



Program

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organized by:
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PANEL 1 - MEDICAL PLURALISM

► *Medical pluralism in Mexico: Reproductive health in the Purépecha Region*

Anna Helena WADOŁOWSKA (PhD Candidate), Adam Mickiewicz University Poznan, Poland

I am studying the coexistence of different medical traditions in a indigenous area of Mexico, specifically in the Purépecha Region of Michoacán. As the subject of medical pluralism is very broad, my research focuses on the demonstrations of this process centering on reproductive health. Moreover, I am interested in women's agency regarding her reproductive health and sexuality.

Traditional medicine is still present in the indigenous communities in Mexico. Indigenous people practice therapies that are an integral part of their ancestral vision of the world. At the same time, a better access to biomedicine services generates more trust for the modern medicine methods. However, indigenous medicine is still sought. What is more, during the last decades there is a growing influence of different complementary and alternative therapies in the region.

The set of medical services accessible in the region studied is limited for many indigenous women. While all of the inhabitants of a community are capable of using traditional remedies, biomedical health care, especially on the satisfactory level, is accessible only for a few. Apart from the objective circumstances, i.e. economic and special accessibility, there are other factors that determine medical decisions regarding which type of medical specialist to go, i.e. cultural preferences, perception of effectiveness of different methods, patient-specialist relationship, etc.

Reproductive health is related to the cultural context and it is influenced by the normative system of the community. Therefore, many women of the region cannot act autonomously concerning their health, body, reproduction and sexuality.

Furthermore, the factors of the medical decisions in many cases have a pragmatic character. The etiology coherence is not so powerful as previous experiences and the expected result. That is why, it is not rare that a patient, at the same time, applies therapies of different medical traditions.

► *'Who is Fou?' - Ethnographic Examples for a Constructivist Perspective on Insanity*

Carsten MILDNER (Graduate Student), University of Bayreuth, Germany

I would like to present some aspects of my research which I conducted in Kidal / Northern Mali in spring 2009 on notions of insanity and insane community members.

The theoretic approach consists of two aspects. On the one hand, the creation of dominant knowledge, as indicated by the discourse perception of Michel Foucault, can sketch the affirmative frame of the field. The resulting terms and conceptions influence the „reality“ of insanity. According to the (modified) labelling theory (Link et al. 1989) the conceptions influence and reshape – if not create (Scheff 1984) – phenomena of insanity: The way labelled individuals deal with the conceptions ascribed to them influences their behaviour and hence their societal valuation.

My research shows that the question of who actually was insane is hard to answer. An interesting point to focus on are individuals who are labelled insane, and at the same time are consequently and collectively judged not to be „really“ insane. This is made even more interesting by the fact that there is no clear linguistic distinction between the “real” and the “alleged” insane; neither in the French of Kidal (fou) nor the Tamacheq (énnabbéddal). The way these individuals react on the label can reveal or approve the processes proposed by the modified labelling theory. In order to follow a more actor-centred view, I hence will regard these actions as coping strategies and describe observed consequences.

These ideas may easily lead to a reconsideration on terms and concepts of Western psychopathological approaches and categories. So far I didn't include classical views of medical anthropology, so that I'm very interested in discussing my results and ideas with the participants of the conference.

► ***'Supernatural healing' – the meanings of health and illness in charismatic Catholic communities***
Michał Kocikowski (PhD Candidate), University of Warsaw, Poland

