

GUEST EDITORS' NOTE

THE BIOMEDICALIZATION OF BRAZILIAN BODIES: ANTHROPOLOGICAL PERSPECTIVES

This special issue brings together work on the “biomedicalization” of Brazilian bodies, examining the way biomedical techniques are taken up across the divergent structural constraints afforded by private and public health in Brazil. Biomedicalization – or “technoscientific interventions in biomedical diagnostics, treatments, practices, and health to exert more and faster transformations of bodies, selves, and lives”¹ – forms an assemblage that is both global and highly local. Our aim is to interrogate this phenomenon from Brazil.

The authors, writing from Brazil, Europe, and North America, share a long-standing commitment to analyzing the specific local biologies² – and local politics – of Brazilian approaches to health and the body. They probe the incursion of biomedical technologies within richly depicted social worlds, revealing quotidian violence (particularly where women’s bodies are concerned), exceptional forms of care within conditions of precarity, and the intersections of kinship, class, work, and the symbolic capital afforded by biomedical consumption in Brazil. They share a commitment to critically engaging with biomedical conceptions of disease and illness, destabilizing the body as a stable referent (implicitly grounded in a biomedical ontology), analyzing health as a deeply relational, situated, and political process.³

The articles draw on critical theory and science and technology studies,⁴ departing from a practice of medical anthropology subservient to biomedical concerns. They reveal the vitality of Brazilian anthropology of medicine and anthropological studies of medicine in Brazil. We believe that the main obstacle to the wider circulation of Brazilian studies in medical

¹ CLARKE, Adele et al. *Biomedicalization: technoscience, health, and illness in the U.S.* Durham: Duke University Press. 2010. p.384.

² LOCK, Margaret. The tempering of medical anthropology: troubling natural categories. *Medical Anthropology Quarterly*, v.15, n.4, p.478-492. 2001.

³ DUARTE, Luiz Fernando Dias. Indivíduo e pessoa na experiência da saúde e da doença. *Ciência e Saúde Coletiva*, v.8, n.1, p.173-181. 2003; LANGDON, Esther Jean, FOLLÉR, Maj-Lis. Anthropology of health in Brazil: a border discourse. *Medical Anthropology*, v.31, n.1, p.4-28. 2012; RHODEN, Fabíola. Honra no Brasil: da moral sexual à imagem da nação. *História, Ciências, Saúde – Manguinhos*, v.8, n.3, p.767-773. 2001.

⁴ CLARKE et al., op. cit.; FOUCAULT, Michel. *The birth of the clinic: an archaeology of medical perception.* New York: Pantheon. 1973; JASANOFF, Sheila. *Science and public reason.* New York: Routledge. 2012; LATOUR, Bruno. *Reassembling the social: an introduction to actor-network-theory.* Oxford: Oxford University Press. 2005; MOL, Annemarie. *The body multiple: ontology in medical practice.* Durham: Duke University Press. 2002; RABINOW, Paul. *Essays on the anthropology of reason.* Princeton: Princeton University Press. 1996; ROSE, Nikolas. *Politics of life itself: biomedicine, power and subjectivity in the twenty-first century.* Princeton: Princeton University Press. 2006.

anthropology seems less the product of an epistemic and methodological incommensurability⁵ and more the result of an uneven circulation of our Brazilian colleagues' work beyond Brazil, due to the paucity of structures that facilitate collaborations and the hegemony of the English language in international publications. One of the goals of this special issue is to showcase the prolific circulations that constitute the field and provide a forum for productive exchange between anthropologists, sociologists, historians, epidemiologists, and public health experts interested in the biomedicalization of Brazilian bodies.

