders and public health problems in the future. In order to study the social knowledge and bodily experience associated with toxicity in the Spanish society, this project analyses the social discourses among Spanish population that has not been highly exposed, intoxicated or diagnosed with an environmental disease. The research project employs a mixed methodology approach that includes semi-structured interviews, an online survey and media data analysis. It is currently in the stage of qualitative data analysis and quantitative research design. The aim of this presentation is to discuss one of the research techniques used in this study: the analysis of the comments made by readers of digital press on the websites of the major Spanish newspapers regarding issues of atmospheric pollution and food contamination. Reader comments contribute to the diverse, complex and contested social thinking and public discourse around this complex environmental phenomenon. Although media researchers are recently beginning to use the discourse analysis of online reader's comments for academic purposes, no previous research within medical anthropology that analyzes this particular source of information was found in the exploratory study for this investigation. Therefore, this presentation wishes to discuss this research technique and its potentiality for medical anthropologists, as well as the difficulties posed by it. Medical anthropology often deals with the complex relationship between lay and scientific discourses regarding numerous health issues. In a globalised and increasingly media-saturated world, public health researchers need to consider the significant role of mass media and the Internet in the formation of lay knowledge and social perceptions about health and health risks, along with the uses of Internet for healthcare practices and self-help. As virtual communities of practice develop, social researchers will need to adopt methods that can interpret both the discourses that emerge and their wider socio-political impacts. The study of online readers' comments offers the researcher both opportunities and challenges for engaging with the Internet as a method for observational research. In this presentation, several issues raised during the investigation will be considered: the advantages and difficulties posed by the absence of the researcher from the field, the quality and representational capacity of the collected data, and the ethical and methodological issues raised by anonymity and privacy. Finally, the applicability of such technique for medical anthropologists will be debated.
Buhl, Andrea	Ludwig-Maximilians-Universität, Munich	**In between medical science. Finding a way of medical anthropology research in palliative care in Tanzania** **Background:** My dissertation research project focuses on hospital-based palliative care (PC) for cancer patients in a Tanzanian hospital and its significance for patients with a need for physical, psychological and social care - those who suffer at the end of life. PC as a still new and developing discipline – in Tanzania as well as in Europe – concentrates on the special needs of patients with pain with a, so called, multidisciplinary approach. The main question of my research focuses on implementation, acceptance for all those, who get in touch with it – patients, relatives, physicians, nurses and social workers – and their culture-bound images of this last phase of the human lifecycle. **Methods:** The above mentioned issues ask for applying a multi-methodological approach. Qualitative methods such as participant observation and different interview methods are complemented by quantitative data collection through questionnaires. **Results:** Topic as well as venue are asking for an adaptation of research structure. Handling of time - patients are coming and leaving in short intervals - is just important as the significance of obvious appearance of a well-defined field in one hospital. Weighing up methods, testing and changing them are a never ending process in the field, followed by the considerations of representation for two different kinds of audience. All covered by sensitive appreciation of ethical aspect of protecting as well as supporting the patient's needs and fears. **Conclusion:** During all these phases of the research there were a few factors that influence the process. Being constantly in close contact with people from all incorporated disciplines helped a lot in dealing sensitively with the emotional topic: Tanzanian PC nurses, doctors, social workers and volunteers as well as German PC staff and medical anthropologists. Especially the ethical criteria are an act of balance: asking question the right way on the right time with right words – and asking oneself, what "right" means. Considerations of interference in the everyday commodities are always a part of research, involving ethical, humane and personal matters. Especially while working with patients with severe pain. Though dealing with one's own fears is a challenge that I face by writing an emotional diary beside the regular field diary. These factors make the reflexive rethinking of the research process to be part of the everyday field work.

Brown, Jennifer	**University of Pennsylvania**	**Indigenous bureaucracy and the positioned researcher** "Alcohol plagues Eskimos," proclaimed the front-page headline of the New York Times Science section in 1980. Citing a 72% alcoholism rate, researchers proclaimed the Inupiat community of Barrow, Alaska, "a society of alcoholics…facing extinction," due, in part, to the influx of capital brought in by the oil industry. The Barrow Alcohol Study provided justification for oil companies to avoid investing in Barrow. As a result, the Inupiat became unwilling to engage with untrusted researchers. For Alaska Native (AN) communities, this study became emblematic of the risks of research. Twenty-six years later a similar message was echoed in this headline: "DNA gatherers hit a snag: tribes don't trust them." The Alaska Area Institutional Review Board had halted research to uncover the migration route of ancient humans through genetic analysis. While the DNA of indigenous communities is needed to provide geneticists in fields like biomedicine the raw data to continue their work, genetic research has uncertain implications for indigenous identity and tribal sovereignty. These two incidents illustrate the historically and politically contingent production of AN people as research subjects. They are but two of many instances, moreover, of a broader problem AN people face in being positioned and positioning themselves as subjects of research. My ethnographic research addresses how indigenous communities in Sitka, Alaska negotiate these tensions, and, more precisely, the contradiction between their need for biomedical research to address health disparities and their wariness towards biomedical research due to past actions. The study explores how AN tribal communities and biomedical researchers co-produce a particular type of research subject and a situated form of medical knowledge, considering how that process is impacted by historic and political contexts. In investigating the process, the study will focus on what I propose are key dimensions of this engagement: (a) the role of tribal organizations in producing regulations that articulate indigenous research priorities, (b) the process of engagement and negotiation between tribal organizations/communities and biomedical researchers; and (c) the impact of past political, educational, scientific, and medical interventions on attitudes towards the viability and benefit of biomedical research. My proposed study, which starts fall 2013, uses a combination of participant-observation, examination of bureaucratic documents produced during the research approval process, and the examination of archival documents to establish an historical context. As a member of the AN tribal community, I often reflect upon my position in the field. I am always aware the research I produce might be used to do violence upon an already marginalized community; however, as an engaged researcher, I am also always aware of the importance of accurately reflecting reality in all its sometimes contradictory and complicated whole. External institutional forces compound my internal struggle to remain engaged and as well as detached. Funding streams for indigenous health research push researchers to draw upon objective scientific methods that rarely reflect the complexity of health in AN communities.
Camarasa Andrés, Laura	**Universitat Rovira i Virgili**	**The positioned researcher** This paper is part of an investigation about beliefs and expectations around childbirth of a group of Moroccan women who lives in El Vendrell (Catalunya). The objective that leads this work is to find out how they integrate the standardized routines in the Catalan health system, which follows the biomedical control line of pregnancy related risk to their cultural views of childbirth. My purpose is to see how two different cultural models of health come together and explore the resulting construction. The motivation to undertake this investigation came from my own observation, in my role as a midwife in the public health system, of a discordance between the care given in Catalonia which is based in a control of pregnancy and labour seen as potential medical complications and what Moroccan women would expect. The methods used to collect the data will be: interviews to Moroccan women during pregnancy or who recently became a mother in Catalonia, interviews to health professionals who attend women in the health system, focal groups with Moroccan women from the parentcraft classes with a translator and participant observation in the community care centre and hospital where I work. Some variables to take into consideration in the sample selection, would be the amount of time spent in the country or having had a previous experience of motherhood in Morocco, as it could affect these women's perception of childbirth. The field I intend to investigate is within the boundaries of my job without having started the systematic ethnographic work, as I have access to the group of Moroccan women as a midwife of their area, and I have worked with them offering parentcraft classes, antenatal and postnatal checkup and care during labour. While elaborating the investigation project, I reflect about how this will affect my position as a researcher, as I am a partly involved, actor and researcher. Moreover, it will also affect the way the informants will be seeing me and maybe the perspective from where to analyze the data. In the work presented here I explore this conditions and the way to deal with them during my fieldwork as well as in the posterior stages of analyses. I consider the pros and cons of minimizing the impact of my position in the field as an anthropologist-midwife and explore the limits of separating or melting together these two different roles.