The experience of illness destroys our hitherto life story. We face the forces which are difficult to understand' (Pasierski, 2008). Illness reorganizes the patients' professional, social and family life; very often it ruins their external and internal order. Because of an illness they also need to transform their biographic narratives, that is the stories which 'shape their own life experiences, processes developing in time and occurrences happening in the world into holistic structures of sense' (Rosner, 2003). The narrative schemes used up to now are no longer adequate to describe the patients' present situation, to tell their stories and thus way to define their identity. A new scheme needs to be constructed by themselves or provided by others, e.g. by their relatives, support groups or religion communities. For many years such a charismatic Catholic community, called Galilee, has been operating in Warsaw. Each first Sunday of a month they organize a holly mass and prayer for physis, psychic and spiritual healing. This paper explores the meanings of health and illness in this specific stream of Catholicism and the role which the perspective of supernatural healing in experiencing of illness and constructing of hope plays. According to Frank (1995) the most common kinds of hope are shaped by three narrative types: 'concrete hope' – shaped by the restitution narrative, 'transcendent hope' – shaped by the quest narrative, and 'despair' shaped by the chaos narrative (Smith, Sparkes, 2005). This typology, however, seems to be insufficient. There appears to be no room for the kind of religious experience of illness and narrative scheme provided by religious communities where concrete hope (and restitution narrative) exist together with transcendent hope (and quest narrative). The implications of this 'religious hope' for identity reconstruction of patients are considered in the paper.

► ***Other Planets. The replacement of a medical category and its implications***

Mirna COLA (PhD Candidate), SUM (Istituto Italiano di Scienze Umane) and University of Siena, Bologna, Italy

American Psychiatric Association is working on the next DSM (Diagnostic and Statistical Manual of Mental Disorders), due on 2012. Meanwhile a committee of expert have proposed to eliminate Aspergers's Syndrome from the manual and to subsume the diagnosis under Autistic Spectrum Disorder.

Experts say that there is no point in having different diagnoses for something so close and besides nobody has been able to show consistent differences between the two categories. The purpose is to define autism as a spectrum of continuity with many possible degrees of capability. For the experts this is the right thing to do in order to overhaul the old model of “you fit in this category or you're out”.

However the large majority of Asperger's groups are struggling against this official position during their meetings and on the Internet. Firstly they say that Asperger's, contrarily to autism, is seen as something positive particularly thanks to the popular books and films on the subject, which showed Asperger's as a characteristic of weird nerds and savantlike geniuses.

Moreover Asperger's is becoming a cultural object which implies a distinctive identity and many Aspies recognize themselves as neurodiverse. Finally, according to what they say: “does it make sense to have a DSM that is in some way more technically accurate if the result is negative for the patients?”

Using research with an Italian support group I will discuss varying aspects of this struggle, not only a dynamic involving identitarian issues, but also economic and practical aspects and those which walk the boundary between scientific knowledge and self-determinism.

► ***Contextualizing the Czech National HIV/AIDS Program – The Politics of Un/Success***

Lukas LAUBE (PhD Candidate), Charles University, Prague, Czech Republic

Drawing on data collected through ethnographic fieldwork in institutions dealing male street sex workers in Prague, the author describes the historical development and realities of the Czech national HIV/AIDS program. The Czech Republic has currently less than 1,200 people infected by HIV, which is one of the low-

est rates in Europe, and is viewed as result of the national HIV/AIDS program. The program was established by a few medical doctors with the aim to prevent the spread of the then new virus in the country in the 90s, with an enormous financial assistance from the state. The project targeted the medical treatment (but not prevention) of Czech citizens, for whom citizenship and compulsory medical insurance was the ultimate condition for getting HAART therapy for free. For the purposes of monitoring and identifying potentially infected populations, several obscure categories with covert ethical message were made up, such as homo/bisexuals, prostitutes (meaning female only), "promiscuous persons", prisoners, and injecting drug users (IDUs), which are even presently at use to inform the public about HIV/AIDS infection rates. Moreover, until 2007 every new case of infection was publicly revealed on the official web page, including a short description in terms of gender, sexuality, age and residence of the newly infected person. This supposedly led to several personal tragedies in the lives of infected people. Yet many other groups, such as male street sex workers, sexual tourists and immigrants, stay behind the horizon of the program. In the course of the last twenty years each of the original founders (all physicians) of the national HIV/AIDS program established their own NGO focusing on one of the above risk groups. As a result of clientelism, the program's finances were distributed almost exclusively among these doctors' NGOs. This tendency culminated in the building of the House of Hope (pseudonym), where HIV infected gays can live until their final days. The house costs the two-thirds of program's yearly budget, which, as a consequence of the labeling of HIV/AIDS as an illness of the 'other', has been decreased by 90 percent as compared to the amount available at the beginning of the program. This financial constraint leads to limited medical care and treatment for patients in need, and an open fight among the doctors whose NGOs struggle for survival.