The texts in this special issue examine the elusive and fluid careers of abortive drugs as they travel through legal regimes; the contingencies of psycho-pharmaceuticalization, beyond the resistance or bioreductionist polarization; the stratification of obstetrical ultrasound use; the rich social worlds within which genetic technologies are taken up and made sense of; and the blurring of enhancement and health and the redefinition of what caring is.⁶

De Zordo analyzes the social life of misoprostol, a drug taken up in Brazil for self-administered abortions. This rescripting of misoprostol has reduced the morbidity linked with illegal abortions, but as McCallum, Menezes, and dos Reis show, it does not protect the low-income women who resort to this method from receiving discriminatory treatment in the hospitals where they turn for help. Together, these texts navigate the highly sensitive issue of abortion, subtly recasting the issue as epidemiological and structural, inscribed in institutional cultures which leave little room for quality of care. Chazan and Faro show how the obstetrical ultrasound is put to work in markedly different ways in private clinics and public hospitals. While affluent women are invited to "meet" their child, the use of this technology among low-income women is highly impersonal. Even before birth, Brazilians are divided into anonymous "individuals" and well-defined "persons." Calvo Gonzales shows how biomedical knowledge about genetic risk and living with sickle cell anemia is woven into a web of daily practices of care and local etiological understandings that accommodate a range of explanatory models. Her article reveals the importance of ethnography – with its unique attention to context, gender relations, power dynamics, and daily practices – to understanding how biomedical technologies are put to work in different contexts.

Gibbon compares cancer genetics in Cuba and Brazil, contrasting the focus on community genetics in Cuba with the focus on individual histories in Brazil. She shows that diet, emotions, and family history play as much a role in Brazilian understandings as the notion of mutation in DNA sequences. Diniz and Brito describe the fate of the oldest "criminal insane" woman in Brazil. Their text explores the tensions between the criminalization and psychiatrization of deviance and analyzes shifts in Brazilian conceptualizations of criminal madness. Béhague examines the way Brazilian psychiatry both resists bio-reductionist logics centered on pharmaceuticalization and accommodates for it in an attempt to provide respite for youth burdened by poverty and exposure to violence. Her analysis of the origins of the bioreductionist episteme locates the ambivalence of this partial biomedicalization in the *longue durée*.

⁵ As suggested by Langdon, Follér, op. cit.

⁶ The question of indigenous health is an unintentional blindspot here, as the three authors we contacted either declined or were unable to contribute.

The articles brought together in translation in the “Sources” section provide ethnographic examples of the biomedicalization of Brazilian bodies through an analysis of the judicial dimension of pharmaceutical access, for Biehl and Petryna’s contribution and the blurred rationales of “cure” and “care,” where Edmonds and Sanabria are concerned. Both articles tackle classical theories of biopolitics by showing the specific, historically contingent articulation of notions of rights in relation to the “public” of public health and by problematizing the notion of a skin-bound individual making choices devoid of sociality.

Biehl and Petryna’s chapter examines what they call the pharmaceuticalization of health care, the judicialization of socioeconomic rights, and the power of biotechnology to remake human and social worlds. They draw on an analysis of the struggle of parents of children with mucopolysaccharidosis – a hereditary disease which severely handicaps affected children – to access expensive drugs for this conditions in the name of the universal right for health. The judicialization of health, Biehl and Petryna propose, is not a top-down model of governance in which authorities control the population’s well being, but rather a struggle over the utility of government by multiple public and private stakeholders. Biomedicalization in a time of “global health,” they show, can require painstaking labour for juridical subjects in relation to therapeutic markets, ailing public health infrastructures and fragile medical collectives.

Edmonds and Sanabria’s article highlights the overlaps in how plastic surgery and hormonal therapies are used in urban Brazil to fulfill a range of goals that exceed remedying ill-health extending to enhancement. Their article probes the process Clarke termed “biomedicalization” through ethnographic work in women’s health care practices in Rio de Janeiro (RJ) and Salvador (BA). They show how self-management through the adoption of hormonal and surgical techniques is rarely about just the “self,” and is a means of managing professional, domestic or marital relationships. In this sense, the article traces how social ties are also produced through work on bodies.

Taken together, these texts make visible the sites where the consumption of “things medical”⁷ becomes a marker of modernity and citizenship and display the heavily stratified reality of biomedicine in Brazil, which unevenly spans the distance from lavish extremes of “boutique biomedicalization for optimization”⁸ to bare life and states of exception.

Ilana Löwy
Emilia Sanabria

⁷ CLARKE et al., op. cit.

⁸ CLARKE et al., op. cit., p.388.