Carceller-Maicas Natália	**Universitat Rovira i Virgili**	**Mixed methodology in a study of emotional distress in adolescents: advantages and disadvantages** Adolescent depression is a health care priority in the majority of European countries, mainly because of its impact on suicide rates, its possible effects over the course of the life cycle, and its relationship to the use and abuse of psychoactive substances. Despite this, in Catalonia there is a clear absence of research analyzing the complex of social factors, lifestyles and social determinants associated with a greater degree of adolescent vulnerability to depression and its subclinical manifestations. The principal aim of our project, entitled "The emotional distress of adolescents: lifestyles, mental health and lay strategies used in managing adversity", is the analysis of the social profiles of adolescents with depressive or anxiety disorders and/or subclinical distress of this type, and their use or avoidance of mental health services. The approach we used to analyze this phenomenon was a mixed quantitative and qualitative methodology. We undertook a statistical analysis of the Panel of Families and Childhood (Panel de Famílies i Infància, or PIF), a longitudinal survey of more than 3000 Catalan adolescents, as well as an ethnographic study of 105 cases selected from this sample. In addition, four focus groups (three with young adults between 17 and 21 years old, and a fourth with mental health professionals) and one discussion group including both adolescents and therapists were created in order to develop knowledge of the cultural models, lifestyles, and lay strategies for confronting adversity used by young adults. Based on the analysis of the data collected using these methods, a guide to best practices was developed in collaboration with the adolescent study participants and mental health professionals in order to ensure that all views would be represented. The advantage of using mixed methodologies is that it gives researchers a much more complete picture of the phenomenon under study, but it can also have disadvantages. This paper reflects on the process of data collection and analysis in order to open a space of discussion with our colleagues about the relative merits of mixed methodologies in anthropological research, with the aim of identifying obstacles to optimizing data collection and finding ways of overcoming them.
Chen, Yi-Tsun	**The Australian National University**	**Alternative observation with HIV-positive adolescents** After six months writing down my thoughts into the doctorate research proposal, "Critical Listening: Engaging HIV/AIDS beyond Prevention," and two months field work preparation, I returned to my home country, Taiwan, in November 2012 to start my field work estimated to be at least a year. I want to understand how the discourses of HIV/AIDS prevention affect the everyday lives of people in the context of Taiwan by conducting participant observation and in-depth interviews. My original thought is to record and write the voices from the marginalized, and hope those can be heard in contexts other than disease prevention. I have been in the field for three months and I found that to know and contact with my research participants, HIV positive friends, so far is not difficult, while participating in their everyday lives to make observation is definitely a challenge. It is due to the confidentiality that their positive statuses have not been known by people other than the doctors, case specialists and myself. One of the positive participants is an eighteen-year old high school student, and another is a nineteen-year old university freshman. Both of them spend most of their time in school and in family life, so my appearance around them threatens to breach confidentiality. If I were not able to participate in their everyday lives, however, I could not write and speak out their stories. "I would rather give up this participant and seek for another who allows me to enter into his/her lives to observe," responded a friend of mine who just finished his post-graduate study on anthropology. Indeed, I have the opportunity to meet other candidates more suitable for conducting participant observation. If I can still explore my topic after such a change, choosing another participant who satisfies my goals sounds more practical and easier to my study. While what makes me feel uncomfortable about this answer is that the deliberate choice of the research participant is only for the convenience of executing a three-year research project and will result in my ignorance of the lives I have chosen not to see or hear. I would also lose a chance to understand the factors which have caused two adolescents of my research participants to keep their positive status secret. Subsequently, I would fail to fulfill the aim of this study to listen and record their stories. What methods other than participant observation can I utilize to record and understand most of their everyday lives without uncovering their positive status? Multiple sessions of in-depth interviews allow me to regularly meet with them and hear the changes of their lives during two sessions of the interview. As Facebook cannot be dismissed from their everyday lives, creating a page which can be only seen by two of us and on which the participant can write the story of his/her daily life provides me an alternative way to keep updating the information of my participants.

| Garofalo, Livia | University of Bologna | **The (in)adequacy of eliciting narrative among brain injury survivors. Methodological challenges, ethical concerns and open-ended questions**

For the purpose of my MA thesis, I conducted fieldwork at a small post-acute brain injury day rehabilitation program in Chicago for four months in 2012 in order to look at traumatic brain injury survivors' experience with this condition in their path towards recovery. In this paper, I seek to explore the methodological and ethical (in)adequacies that are faced when approaching individuals who are in the midst of trying to confront the practical challenges of brain injury, while attempting to decipher the boundaries of a changed self. Traumatic Brain Injury (TBI) is a disruption in brain function due to the head's impact with an external force. As one of the first causes of long-term disability and death in the United States, it represents an increasing public health concern in the country. Individuals who sustain a brain injury experience several challenges in areas of cognitive, physical, emotional and social functioning and must embark on a long recovery. Although there are common traits among long-term consequences, each brain injury manifests itself in an extremely diverse way according to each individual. Through in-depth interviewing and daily participant observation at the center, I focused on three participants who had suffered a brain injury and were engaged in the rehabilitation process after this unexpected occurrence. My research aim was to see how brain injury as "biographical disruption" (Bury 1982) was differently emplotted by these individuals in their life course and narrative, how it affected their sense of self post-injury, and what strategies they enacted to make meaning out of this event.
An ambivalent factor emerging throughout the whole research process was the ongoing doubt on what was considered to be "ethical" regarding interviewing people who presented the remainders of varying physical, cognitive and emotional difficulties, including memory issues. These methodological challenges brought up a series of ethical concerns; as interviews became a space to reconstruct these individuals' experience providing a moment to confront and reflect on their pre and post-injury life, the element of using the narrative for their own recovery started to emerge as a topic. From a broader perspective, this made me wonder if and how narratives contribute to the well-being of people living through such experiences during the reconstruction of their biography. Moreover, if this kind of narrative in the recovery process is elicited by the researcher, what ethical responsibilities does this ultimately entail towards the producers of these narratives beyond the temporary nature of fieldwork? By interviewing people grappling with brain injury, these methodological and ethical aspects of research emerge both as impediments and catalysts as important knots that should be addressed by medical anthropology in its defining and pursuing of new agendas regarding what is given back to participants. In other words and more broadly, what do we expect the information to be doing for those who we interview and what is expected of us from them? |
| Greco, Cinzia | École des hautes études en sciences sociales/CERMES3 | **The post-mastectomy breast reconstruction and the multiple ways to reconstruct "femininity"**
My research deals with the decisional process in the case of breast reconstruction following cancer-linked mastectomy. The research is conducted in France and Italy and the experiences of breast reconstruction are compared with those of breast aesthetic surgery. The comparative, multi-situated research has the purpose of exploring the social construction of the body, both in the cosmetic surgery field, whose normalizing aim is explicit, and in the oncological field of breast cancer, where the necessity of healing an illness may make less evident the normalizing intention. It also aims to analyze how the organization of National Health Systems in France and Italy can shape the decisional process regarding breast reconstruction. The main method of the research consists in in-depth interviews with the actors involved in the field – oncological and cosmetic surgery patients, oncologists, reconstructive and esthetic surgeons and other medical figures. Until now I have conducted 50 interviews; I am also conducting participant observations of meetings of patients and/or medical personnel organized by both health institutions and patients' associations. My starting hypothesis was that post-mastectomy reconstruction was a normalizing practice and that the medical establishment pushed the patients toward this practice. In the medical literature breast reconstruction is presented as a necessary step to restore the physical integrity lost with a mutilation. However, the research until now conducted shows a more complex and fragmented panorama. The reconstruction is often done by plastic surgeons that perform also esthetic operations; these surgeons often work both in the public sector and in the private one, and, while the reconstruction is reimbursed by the public health system, its cost in the private sector can exceed the reimbursement. Plastic surgeons present the reconstruction as a good option to regain a "normal" body, but most of the patients are not encouraged to undergo reconstruction, and they do not always receive adequate information about that option. These unforeseen results acted as a catalyst that made me change in part my theoretical frame, made me modify my methods and, consequently, enlarge my fieldwork. I asked myself if the bodies were normalized in different ways, so I started including in my research methods a systematic inventory of associations' websites, patients' blogs and forums. I used this virtual field as a first source of information, useful to explore new sides of the experience of living in a reconstructed/non reconstructed post-surgical body, made both by activists and ordinary patients. I am currently interested in the normalization process that includes both physical elements – e.g., external prostheses, and discursive elements. Several associations promote the acceptation of the asymmetrical body, arguing that a woman can be "feminine" even without a/the breast. In this case the normalization is obtained by the internalization of the norms of femininity that should not be |