► ***Medical Pluralism in Europe - an Eastern Poland example***

Malgorzata Anna CHARYTON (PhD Candidate), Adam Mickiewicz University Poznan, Poland

The phenomenon of medical pluralism which supposed to be typical for the non-Western countries is not widely observed nowadays in Europe. However it occurs to be an actual fact. The Russian case have been widely studied and described in many papers by Galina Lindquist. The other one can be a Polish example from the east region called Podlasie. What is interesting here it seems not to be only an effect of an increasing East Asian medicine systems impact. This and many other healing streams are increasingly getting complementary for the western biomedicine. It is especially a result of survival of a local folk medicine. In some local societies it can even run as an alternative for the official medicine.

A cultural background of this phenomenon plays the major role in shaping the situation. Some parts of the Podlasie region are inhabited mostly by members of a minority group defined by the Belarus ethnicity and orthodox religion. In the countryside still practice folk healers who cultivate mystic medical rituals. Methods which they use occurs to be extremely archaic (almost strictly magic) in compare to other regions of Poland, as well as composition of folk illnesses which they can cure.

In a conclusion (based on my field work) I would like to show how it is possible for some of natives to trust the biomedicine on one hand and to preserve some of their folk believes about illnesses and healing methods on the other hand. Why have practices of this local group been preserved up till now? How can it still be popular enough to stand an alternative for the official medicine?

► ***Wartime children in northern Uganda managed their mental distress in the context of medical pluralism***

Grace AKELLO (Postdoc), Gulu University, Uganda

During an ethnographic study with children of primary school age to examine their illness experiences and quests for therapy, they were asked what illnesses affected them in the past one-month and what coping mechanisms they employed to get better. The approach was mainly a qualitative investigation using techniques adapted for children such as listing, interviews, focus group discussions and participant observation. Children mainly discussed their experiences with infectious diseases and complaints symptomatic of mental distress. In management of common health complaints, children used mainly pharmaceuticals and herbal medicines. Although the latter signifies a healthcare resort in context of medical pluralism, it is in extensive examination of their coping with wartime mental distress that it is explicit how complex seeking healthcare in context of medical pluralism can be. For instance, since it was possible to access prescription-only pharmaceuticals over the counter without prior consultations with a professional healthcare giver, children named having used 'sleep medicines' such as Valium and Piriton in case they could not sleep. Other coping mechanisms included the use of the special plant *átika* to deal with sleeplessness and night mares; pain killers and sometimes resorting to excessive drinking of alcohol. Children also consulted with religious healers and herbalists for their chronic complaints symptomatic of mental distress, sometimes simultaneously. It is this paper's objective to discuss the latter issue. Supportive data for this paper was collected in 2004-2005 in northern Uganda.

► ***Scaling Comparisons: Some theoretical, methodological and practical issues of ethnographically comparing in medical anthropology***

Janina KEHR (PhD Candidate), École des hautes études en sciences sociales Paris, France, and Humboldt University Berlin, Germany

The practice of comparison has always been central to anthropological research and thinking. From the beginning on, comparing has been linked to the Other in comparison with the Self, and thus to questions of power, (over-)generalization and (essentialist) representation. Taking into account the history of comparison in anthropology and recent reflexive approaches to comparing, I propose to assemble a research tactics which tries to account for the problem of essentialism and generalization by scaling ones comparative optics. Departing from ongoing ethnographic research on tuberculosis in France and Germany, the paper retraces my struggle of operationalizing ethnographic comparison which neither essentializes a comparative Other (local, national, sector), nor overgeneralizes or decontextualizes what can be told about the comparandum in question. I argue that accounting for and actively working with the comparative scales one uses in the field might diminish – or at least explicit – the risk of essentializing and decontextualizing the research sites, actors and results. The paper finishes with some questions for discussion: How can one write up ethnographic comparisons? How to represent different changing contexts as well as highly local practices? These questions seem to be closely linked to problems of the scale(s) of comparison as well as their levels of generalization.

