



Arc of Interference: Medical Anthropology for Worlds on Edge, **edited by João Biehl and Vincanne Adams. Durham, NC: Duke University Press, 2023**

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Over the past 20 years, Harvard University has developed a successful approach to global health that is rooted in medical anthropology, and Arthur Kleinman has been instrumental in crafting that approach. *Arc of Interference* pays tribute to Kleinman’s career through the writings of his students and colleagues, many of them renowned scholars in their own right. The book arranges twelve chapters into four sections, providing a structure that foregrounds the significance of care in imperiled worlds while raising significant but measured critiques of the field of global health. The book is especially relevant for students and scholars interested in learning more about the approach that the authors describe as critical medical anthropology, especially as applied to global health (notably, including global mental health).

Arc of Interference opens with a foreword written by global health luminary Paul Farmer in what may be his last publication before his untimely death. As always, Farmer’s writing is incisive and enlightening. He points out that caregiving—a key aspect of the book—has “largely been stripped out of public health” and that “[d]isease control is not at all the same as caring for those afflicted by pathogens” (xix). In the context of recent calls to decolonize global health, Farmer’s observations point toward an argument that is repeated throughout the book: public and global health must integrate medical anthropology—in particular, its emphasis on care and the primacy of human experience—in order to improve outcomes and advance these fields.

In the introduction, editors João Biehl and Vincanne Adams provide an overarching vision for the book that relies on two key phrases: arcs of interference and worlds on edge. The first term, arcs of interference, refers to in-process projects of “interrupting ideals of naturalness, breaking open commonsense understandings and technical assessments” (3). In many ways, this is a re-articulation of one-half of a classic anthropological dualism—making the familiar into something strange (while also making the strange seem familiar). Indeed, medical anthropology can contribute to public and global health by drawing attention to problematic assumptions that may implicitly or explicitly shape health interventions, especially problematic assumptions rooted in a lack of understanding of cultural differences or a lack of accounting for the complexities of human experience.

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The second term, worlds on edge, refers to a host of interrelated contemporary problems, from autocracy and disintegrating cultures to forced migration, abrupt climate change, extreme populism, war, etc. The pluralization of “worlds” aligns with anthropological assertions that distinct communities may inhabit different worldviews. In other words, human groups understand the world in potentially non-overlapping ways, and we do so through the lenses provided by cultural practices and patterns. Despite this emphasis on difference, there is a causal through-line that cuts across these distinct issues theorized as “worlds on edge.” That through-line is racial capitalism in the wake of colonialism. This overarching problem perhaps could have been emphasized more explicitly, especially in light of the volume authors’ utilization of the work of scholars who themselves focus on this issue, such as Frantz Fanon, James Baldwin, and Angela Davis.

Part one of the book focuses on death, with a chapter on self-immolations in China’s Tibet, a chapter on the treatment of the bodies of dead undocumented migrants in the Mexico-US borderlands, and a chapter on deaths among firefighters in US wildlands due to the unpredictability caused by runaway climate change. These chapters are emotionally devastating to read due to the ways that they expose injustice, lack of care, and the tumultuous political and natural state of the world.

Part two of the book is titled “The Category Fallacy and Care Amid the Experts.” The category fallacy is a term created by Kleinman to refer to the ways that clinicians often search for Western diagnostic categories in other cultural contexts, not recognizing how cultural differences may involve both distinct diagnostic categories and different lived experiences and understandings of illness. Two chapters in this section—one critiquing the ways that global health leaders justify a lower standard of health care for the world’s poor and one on difficulties surrounding heart disease and cardiac care in India—are more focused on descriptions and critiques of “care amid the experts.” The third chapter is a case study of mental health care for a Zuni woman in New Mexico that emphasizes the interplay between culture, diagnostic categories, structural inequities, and human experience.

Part three of the book explores the ways that technological advances in clinical medicine may erase the ambiguity of lived experience and thus result in totalizing perspectives. These chapters advocate for “interference in totalizing orientations to life on the margin” (157). This includes a chapter on the experience of poor transgender women in India in the context of a new biometric identity project that ignores the multivalence of transgender identities, a chapter on the moral ambivalence of in vitro fertilization and assisted reproduction as part of what is termed “medical cosmopolitanism,” and a chapter on how contemporary understandings of epigenetics may optimistically open up science to ambivalence and thus to the insights of the social sciences on the connections between biological selves, culture, and experience.

Part four is titled “Tracing Arts of Living (Or, Anthropologies *after* Hope Has Departed).” This section includes a chapter about how Hyolmo people approach death with a Buddhist ethics of care, an essay on how “[e]thnography is a way of both staying connected to the plasticity of lifeworlds and offsetting the ruse of overdetermination and the foreclosure of knowledge” (270) (based on encounters with a research participant who was the focus of a project on HIV/AIDS in Brazil), and a concluding chapter that summarizes previous chapters with a discussion of privileging the human.

Several of the chapters, including the concluding chapter of part four, level strong if brief critiques against the concept of an “anthropology of the good”—a concept previously developed by anthropologist Joel Robbins. Though focused on anthropology, this discussion has broader implications. The authors suggest that to narrowly define one’s work as being an examination of “the good” may mean pre-determining one’s topic or avoiding

discussions of suffering. However, a deeper analysis reveals that a scholarly focus on care is not the opposite of a focus on the good. Rather, it transcends the suffering/good dichotomy, as is indicated by Arthur Kleinman's afterword to the book. Caregiving involves doing what is defined as good in a particular cultural context, often in response to suffering. Scholarship on care situates researchers in alignment with the experiences and perspectives of caregivers and recipients. It is in this sense that such work can provide arcs of interference that problematize dominant frameworks of medicine and global health in ways that may provide the basis for improving these fields.

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