		linked to the body appearance. More generally, I consider the breast reconstruction field an example of the distance that can occur between medical literature and the actual medical practice.
Herbst, Franziska	**University of Heidelberg**	**"Cassowary, Anna died on Wednesday and the body came to the village, buried on Friday afternoon". Reflecting on personal involvement in medical anthropological research in Papua New Guinea** This paper is based on twenty-two months of ethnographic research carried out in Giri (Papua New Guinea) and in Madang Town, the capital of the province in which Giri is located. The research was conducted in four fieldwork phases between September 2006 and August 2011. Currently, I am in my final stage of thesis writing. The central question around which the research is organised is, "How do Giri people construct biomedicine against the backdrop of local conceptualisations of the person in health and illness?" Following around Giri patients in their medical quests and conducting research at different sites, I engaged with a heterogeneous group of actors that involved patients, caregivers, staff of the local health centre, and staff of the provincial hospital. It is through this sort of "mobile ethnography" (Marcus 1995: 96) that I hope to trace Giri villagers' employment of biomedicine. As Marcus (1995: 100) argues, it is not necessary to treat all sites with the same set of fieldwork methods of the same intensity. In the village context, participant observation and qualitative interviews (mostly in-depth semi-structured interviews with individuals and focus groups, but also unstructured conversations) were heavily used. In the hospital, I participated in groups of caregivers and mostly drew on semi-structured interviews. As to fieldwork roles, my primary role was that of the participating observer – an outsider who participates in the daily and non-daily activities of one of the social groups in the research setting (see Bernard 2006: 347). For example, I provided patients with food as a member of patients' "therapy managing groups" (Janzen 1978, 1987). The main heading of this paper is the quote of a text message that I received (addressing me by my Giri nickname) on my mobile phone in August 2011 when on a holiday on the Papua New Guinea island of New Ireland. The brother of my close interlocutor Sarah informed me in this message of her only daughter Anna's death on the paediatric ward of Madang's provincial hospital and the repatriation of her remains. Sarah and her brother were two key members of Anna's therapy managing group. In the weeks prior to Anna's death, this group grew significantly, including dozens of relatives who supported Anna and her parents emotionally and with food. I aided the family in exactly this way, thus becoming a member of her therapy managing group. In the weeks following her daughter's death, I tried to lend Sarah emotional support on the phone and via text messages. Drawing on Anna's case as well as others, my paper aims at unfolding my personal involvement with Giri people. I will talk about the persistence of relations, explain what I learnt from participating, reflect on how intimate ties emerged between me and my interlocutors, and talk about the emotional impact that working on suffering and illness can entail.
Kata, Prachatip	**University of Amsterdam**	**What is ethnography? Who is ethnographer?: Encounter between emotion and ethic of ethnographer with informants' social representations and stereotypes** My research is about the life worlds and social experiences of disabled people within the context of blind people in a social transformation era in Thailand. I attempt to examine whether alternate experiences of blindness exist, beyond those represented and reiterated by mainstream media and discourses characteristic of Thai society. I also try to answer how do the blind establish their life-worlds and social experiences through their distinctive sensory modes of perception in their everyday lives that are concurrently shaped by specific social, cultural and political contexts? My research assumes the blind's body to be the existential ground of life as well as the locus of personal resistance, creativity and struggle. I study bodily practices in shaping the life-worlds and social experiences of the blind through dynamics of specific social, cultural and political contexts or politics of everyday life. I focus on various social discourses and Thai cultural prejudices that stimulate sensory and emotional experiences and expressions for the blind in everyday life. Furthermore, I explore the spaces and forms of dynamic resistance and contestation that emerge and subsist at the margins of cultural and sensory hegemony in the everyday life worlds of the blind. After doing fieldwork as a sighted assistant of blind singers, I find that easy-to-answer questions like 'what is ethnography?' and 'who is ethnographer?' are not a type of question that are likely to get answers easily because they are involved with human side of doing anthropological research. These questions deal with the ethical issues arising from fieldwork, such as the emotional response of researchers resulting from their relationship with their subjects. Therefore I find myself encountering an ethical question; 1) Is it right or wrong if a researcher discloses the secrets of informants to others? 2) Is it right or wrong for a researcher to lies to their informants? 3) Is it right or wrong for a researcher to stigmatise his informants? During my fieldwork I had to encounter with 'power of gaze' from many sighted people at blind singers work. I heard sighted people gossiped about me that I am a 'Mafia' who takes advantage of blind singers. At the same time among *'wong gan kon taa bot'* (blind people group), they gossiped about me that I am a 'Spy' who investigates top secret of *wong gan kon taa bot* for police officers or Thai government officers. However being under power of gaze of the others helps me understand how blind people suffer from the power of 'scopic regime' resulting from modern ideology and Karma ideology of of Theravada Buddhist. My paper argues that fieldwork at the margin is the dialectic between emotion, morality and ethic. Ethnographers always move in and move out