► ***Describing the Field without “Going Crazy” – the Ethics of Description***

Martina KLAUSNER (PhD Candidate), Humboldt University Berlin, Germany

Doing ethnographic research in sensitive settings such as the mental healthcare system constantly challenges one's own research ethics in various aspects of the research process: from the definition of research aims, to the ways of asking questions, from interactions with people in the field, to the production of descriptions and texts. Drawing on my fieldwork and fieldnotes in psychiatry I will discuss research ethics as an ongoing process, focusing especially on the act of making ethnographic descriptions.

In the research for my dissertation, I am focusing on the classification “chronically mentally ill”. How is the classification “chronic” produced, practiced and what are the consequences of being classified as chronic? My fieldsites are a psychiatric ward in a district hospital in Berlin; mental health services in this district (e.g. assisted living); and the everyday lives of people classified as chronically mentally ill. In my dissertation, to avoid reductionist explanations I frame the production of chronicity as a relational process between the different sites and involved actors.

I started my research by conducting fieldwork at a psychiatric ward for two periods of six weeks each. During the fieldwork and afterwards, I tried to produce descriptions that left space for different views and realities, respecting the people I worked with, patients as well as professionals. My aim was to describe the relational process of knowledge practices in everyday psychiatric work.

However, my first selections of empirical data and preliminary interpretations presented a perspective that did not resemble my research aims and my experiences during fieldwork. Something got lost. By rearranging and rewriting my notes I tried to recapture a differentiated comprehension of people's actions and beliefs. In my paper I will discuss this process of (re)writing (field)notes as especially challenging to research ethics.

► ***Representations, Responsibilities, Recommendations. A case from the field of HIV/AIDS research in Uganda***

Birgitte FOLMANN (PhD Candidate), Aarhus University, Denmark

Within the field of HIV/AIDS research, beyond anthropology, there is a great interest in drawing upon anthropological expertise to design interventions which target people and places with the explicit intention of promoting social change and saving lives (Singer and Baer 2007:21). However, solving ‘real world’ problems by means of applying anthropological theories, concepts and methods calls for vigilance and attentiveness from the anthropologist. This paper is about the challenges in applying anthropological research in a field defined by quantitative research methods with a high demand for intervention.

Fieldwork for my PhD was conducted among HIV positive men and women in Northern Uganda, and I will present a case from this fieldwork.

The case sets out dilemmas I encountered, emphasizing some of the challenges and possible ethical issues anthropologists face when working on potential ground of intervention and dealing with the potential of

changing other peoples' lives. When working in a field where applying your knowledge is highly expected, it is particularly important to reflect on the implications of applying such findings. The audience of organisations and policy-makers within HIV/AIDS interventions requires straightforward recommendations and simplification, but how can anthropological knowledge be transformed and to whom are anthropologists responsible? Although anthropology as well as other social sciences have much to contribute to the field of health, it is not always easy to navigate between the ethical chore of revealing sometimes unpleasant – contradictory – findings and at the same time stay loyal to your informants and their reality.