		liminal border between human's emotion and morality and professional's ethic. In addition, any emotion which happens in the field is not negativity but we can use it as a research tool in order to gain insight to marginalized situation or study anthropology of suffering.
Khalikova, Venera	University of Pittsburgh	**Research on medical pluralism in 21st century India, or ubiquitous questions of ethics, methods, and funding** State recognition of non-biomedical traditions and their incorporation into the government-regulated medical structure create new challenges in examining a well-studied phenomenon of medical pluralism. In India, the government authorizes several alternative medical 'systems' including Ayurveda, yoga, Unani, homeopathy, but this does not imply that 'boundaries' between the systems are never contested or crossed. Preliminary research conducted in summer 2012, in North India, shows that practitioners certified in one medical system occasionally use techniques, equipment, and medicines associated with other medical traditions e.g a homeopathic doctor prescribes an Ayurvedic drug). The decision on 'pure' or 'hybrid' therapy is often made during the clinical encounter. Therefore, my research examines the logic underlying medical 'hybridization' by looking at how doctors and patients negotiate therapeutic choices in the context of structured medical pluralism. I suggest that apart from economic constraints and political motives, negotiations of treatment are shaped by medical ideologies. Extending the concept of 'language ideologies' to the medical domain, I define medical ideologies as beliefs about medicine that guide people's attitudes to different forms of medical practice (biomedical or 'alternative,' 'pure' or 'hybrid'). Medical ideologies are implicated in people's discursive behavior as well as their use of material objects such as intake forms, ultrasound prints, stethoscope, etc. The research pursues a new agenda of examining doctors' and patients' discourses and materiality of clinical communication in non-biomedical settings. Fieldwork that will be conducted over 12 months in 2014 will be informed by interviews and participant observation of clinical encounters that will be recorded, transcribed and subjected to a conversation analysis. The research project is largely benefitting from collaboration of linguistic anthropology and medical anthropology. By focusing on language use, speech events, and materiality of communication, the project will contribute to research areas dealing with health communication, physician authority, patient participation / patient empowerment, and clinical decision-making. Additionally, a recent interest of Western clinicians in 'integrative medicine' serves as a significant stimulus for research on structured medical pluralism. Methodology and ethics are the major challenges in conducting this kind of research. It is unclear how to account methodologically for the use of material objects and how to identify, conceptualize, and validate different medical ideologies. I also question the moral grounds of research on clinical interactions, especially by a white researcher in a non-Western context. During preliminary research, all the practitioners I worked with invited me to take interviews in their clinics during the working hours. According to Indian cultural norms, there were few options for a young unmarried female researcher to meet and interview married middle-age male doctors outside the clinical setting. However, during these interviews there was a constant flow of patients, which was both very advantageous for the research since it gave me a chance to observe doctor-patient interactions, but at the same time very discomforting since the practitioners compromised on their time with patients by talking to me. It left me with a deep feeling of 'stealing' patients' precious time.
Lamoreaux, Janelle	University of California, Berkeley	**Geographic complexities in and between Fields: Thinking with Chinese toxicology** My research explores China's recent history of economic and industrial growth, as well as accompanying environmental devastation, through male infertility science. Based on over a year of ethnographic fieldwork in Nanjing and Beijing primarily conducted in 2011, my dissertation argues that reproductive toxicologists who specialize in sperm-environment interaction both examine and produce toxic 'environments' of exposure. Reproductive toxicologists understand that their research subjects have incorporated China's history of industrialism, and investigate the consequences of these inner landscapes of exposure through semen analyses, genetic tests, and epigenetic experiments. Sperm studies show how something called the environment — variably understood as pesticides, industrial pollutants, or toxic residues — travels into the male body and out again, in the form of low-quality semen. Moreover, these studies open up greater contexts of reproduction, where rationales of Chinese nation building, population quality and economic development combine with anxieties around diminishing masculinity. The methods I used to conduct this research included observation, participant observation, formal and informal interviews and archival research (including print media analysis). I am currently at the dissertation writing phase and intend to complete my dissertation by 2014. While my fieldwork was based in China it largely focuses on transnational scientific concerns, methods, materials, and intellectual networks. During the planning stages, the messiness of my future field site didn't occur to me – I was simply trying to solidify the funding and plans for research. But as I reached the field, this dispersal certainly added complications. For instance, one month into my fieldwork my "gatekeeper" and primary interlocutor took an extended trip back to the U.S, to my home university, to do his own networking. After adjusting to such circumstances, conducting my research, and returning home to write-up, I really began to think about the ends and beginnings of my field. Trying to make sense of how environmental activisms, reproductive health sciences, and the forms of the political in China is a difficult, though enjoyable, activity. While I am comfortable with both drawing comparisons and describing interconnections between the U.S. and China, I find it more difficult to do both of these activities at the same time. The regional specialization of

		anthropologists is a well-ingrained part of our education and profession, however the innovate ways of making sense of 'encounters and entanglements' don't always match these implicit expectations of area expertise. How to balance regional and area specialization with an ability to adopt trans-national, multi-sited and multiple approaches? How to retain an expertise in a region, a demand of most university jobs in our field, while problematizing the very boundaries around which such expertise is founded? Most importantly for my own research, how does one render the field site and interlocutors in all their geographic complexity while speaking to the specificity of the problems they face? My paper, addresses these complications for anthropologists by showing how these are also problems that reproductive toxicologists faced. What solutions have they discovered, and do they work for anthropology as well?
Larotonda, Alice	University of Amsterdam	**Promises and challenges of hospital ethnography: Reflections on a brief fieldwork experience** The present paper aims to offer some insights on "impediments and catalysts" for new agendas in Medical Anthropology, based on the brief experience of research I have conducted for the composition of my Master's thesis in the spring-summer 2012. The research work consisted in a hospital ethnography, which was conducted in an Italian paediatric hospital in the extremely brief time-span of seven weeks. My aim was to look at the bodily and embodied experiences of illness of children affected by rare diseases and their families, giving particular attention to how the clinical encounters taking place at the hospital influenced these experiences. To combine these two analytical dimensions, I used two main research methods: participant observation of the clinical encounters and interactions of children, families and health professionals (both in the case of hospitalized children and out-patient clinic children); and in-depth open-ended interviews aiming to collect "life histories of illness" of the families and children. Interviews where conducted mainly with parents, but also with a few children who expressed the willingness to tell their story, under supervision of their parents. Health professionals and volunteers working at the hospital were also interviewed about their professional experiences dealing with children affected by rare diseases and their families. The ideal contribution of this paper is a reflection on how academic and on-field institutional requirements and practical obstacles influence our work. Particular attention will be given to the challenges, but also to the promises, of conducting hospital ethnography, from different perspectives: first, from the institutional point of view, focussing in particular on the legitimization of anthropological research in hospital; second, on the ethical implications of the anthropologist's positioning in the clinical setting, and on the difficulties of being a neutral observer; third, on the potentials and limitations of the interdisciplinary encounter with health professionals, both in terms of possible future applications of anthropology, and in terms of composing analyses that can be accessible, comprehensible and enriching outside the anthropological academy. The limitedness of my experience of fieldwork – and particularly the reduced time available for research – constitutes an obstacle to the contribution the present paper can bring. At the same time, however, it also represents a topic of discussion on if and how brief fieldworks, at a Masters' level, can contribute to anthropological literature. The present funding situation will also be taken into account, with its impositions in terms of time and location of research.
Linska, Marion	University of Vienna	**The field: An emotional affair. Inner dialogue and self-reflection in action** No fieldwork or participant observation is possible without personal involvement and the researcher's self. Historical evidence shows that the scientific way of generating knowledge is governed by the dualistic frame of subjectivity and objectivity. This had various impacts on the method of fieldwork. Therefor self-/reflection which is related to the researcher's scientific and biographic background has gained significance since the late 1960s. Self-/reflection-on-action (cf. Schön 1983, 1987) has led to lasting changes of theories and qualitative methods as well as to a certain re-orientation and diversification of scientific quality criteria. Self-/reflection-in-action (id.) has become more evident in the course of last years. This process is also connected with the need to include own emotions as implicit data and self care in the field. In addition there was some change in focus, away from the themes of "excluding disruptive" emotions and "reducing distortions". Rather, the current trend is dedicated to the question of how the scientific self – including feelings, emotions, intuition, instinct and (personal) needs, whether pleasant, irritating, touching, stressful or disconcerting – can be integrated as helpful and important source of perception, orientation and scientific knowledge. Looking at the field research in a phenomenological way reveals it as a dialogue process. The field researcher is in dialogue with the world/the field as well as in dialogue with him/herself. The inner and outer dialogue evolve to a continuous dialogue also forming a process of generating and reflecting knowledge. This type of dialogue generally helps staying „open" for oneself as well as staying „open" for the field situation. Based on the phenomenological method of Personal Existential Analysis (PEA) my contribution presents a dynamic model of an inner dialogue and some practical applications from my dissertation project "Emotional Field Coaching". This project runs at the "Department of Social and Cultural Anthropology", University of Vienna/Austria.

| Martino, Anastasia | University of Milano | **Sexual and reproductive health in Mexico**
I focused my doctoral research on sexual and reproductive health in Mexico. I have been working for ten moths in Mérida, capital city of the State of Yucatán. I drove my attention on family planning policies, use of contraceptive methods and the issue of abortion (considered to be an illegal practice in most of Mexican states). I am at the moment halfway in my PhD course, having the next two years to continue my fieldwork and redact my thesis.
What does it mean, in the specific context of my fieldwork, to talk about sexual and reproductive health and rights of choice, sexual and reproductive rights? In order to comprehend the variety of positions that people take on sexuality, reproduction and contraception, I decided to set my fieldwork taking into account different social actors: women, men, health professionals, doctors and social movements activists. I conducted my research in different contexts: two public hospitals, a private clinic owned by the local pro-choice movement and a sheltering-home for pregnant women managed by one of the most important pro-life associations in Mexico. During my research, according to the context, I used different methodologies: in-depth interviews, participant observation, surveys. In this occasion I would like to consider the difficulties experienced by a young female resercher working on such intimate themes that are, at the same time, object of an ideological debate.
During my fieldwork I have been working with public associations that are ideologically oriented on specific positions about reproduction and sexuality. In order to make possible my fieldwork, I have been asked to show my own ideas about reproductive and sexual rights, abortion and family planning. The responses to my personal position have been completely unexpected and their consequences influenced my analysis. Although I don't agree with most of pro-life movements' positions, I have been able to negotiate terms and conditions of my research and presence in their structures. Within pro-choice association, on the other hand, I could not use most of the methodologies that I adopted during my fieldwork. Departing from my personal experience I would like to reflect on ideological positioning and the role it plays in the definition of the research process. The explicitation of researcher's ideology, in my case, has been the main strategy that I could use in order to widen my perspective on sexuality as political arena |
| **Mohr, Sebastian** | **University of Copenhagen** | **Embodied knowledge. Talking about masturbation and the role of the participant observer during fieldwork at sperm banks**
My PhD-project started September 2011 and is part of the research project "Body and Person: Governing Exchange in 21st Century Biomedicine" at the Centre for Medical Science and Technology Studies, University of Copenhagen. Being interested in the ontoepistemological groundings of what it is like to be a sperm donor as well as wondering how work with sperm at sperm bank laboratories is possible and enabled, I conducted interviews with sperm donors in Denmark and the USA and engaged in fieldwork at Danish and American sperm banks. The fieldwork at the sperm banks encompassed participant observation of the daily work at sperm banks, observations of the processing of sperm samples at sperm bank laboratories, sitting in on physical examinations of and screening interviews with potential sperm donors, as well as interviews with laboratory staff and attending physicians and geneticists. Planning to finalize my empirical work until the end of June 2013 I am more or less in the second half of my PhD-project which is supposed to end with the end of August 2014.
Talking about masturbatory practices with sperm donors and the meaning of masturbation as part of sperm donation I came to realize that embodied knowledge about masturbation played a role as a narrative space in which sperm donors met me during the interviews. Simultaneously, being confronted with masturbation during participant observation at sperm banks I became aware of the political economies entailed in this knowledge. I want to use my input to reflect together with the other participants on the role of embodied knowledge for the ethnographic method as well as the political economies entailed in using this knowledge in order to gain understanding about the field and its dominant logics: how does embodied knowledge translate into understanding what is at stake within a particular field and how does it inform our way of doing research? How does one meet the challenges of applying embodied knowledge to one's research? And how does one negotiate the intricate interplay between embodied knowledge and power relations as part of fieldwork? |

Morales Figueroa, Gloria	**Universitat Rovira i Virgili**	**Two plus two does not always equal four** From basic training as a student to being an associate researcher, "Time" has shown that it has been more than 20 years I had the opportunity to be closer to groups of preschool-children, adolescents, adults, pregnant, indigenous people, migrants, women with obesity, diabetes, etc., and they have been only part of the well-recognized "inclusion criteria" groups during the research projects funded by national and international organizations. These groups of students have participated (I inclusive) and have been awarded undergraduate and doctorate degrees with an academic production including doctoral theses, technical reports and articles, and "invited" to high impact journals. The interest is in what has happened with these groups of people considered "inclusion criteria"? Have they become the standard product of the ¨inclusion criteria¨ and developed according to the standards? Despite our well-intentioned but shortsighted and limited educational and pharmacological interventions, our study groups continue parasitized? And diseases such as diabetes and obesity remain? Why do our research projects not improve their health or nutritional status? Where is the explanation behind it? How can I return to fieldwork? If I do not see their eyes what I see, their eyes are their representatives? They are "numbers" that become important after a statistical test (p <0.05)? And if the statistical test did not go according to expectations, then what happened? We need more subjects? Addressing their problems or concerns, our scientific research must go through more human and deeper anthropological perspective to generate knowledge of real value to the protagonists that has nothing to do with the sum of two plus two equal four.
Nebergall, Michelle	**Case Western Reserve University**	**Are cell phones and social media effective data collection tools? Findings from an ethnographic study on the daily lives of South African township youth** This dissertation project studied the ways that a sample of youth living in a peri-urban South African township perceive and experience risk and HIV risk in particular in daily life. This township is conceptualized as a risk environment (Rhodes et al 2005) where youth must manage the interconnected dynamics of entrenched racial, economic and gender inequality, lack of employment and educational opportunities, urban crowding, high rates of population migration and one of the highest rates of HIV/AIDS in the world especially amongst young girls aged 15 – 24 (UNAIDS 2010). Data about daily life, gender, relationships, health seeking behavior, perceptions and experiences with HIV/AIDS and other environmental risks was collected from 75 youth over 12 months. This project utilized traditional research methods such as interviews, focus groups, and participant observations as well as mobile technologies including SMS and social media in order to understand how youth in this township talk about, perceive, and manage experiences with gender, risk and HIV/AIDS. Data collection was completed in February2013 and data is currently being analyzed and written up. **Reflection on the contributive and aggravating factors of pursuing new agendas and methods in Med Anth** There is considerable interest in the utility of cell phone and social media technologies for data collection purposes, especially for research with youth. Today's youth are largely connected to social networks via social media, which are increasingly important sites of engagement, information sharing, and social connection. In South Africa, virtually all youth own a cell phone and use it daily to access the internet (Chan and Kaufman 2010; Kreutzer 2008). Studies have shown that South African township youth in particular are active on SMS'ing and the social media site MXit via their mobile phones, and that these media are primary mechanisms for communication and sharing information (Kreutzer 2008). MXit is a free online mobile messenger and social network service developed in sub-Saharan Africa. MXit is the most popular social networking platform in South Africa, especially amongst township youth, with 10 million active unique MXit users (Business Week 2011). Cell phones and social media are therefore not only important mechanisms for reaching youth, but also important social realms worthy of study in their own right. This paper will describe the cell phone and social media data collection tools used in this dissertation study, especially SMS'ing and chatting on MXit. The advantages and challenges the student faced utilizing social media and SMS'ing in this ethnographic study with youth will also be discussed.