► ***Strangely familiar - doing research in a clinical setting "at home": access to a psychiatric ward and relations to gatekeepers***

Nina GRUBE (PhD Candidate), University of Muenster, Germany

The Dutch medical anthropologist Els van Dongen described her experience carrying out fieldwork in a mental hospital in her native country as "being a stranger on terra cognita". Although we don't travel to foreign shores while doing research in our native countries, we still might find ourselves confronted with "the others" as van Dongen calls the mentally ill patients whom she studied. Additionally, the knowledge, language and rituals of the biomedical discipline of psychiatry itself can be strange and "exotic" to the anthropologist. Access to the field and interacting with gatekeepers might consist of equally unfamiliar procedures. In my paper I would like to pick up on the notion of strangeness/familiarity and present some of my own unpublished work on migrants and questions of mental health from my ongoing PhD research in Berlin, Germany. By giving examples of my research in a clinical psychiatric ward, I would like to address the ambiguity of doing Medical Anthropology "at home", such as challenges in access to a clinical setting, interacting with gatekeepers, and ethical questions regarding patient and staff confidentiality.

PANEL 3 - MIGRATION & HEALTH

► ***Health Beliefs and Help Seeking Practices of Migrants from the Former USSR in Germany***

Polina ARONSON (PhD Student), Warwick University, United Kingdom

After the collapse of the USSR more three million people from former Soviet republics have migrated to Germany, most of them being either of ethnic German or ethnic Jewish origin. Although there is some research done on general integration difficulties experienced by these groups of migrants, little is known about their help seeking practices.

This paper will be based on an integrative approach, whereby both cultural identity and socio-economic status are taken into consideration as social determinants of help-seeking practices. However, I will argue that in case of migrants from the former USSR, cultural identity should not be attributed to ethnicity. Soviet leaders pursued to eliminate ethnic cultures, and as a result, most of the persons discussed in this paper have not experienced their ethnicity as a set of norms, beliefs and traditions expressed in everyday practices. Instead, I will argue that they have formed their health beliefs and help seeking practices not as ethnic Jews or Germans, but as Soviet citizens with different socio-economic and cultural identities (e.g., 'academic intelligentsia' or 'peasants').

This paper will discuss how such identities constructed and acquired in the Soviet epoch have been integrated into migrants' lives in Germany, how they have become translated into socio-economic categories, and how they continue affecting migrants' health beliefs and their help-seeking practices.

► ***Active Filmwork with an integrative aspect for youth with the backgrounds mental disorder (here in the presentation), migration and disability***

Karin DUERR (Graduate student), Free University Berlin, Germany

Right now I work in the Evangelisches Johannesstift Berlin with children (8-11 years) and youth (14-17 years) who are in social problematic situations. I.e. they are living outside of their families because of abuse, poverty, psychological problems; they have language deficits, problems to express themselves, talk about their needs, identification etc.

There are two art-therapists working with them and they give me free space to integrate the camera into the lessons.

Intention in this project:

Intention is to use filmwork for therapeutical matters.

The focus lies on biography work with the aim to strengthen the self consciousness, ability to talk about their lives, express fears and perspectives, and give them a protected space to feel free and secure in which they learn teamwork, cooperation with the other kids, respect and caring.

Anthropological background:

My work is differentiating between conventional mediapedagogy. Important for me is to analyse the affects of a camera in the group. I reference to indigenous media projects and the participative filmwork. In the center is the respectful approach to other people, and the shift from other cultures to other life-circumstances. The importance in ethnological work to integrate the participants and to let them express themselves in their way is applied in the youth work.

Methodology:

Together with the art-therapeuts I introduced the children and youth to the camera.

First it was integrated in the recent projects, so there was not a break between the lessons without and with camera.

Then they were introduced into the handling of the camera and were allowed to try it out in „interviews“. They masked to switch into another person and were asked about their lives. We try to come closer and closer to the biography work which will end in a film, that they do with the theme: MY STORY.

PANEL 4 - GENDER & HEALTH

► *Culturing the Population Bomb: On Slovak Fears of Roma Wombs*

Edit SZÉNÁSSY (PhD Candidate), Charles University Prague, Czech Republic

The present paper analyzes some of the taken for granted discourses, produced by media, public actors, and medical authorities around the allegedly excessive nature of Romani (Gypsy) reproduction in Slovakia. It critically examines allegations about the dangerous consequences of Romani women's high fertility rates in the country, and emphasizes that they are built around socially constructed stereotypes and prejudices about the Roma, rather than empirical facts.