Nielsen, Karen	**University of Copenhagen**	**Exploring new technologies and old relations in heart care through intervention** In my dissertation work I study social and organizational implications of building new infrastructures of chronic care – infrastructures that involve a growing number of technologies intended to increase, support, and reconfigure patient involvement. I focus on treatment of cardiac arrhythmias with the implementation of an IT-solution for ICD-patients and the professionals involved in their care at two major hospitals in the Copenhagen area as the pivotal point. The IT-solution is intended as a means to improve communication between patients and clinicians in a distributed care scheme, providing both parties with 'the information needed to take action'. The system places itself within a larger field of telemedicine that, at least in theory, enables/entails a redistribution of tasks and responsibilities between home and clinic centered on the "empowered" patient. I investigate the multiple shapes and implications of this redistribution with an interventionist ethnographic approach. By conducting a user test of the IT-solution in question, and by exploring, and contrasting it with, the use of other low and high tech home monitoring technologies, I explore the various situations and ways in which patients take on or are enrolled in the job of monitoring their own hearts. A central and transverse research question is how different kinds of patient-generated data are interpreted, valued, and used in the clinic as well as by patients themselves. More generally, the question of how patient involving health care technologies may alter relations of trust and expectations between patients and the health care sector, citizens and the welfare state, guides my work. By the end of March 2013, the empirical work will be terminated. Owing to the circumstances, I have taken an interventionist approach, seizing the opportunity, and necessity, to act as a facilitator of the practice/phenomena I wanted to study – the introduction and use of patient involving IT. Creating intimate ties to my informants, both patients and clinicians, therefore became not just an entailment of doing engaged ethnography but also a prerequisite for creating the research object in the first place. One may describe the approach as action research where I deliberately initiate change in order to study its effects or, in design research terminology, experiment with a potential future in order to gain knowledge about both future and present practices. The user test and the IT-system together have served, I would argue, as both a rehearsal of the future and a heuristic device making visible the deeply interpersonal and dialogic aspects of existing infrastructures of chronic care. However, this kind of messy empirical work almost by definition seems to multiply well-known methodological ambiguities of anthropological inquiry; e.g. issues of creating – and cutting - intimate ties to informants, constructing one's field, navigating between conflicting interests, and being accountable for change. While committing to interventionism certainly does not resolve these ambiguities, it may be an increasingly prevalent feature of doing anthropology in an era of innovation-oriented health care research and therefore also a relevant point of departure for discussing new agendas and continuous challenges in medical anthropology.
Núñez, Patricia	**Universitat Rovira i Virgili**	**Ethnographic and methodological contributions to the anthropology of childbirth experience: cultural meanings, embodiment, and resistance** My doctoral research focuses on how social and cultural elements are present in childbirth pain, and how they affect, and are affected by, embodied experience. Cultural models of reproductive health, gender roles, the female body and motherhood are both reflected in and challenged by different ways of experiencing pain in childbirth. Some women's experiences were characterized by suffering, fear and sacrifice, while others spoke of feelings of pleasure, resistance and empowerment. Narratives in this second category reveal processes of *unlearning* the risk and suffering models of labor pain, unlinking pain from suffering. A return to the preobjective (but not precultural) experience of childbirth through somatic modes of attention transforms what is conventionally described as "pain" into positive experiences that can even lead to pleasurable states. These processes of resignification not only resist biomedical models of childbirth that pathologize pregnancy and childbirth and medicalize the care of birthing women, but also offer anthropology new possibilities for the analysis of experiences of pain and/or suffering. Ethnographic fieldwork was conducted in Barcelona (Catalonia) over a period of 18 months. I interviewed women who gave birth at home, observed prenatal education courses for pregnant women and maternity care settings in a major tertiary-care public hospital, and followed 13 women through their pregnancies and in some cases was present during the birth. My work is currently in the writing stage. In my presentation, in addition to discussing my research findings, I would like to address issues related to the ethnography of bodily experience: methodological possibilities and limitations, ways of approaching experiences of the body when the anthropologist cannot use her own bodily experience as an analytic tool (I have never given birth myself), and strategies that have been helpful to me and may contribute to future studies of embodied experience.

Olejaz, Maria	**University of Copenhagen**	**Engagements with the future donor: Exploring notions of body and personhood in interviews about organ donation** My PhD-project started September 2011 and is part of the research project "Body and Person: Governing Exchange in 21st Century Biomedicine" at the Centre for Medical Science and Technology Studies, University of Copenhagen. My project explores biomedical practices where dead bodies are made useful in a medical setting. This means visiting venues where dead bodies are made useful as teaching tools and therapeutic remedies as well as exploring how people involved in these practices make sense of these practices. Fieldwork will be conducted at a transplant center in Denmark as well as at anatomical dissection courses in Denmark and Slovakia, where Danish medical students travel to, as well as surgical and dental training courses in Denmark. At these sites I will also conduct interviews with staff, students and instructors. Interviews have already been conducted with potential donors to both anatomical dissection and organ and tissue transplantation. The main analytical focus point of my project centers on the relationship between body and person and I explore the use of biomedical practices with dead bodies as both an illustration and an intervention in the relationship between body and person. With this analytical focus point in mind, the fieldwork will thus explore how bodily material is handled in practice in different medical contexts in interaction with the different actors, technologies and policies in the field. The interviews will further investigate how bodily material and bodies are understood when they are rendered usable in medical science as resources for teaching, training and curing. In the interviews about organ donation, informants were asked to consider a range of issues and situations pertaining to notions of body and personhood that all related to thinking about being involved in organ donation, either as donor, kin or recipient. In common for all these questions were that informants were asked to consider hypothetical situations, usually of which they had very little knowledge. This means that they had to ponder issues of which they had no experience, and which were quite unlikely to occur. Almost all informants stressed that the interview had made them think of issues in regards to organ donation, that they had never contemplated before. After the interview had ended, a great number of the informants also asked me what my position was in regards to organ donation. I would like to be able to reflect on these matters together with the other participants. What does it mean to ask question about hypothetical situations? What role do I as the researcher play as I make these hypothetical situations understandable for the informants? And what ethical responsibilities do I have as a researcher when I make informants consider issues, they may otherwise never have contemplated and that may change the way they feel about their choices?
Probst, Ursula	**Freie Universität Berlin**	**Locating research on sex work in Berlin** Sex work is a strongly disputed topic. While the sex workers movement demands the recognition of sex work as a legal form of labor to ensure the rights of sex workers, others perceive it as a problem that can only be solved by its abolition. Various moral standpoints affect the opinions about what could be improvements to the working conditions of sex workers around the globe. Considering this discourse, my research revolves around the question, what sex workers themselves perceive as useful information about their work and through which networks they gain such information. Currently I am at the stage of conducting fieldwork in Berlin (Germany), which is focused on observations in brothels and streets as well as semi-structured interviews with female sex workers. The project is done in cooperation with Hydra, an association offering sex workers consultation on various topics like legal issues, psycho-social councelling or health related topics. At the current stage of my research I would identify two main aspects that provided significant impetus to the development of the project. The first issue at hand were the moral and ethical implications connected with the topic of sex work. This concerned my role as researcher in the field as well as dealing with other parties during the research. Personally I am in support of defining sex workers not as victims but as persons who can have some kind of agency in their work. This inspired reflections on my own opinions and aims, as I had to become aware of my own prejudices as well as keep an open mind for problematic aspects that might contradict my personal view. However, declaring a standpoint proved to be necessary in dealing with sex workers or brothel owners, as experiences of stigmatization lead to reservations about interviews. It was also not only such understandable reservations that shaped the research design, but also the different agendas of associations and authorities that needed to be considered carefully. Secondly, the definition of the research site raised questions about how to locate sex work and my position in the field. As the research is geographically based in Berlin, the contexts of the German legal and health care system and local contact points for sex workers had to be considered. However, sex workers are a heterogenous and mobile group and not all of them relate to the institutional framework in the same way. International connections and various backgrounds and self-definitions of sex workers are an important aspect of this field. This also leads to methodological problems, for not everyone is fluid in German and so interviews have to be conducted in various languages to not exclude certain groups. Although sex work is basically legalized in Germany, gaining access to the field proved difficult and was strongly influenced by my position as a female researcher and the marginalization of sex work.

Reneses, María	Centro Superior de Investigaciones Científicas, Madrid	**Pharmaceutical subjectivity in a mental health centre. Survival and chronification in time of crisis in Madrid** Increasing demand in mental health attention seems to reflect a rise in social sickness or social pathologies, as a result of the progressive precarization of existence, aggravated by the economic crisis. This problem is relevant not just as a public health crisis, but since we can consider its "solution" as a recent form of governance that introduces new categories to think and express suffering, the self, and relations with others. With the objective of analyzing these new forms of subjectivity, an ethnographic study has been conducted in a public mental health centre, with observation and individual and group interviews. The centre is in one of the poorest districts in Madrid, hard hit by the crisis. It has been found that a big part of the demand responds to a social suffering resulting from economic, occupational, unemployment or care problems. The answer that the public system is giving to this suffering, in contrast to the private offer, is a saturated device, with budget cuts, and with a biomedical approach that prioritizes individual and pharmacological intervention. It is a standardized clinic, increasingly inattentive to the subject that is always a social subject. A clinic that explores the sign -physical- and no more the symptom, and that individualizes sickness while it forgets singularity. The resulting "pharmaceutical subjectivity" is complex and ambivalent. On the one hand, there is an improvement with treatment, but on the other hand it becomes chronic and implies multiple decisions and renunciations in terms of cost-benefit balance. Furthermore, the feeling of dependence is perceived as a contradiction with contemporary ideas of responsibility and self-control. The increase in inequality in the city has its reflection in a differential subjectivity that is modulated by the clinical device. The study of subjectivities, as they are showed and produced in the clinical encounter, could be a new challenge for medical anthropology. Both biomedical research and intervention are characterized by an increasing disregard of the subject's experience, and along with the subject the other is also eliminated, in a way in which relational processes are ignored. Anthropology allows to widen the medical gaze to include the social, political and economic determinants of illness and discomfort. The biomedical approach, which is getting more and more biologistic, limits these aspects to mere aggravating factors that are often understood like individual dispositions. In addition, anthropology allows to understand medicalization as a negotiation that is not uncontested, and not merely as a form of determination. However, as we were saying, the subjectivity that results from the pharmacological intervention is complex and ambiguous, and therefore we can interrogate ourselves about the grade of intimacy that we need to understand it throughout the fieldwork. Do we need a specific time, methodology, or listening for this analysis? If we additionally try to look at discomfort not only like an unwanted consequence given by a certain social context, but also, in some cases, like a resistance to a certain normativity or like a becoming: What kind of gaze is needed to pay attention to these reverses of subjectivity?
Rubiolo, Cecilia	University of Torino	**Migration, embodied suffering and healing. Ethnographic inquiries among Romanian and Romanian Roma Pentecostal communities in Torino** Nely, a self-defined *rom românizat* woman of 49 years old, left her house in Oravița, in southwestern Romania, more than ten years ago. Nely, who was born-again eight years ago, now lives in an unauthorized "nomad camp" at the margins of Turin, where she regularly attends the auto-constructed Pentecostal church. She suffers from Thyroiditis, but has never received medical care. Reading the Bible, praying, singing and participating to several ritual with the community of faith are the practices through which she is able to symbolize her suffering. Ethnographic inquiries have shown that after the collapse of totalitarianism in Romania (Tichindeleanu,2009), getting by in the newly edified social and cultural space of post-communism, underpinned by the "permanent transition" model (Sirbu and Polgar, 2009), has had profound consequences on the subjective experiences of people, especially on the most vulnerable and exposed social groups. Haunted by different forms of social and personal disruption during over than twenty years of crafting of neoliberalism (Ban, 2011), while collective agency and resistance has been quickly evaporating (Kideckel, 2008), people could chose migration and spirituality as narrow tactics of survival and creativity. My ethnographic investigation, resulting from over a year of multi-sited fieldwork between Turin (Italy) and the villages of Vicovu de Sus, Ticvaniu-Mare, Oravița (Romania) focuses on the biographies of Pentecostal converts among Romanian and Romanian Roma migrants in Turin. Attempting to link the theoretical frameworks of a political anthropology of Pentecostalism (Foucault, 1978; Robbins, 2004; Marhsall, 2009) with the tools offered by medical anthropology and ethnopsychiatry of migration, especially through the studies of faith and ritual healing (De Martino, 2001; Beneduce.2005; Csordas, 2009; etc), I aim to investigate the micro-practices of Pentecostal spiritual politics.
Wainwright, Megan,	Durham University	**Who is a participant? Studying-up and the intersection of ethics and audience in an ethnography of chronic obstructive pulmonary disease in Uruguay** By the time I started my PhD in 2009 I had almost five years of training in anthropology; Training which left me loyal to two principles of ethnographic fieldwork 1) to pay attention to the vertical lines of a given experience and 2) to 'study-up' by eliciting the perspectives of as many agents along these lines. Consequently, these two principles shaped my methodological approach to investigating how the 4th leading cause of death worldwide,

		chronic obstructive pulmonary disease (COPD), was being lived-with and cared-for in Uruguay, South America. I decided that over 13 months of fieldwork in 2010 I would seek out people with COPD via healthcare institutions within which I would be a participant-observer. I met with the Directors of hospitals for permission to carry out part of the study within their walls and I got to know the staff that cared for people with COPD. Five healthcare institutions, both private and public, were recruited as "sites" and I met 37 people with COPD whose lives I studied intently. I developed close relationships with patients, their families, health professionals, policy makers and hospital directors who shared valuable insight, information and time with me. Participants with COPD and their family members interacted and exchanged with me mostly in the informal settings of the home. Professionals welcomed me into their professional circles, opening up new sites for research. However, as a "peer" researcher I was also invited to present at professional meetings. It was here that the question "who is a participant" emerged as a supremely important but surprisingly complex question to answer. Even though I formally and informally interviewed health professionals and healthcare administrators, the study always had individuals with COPD at its centre. I was interested in how the lives of people with COPD are shaped by cultural, social and political-economic factors and I found plenty of material for understanding this in Uruguay. One particular issue emerged which was so devastating to the lives of some participants that from a patient-participant perspective it was impossible not to include it as a significant finding in the talks I gave at some of these professional meetings. However, from the healthcare administrator participant-perspective this was a controversial topic. This conflict culminated in me being denied any further access to one clinical fieldwork site (although luckily it was at the end of the study). The topic of the conflict and the two principles presented above will form the basis of this presentation. The contribution it offers, to a discussion among young scholars, is a reflection on the intersection of the issues of 'ethics' and 'audience'. When it comes to presenting ethnographic research findings which include data gathered in formal settings such as hospitals, as well as the more informal spaces of peoples' homes, *who* is a participant, and *what* the ethnographer's obligations towards them are, become questions of utmost importance. This talk aims to open these questions up for debate and reflection.
Watson, Analiese	Oregon State University	**"A fragile job" and strong resolve: Traditional midwives (matwòns) and the navigation of risk and recognition in northern Haiti** Haiti's history and political economy have led to a maternity care system that lies out of reach, geographically and financially, of most Haitians, resulting in excessively high maternal and infant mortality. The most common birth practitioners are homebirth midwives (matwòns), who attend roughly three-fourths all births in Haiti, often without the benefit of emergency obstetric services. This ethnographic study, addresses the question: Given the tremendous risks associated with attending childbirth in Haiti, how do matwòns experience and contend with the challenges inherent in their work? This qualitative research, conducted in Haiti's northern region from January through April 2012, employed a critical approach and feminist research methodologies. In individual, in-depth interviews I asked participants to describe the challenges they find in their work. Then, in an innovative, participant-directed, style of group meeting called Open Space, matwòns reflected on those challenges collectively, with an aim to ameliorate their current situations. Data analysis utilized a modified grounded theory approach, allowing matwòns own narratives to determine the categories of analysis. Emergent themes revealed four main challenges in the work of matwòns: physical risks, social/spiritual threats, a lack of livelihood, and obligation. Matwòns' strategies to mitigate those challenges include employing protection and offering service. Based on these findings, I argue that a more nuanced understanding of matwòns' experiences reveals their adaptive skills, which, in part, resemble Davis-Floyd's (2007) notion of a postmodern midwife. Having recently defended my Masters' thesis in Applied Anthropology, I am currently seeking ways to advocate for matwòns by supporting the efforts of this study population's newly formed professional organization. One contributive factor in this research is the intentionality with which I positioned myself as a researcher. Allowing matwòns to see me as a breast-feeding mother of two engendered intimacy and built rapport, demonstrating how circumstances traditionally seen as an impediment in women's careers can, in anthropological work, be valuable assets for the female researcher. One aggravating factor I feel as a researcher who intends to maintain ties with and support this population is the structural constraint of funding further research, as well as support and advocacy. Many international agencies fund work that intends to change or correct the practices of "traditional birth attendants" such as matwòns, but far fewer are willing to let a local, marginalized population lead their own solutions. An especially promising contribution of this research was the use of Open Space as an innovative research method. It both provided a means for collecting rich ethnographic data, and offered matwòns an opportunity for social action. The success of this method is illustrated in matwòns' formation of a professional organization which has continued to meet for ten months. Though the matwòns' is a nascent organization with many of their goals yet to be met, this research prompts the reflective question: Is it enough, as researchers, to document *what is* or *what has been*, especially among marginalized people, without asking *what could be*? This project provides an ongoing exploration of how research can prioritize the autonomy and self-determination of its participants.
POSTERS		