This paper draws on the anthropology of reproduction, which understands reproduction as not merely a biological, but also as a culturally mediated and politically influenced act. In this contested field women as reproducers of the nation, bearers of the collective, gain a particular significance, hence the discouragement of the reproduction of some segments of the population, while encouraging others, is an important means of governance. In Slovakia, demographic analyses about falling birth rates in the country have widely discussed increasing Romani births in the context of a future threat about Roma outnumbering Slovaks. Constructed as the reproductive other bearing 'unhealthy', 'feebel-minded' progeny, Romani women's wombs are of grave concern to the state and gadje (non-Roma) both as a further burden on the welfare economy, as well as an additional load on the medical system. This paper suggests that the public re/production of images about the Romani population bomb is harmful in various ways, and that they lead to the further exclusion and discrimination of Romanies in the region.

► *Doing gender and shifting practices: Genetic testing and disorders of Sex Development*

Daniela CROCETTI (PhD Candidate), Bologna University, Italy

Since 2006 there has been an international move to change terminology from Intersex to DSD (Disorders of Sex Development). This syndrome oriented terminology hopes to refocus attention towards a patient centered care model that illuminates physiological issues, thereby creating greater communication between doctors and patients. However, there is still much debate as to how this further medicalization standardizes the treatment of the exquisitely social dynamic of gender identity.

Since 2000 Italian hospitals have increased their use of molecular genetic testing, that has provoked a shift in diagnose and gender assignment. Through work with two Italian patient groups, Klinefelter Italia Onlus and AISIA (Associazione Italiana Sindrome Insensibilita agli Androgeni), I hope to investigate the shift in practice from gender theory to disability theory and the implications of increased genetization.

► ***Constructing the anorexic patient: an anthropological approach to the interactions between medical therapies and the configuration of illness experiences***

Federica DEIANA (PhD Candidate), Centro de Ciencias Humanas y Sociales, Madrid, Spain

My doctoral project intends to explore the interaction between biomedical therapies and self-perception of the anorexic body, through both historical reconstruction of their relationship and ethnographic research. The main aim is to analyse the circulation of meanings that occur through the doctor-patient relationships in order to shed light on the ambivalent dynamics between the medical categories of “body” and “illness”, and the configuration of the subjective experiences of anorexia. As a preliminary work I will analyse how medicine builds on the concept of “therapeutic treatment” and how it is used by doctors and perceived by patients. This critical approach will permit a shedding of light on the conceptualizations of disease, subject, and body that support the medical model of “curing” anorexia. By considering the limits of this medical approach, a different way of conceptualizing the therapeutic treatments will be elaborated and presented as a theoretical tool for the development of the fieldwork. The proposal will focus on treatment as a social, experiential and political process, for both the doctors and the patients involved. By applying this way of thinking when considering the encounter between doctors and patients, the main purpose of research will be to explore the process of negotiating the meaning of the illness experience. This takes place in the interaction between the doctors’ practices, mostly oriented to the elimination of the pathology, and the patients’ practices, mostly oriented to making sense of the experience of being sick. Therefore, the principal aim would be to analyse/understand the ambivalent relationships between the cured subject and the normative categories about the “healthy body” and the “ill body” and how they affect the ways of becoming anorexic.

► ***Contribution, Challenge, or Threat? Dutch Psychiatrists’ Attitudes towards Pharmaceutical Promotion***

Payam ABRISHAMI (Graduate Student), University of Amsterdam, Netherlands

Introduction: This qualitative study seeks to contextualize the interaction between psychiatrists and pharmaceutical promotion and to describe how they perceive the influence of pharmaceutical promotion.

Method: 26 Dutch psychiatrists, residents included, were selected and interviewed using an in-depth semi-structured technique. The respondents’ accounts were then analyzed in accordance with a critical theoretical perspective in medical anthropology.