Liani, Millicent	**University of Nairobi**	**Layperson's perceptions about type 2 diabetes mellitus in Kenya** This paper presents the findings of an exploratory study into layperson's perceptions about type 2 diabetes mellitus in Kenya. Qualitative data was collected between May and October 2011 through in-depth interviews. A sample of thirty two Type 2 Diabetes Mellitus (T2DM) patients aged between 35-64 years, and who had been diagnosed with the disease for a period of more than two years recruited from the Out-Patient Diabetes Clinic at Kenyatta National Hospital were interviewed. Varied perceptions exist for T2DM in terms of the etiology, risk factors, prevention and treatment. Informants provided combined beliefs of biomedical and folk models in their explanations about the disease. On the origin of diabetes, they offered multiple explanations that contained elements of both biomedical model and folk belief system with common themes revolving around stress, heredity, overweight, poor dietary habits, witchcraft practices and God's punishment. Though they seemed unsure about the risk factors for diabetes, they reported some of the modifiable and non-modifiable risk factors for the disease. They described the biomedical recognized symptoms and complications of diabetes, and most of them were not sure if diabetes could be prevented or treated. Our results offer a challenge to the biomedical understanding of the disease and thus have implications for clinical practice. The findings can be utilized by health care providers to adapt their education methods and health care to better meet the needs of patients with diabetes. The study also poses a major concern for the need of health promotion activities or interventions.
Melo, Lucas	**University of São Paulo, Brazil**	**"The sweet was the best part": Ethnography of the management of type 2 diabetes conducted in Health Education groups, Brazil** The most important issue for people being treated and managing type 2 diabetes is the adherence to this treatment in their everyday lives. It uses the concept of medical pluralism, an interpretative approach which explores the relationship between medical practice, the health of modernity, and the chronic illness experience. This ethnographic study examines strategies for managing type 2 diabetes carried out into five health education groups undertaken in a Primary Health Care service in Southeast Brazil. In this context, type 2 diabetes management is conducted with technology and the ethics of self-care which requires self-control, self-monitoring and discipline from the individuals. Fieldwork was conducted between August 2011 and September 2012 with participant observation, individual interviews and groups' discussion with patients and professionals. Four themes were highlighted: the clinical follow-up conducted in these groups; the meaning attributed to the laboratory tests by patients; the pursuit for medical care as a patients' responsibility; and the production of hybrid idiosyncratic regimes of self-care and clinical practices. In according with these aspects, there is an initial process of changing in the interaction between practioners and patients and an interpretation of the biomedical discourse by patients based on their lived experience. In addition it is concluded that the subjects which drew attention were the cultural logic and the hybrid character of the care practices produced in these groups. It demonstrates the differences and complementarities between the technical and cultural/relational dimensions of care reflecting the cultural reference points and social values of the broader Brazilian society.
Pammer, Andrea	**University of Vienna**	**Modern medical pluralism in Austria based on Asian practices** Two-thirds of the Austrians trust in complementary medical services, whereas every second one has already experience. Medical pluralism is the existence of several medical practices within a system. Pluralism of modern medicine, as described by Cant and Sharma (1999), shows the biomedicine which still has a dominant position and plays a major role in this process. In this abstract, the modern medical pluralism is based on traditional Asian healing techniques and practices as Ayurveda, Traditional Tibetan Medicine and Traditional Chinese Medicine, in Austria. These Asian practices have a different level of legitimacy and professionalism and compete with each other. Conditions are set by the state, but do not reflect the practice of education, practice and use of the methods by consumers, who have a major role in this system. Based on the analysis of the training facilities, exercise facilities and legal framework of Asian medicine in the Austrian health care system, the three methods were analyzed and compared to their degree of institutionalization and professionalism. Selected players from biomedicine, public institutions and Asian practitioners were interviewed concerning their personal background, their attitude to the respective method, the current and future importance of the Asian practices in Austria. Are there differences between Asian practitioners and training officers with or without biomedical background? Which criteria are important for consumers? Which are the important formal, legal and institutional settings? Due to the powerful position of the health care system and the conflict within the Asian players, special attention had to be paid on the source of criticism. Reflection of the own position in this field of research was needed and will be discussed at the end of the lecture.
Ricco, Isabella	**Universitat Rovira i Virgili**	**Methods of anthropological investigation in the folk medicine field** Starting from my fieldwork carried out between 2011 and 2012 and still in progress, I intend to show a consideration about the methods of

		anthropology investigation in the folk medicine field. I am interested in the *segnatura*: a diagnostic and therapeutic ritual which exploits the symbolic and empirical effectiveness of incantations, objects, signs, numbers and unguents. The inquiry has been initially carried out in the Parma's district (Emilia Romagna Region) and it is still carrying on in Catalonia. The study has been directly conducted with healers and theirs patients by semi-structured and recorded interviews. Some information have been gathered together in some tables, reproduced to understand immediately the phenomenon's variation. The intermediaries' role is essential because they have made possible the meetings with the informers. The folk medicine's theme, which was very widespread in the Seventy and Eighty years, in the last time was left aside, taking hastily for granted the imminent disappearance of this kind of practices as well as their static nature. The reality seems to be different and more interesting: not only these traditions are still alive, but they are changing by modernity's forces. Thus there are two aspects to be considered: the first relates directly to the interest that this theme can arouse in the context of oral, material and ethnographic culture collected in the historical and ethno-anthropological museums; this with the purpose to defend and preserve a basic point of the culture for the creation of our identity. The second, instead, concerns the need to reconsider how to approach this topic, given the fact that it doesn't exist in and of itself something traditional, except for its relation with modernity.