Findings: Pharmaceutical promotion often appeals to the psychiatrists’ unconscious selves, influencing their decisions and prioritizations in prescribing. Promotional strategies to differentiate a new product are reported to be extremely diverse, innovative, and often intense. Rational prescription is viewed as maintaining a proper combination of introspection, knowledge, and criticality towards the ‘why-ness’ of prescribing medicines. However, psychiatrists believe that the uncritical colleagues are dominant.

Pharmaceutical promotion is seen ambiguous due to the unclear border between science and commerce in its very nature. A subsequent conflict of interest is perceived but conceptualized differently. Conservative psychiatrists view it as a threat to the code of professional conduct, thus hesitate to interact with the industry while those who call themselves ‘liberal’ emphasize the inevitability of being influenced, thus keep a cautious communication.

Psychopharmaceuticals are generally viewed as not clinically-effective enough. This contingent effectiveness, however, leads to an ongoing hope for a more effective medicine to emerge rather than a skeptical though toward the existing one. Simultaneously, an inherent “newer-is-better” mindset reinforces that perception. New medicines, with uncertain effectiveness, are believed to be promoted with claimed fewer side effects or with hyping the misery of side effects of the existing alternatives.

Conclusion: In the extent of influence on psychiatrists, pharmaceutical promotion moves beyond compelling advertisements. Whether this influence is conceptualized as a contribution, challenge, or threat to psychiatric practice, a “slight paranoia” derived from the critical scrutiny of the dynamics of promotion is seen reasonable to prevent inappropriate prescribing.

► ***Passing for Kinship. The Quest for the fitting Phenotype in transnational IVF.***

Sven BERGMANN (PhD Candidate), Humboldt-University, Berlin

“Fertility Tourism” is the journalistic eye-catcher focussing the phenomena of patient mobility in search of a reproductive treatment in another country by circumventing national laws, access restrictions or waiting lists. But it is not only about the transnational routes of travelling patients or air-shipped sperm samples. Also the clinical spaces could be described as a part of these processes relating to Europe’s stratified landscape of

reproductive technologies. In comparison to other areas of “medical tourism”, which are subjects of debate as a consequence of neo-liberal health politics and international medical competition, the mobility in the area of reproductive technology has a special feature that has to do with the role of the “promissory capital” (Charis Thompson) of In-vitro-Fertilisation (IVF).

My comparative and multi-sited-ethnography in Spanish and Czech IVF clinics examines these places as associations and intersections of medicine, bio-capital, donors, recipients, bodies and bodily substances. Therefore I am deeply interested in emerging practices in IVF and gamete donation like donor recruitment, phenotype matching and embryo donation. These practices do have an impact on so different domains as medical knowledge, gender, heteronormativity, law, ethics, genealogy, resemblance and kinship.

► ***“No matter if you're sick in bed or crying at a burial - take your ARVs!” - The ambivalent production of patient adherence to antiretroviral treatment in urban Tanzania***

Dominik MATTES (PhD Candidate), Free University Berlin, Germany

This paper highlights two issues that shed light on the implementation and the impact of mostly trans-nationally funded antiretroviral therapy (ART) in urban Tanga, Tanzania. First, the procedures of enrolling patients in the national treatment program at the regional government hospital and further urban health centers are examined. The technologies that medical professionals hereby deploy in their attempt to produce adherent patients are crucial for the desired positive treatment outcome as they substantially set the preconditions for a biomedically “sound” life-long “relationship” between the patients and the medicines. Secondly, exemplary cases of how the drugs are inscribed into the patients’ and their families’ everyday lives – including the “treatment literacy” of close relatives – will be examined in order to depict the medicines’ impact on processes of stigmatization, disclosure and readiness to undergo voluntary HIV-testing. It is argued that the observed biopolitical power that is exerted by medical professionals on individual ARV users only partly contributes to the production of the desired self-responsible patient in the sense of a “therapeutic citizen”. Due to structural shortcomings and insufficiently addressed factors – such as widely applied traditional healing methods – the impact of ART in Tanzania continues to be ambivalent.