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Edgework in medical anthropology

Eileen Moyer and Vinh-Kim Nguyen

Looking obliquely at the edges of things, where they come together with other things, can tell you as much about them, often, as can looking at them directly, intently, straight on.

– Clifford Geertz, ‘The New East in the Far East’

Contemporary critical theory teaches that identity is created through borders and oppositions. The outside constructs the inside and then hides the work of fabrication in an entity that appears to give birth to itself.

– Wendy Brown, *Edgework: Critical Essays on Knowledge and Politics*

‘Edgework’ is a term used to describe voluntary risk-taking activities that test the borders and boundaries of social and cultural norms. According to sociologist Stephen Lyng (2005), those who engage in edgework are motivated as much by a longing for emotional intensities as they are by rational thinking. Given anthropology’s fascination with margins, borders, and boundaries, we might see anthropological practice as a type of edgework, replete with opportunities to experience fear, excitement, risk, and consequent adrenaline rushes. While perhaps not exactly the same as bungee jumping or experimenting with heroin (both classic examples of edgework), anthropology certainly has the potential to evoke emotional intensities, especially when doing research and writing that require us to step out of our comfort zone.

When we first conceived of *MAT*, we hoped it would provide a space for exploring the borders of anthropological enquiry, with a focus on health, medicine, and the body. We see these borders as disciplinary, among anthropology, public and global health, biomedicine, and medical humanitarianism. But there are also epistemological borders between applied and more theoretical anthropology that are worth challenging, as well as the very real geopolitical and linguistic borders that privilege the production and circulation of anthropological knowledge from particular parts of the world, most notably North America. If there is something that sets *MAT* apart, we hope it is our willingness to publish work that pushes disciplinary, geographic, linguistic, and epistemological boundaries, work that shifts our attention from the centre to the edges.

This issue of *MAT* contains four articles that contribute to our exploration of the edges. In an article focusing on HIV policy making in South Africa, Theodore Powers asks (and answers) questions about practices of multisited ethnography. His article provides an excellent review of current literature on this topic and invites us to consider a methodological approach that focuses on the 'hot spots' where diverse actors come together to make policy.

Paul Christensen examines the stories people tell about recovery in Narcotics Anonymous. His research takes place in an un-named postindustrial American city, which bears heavy scars from decades of neoliberalization. From this fringe city, we gain a glimpse of another America, where individual success and 'working the programme' remain equated with being a productive member of society despite rampant unemployment and few opportunities to escape the structural causes of social suffering that lead many to drug use.

Isabel Beshar and Darryl Stellmach's coauthored article examines the borderlands of anthropology and medical humanitarianism, defining three distinct patterns of engagement: critique, translation, and reform. Their article provides a useful review of recent literature on the anthropology of humanitarianism, while also illustrating similarities in the ways that medical anthropology and medical humanitarianism developed and transformed in a postcolonial moment 'when neoliberalism, human rights, and democratic individualism were ascendant values'. Essential to both enterprises has been the positioning of practitioners at the critical edge of Western imperialism.

This issue's fourth article, coauthored by Nianggajia and Heidi Fjeld, focuses on the use of Tibetan medicine by Han Chinese and Muslim Hui people living in the Qinghai province of the People's Republic of China. Their research provides insight into a particular space of cosmopolitanism at the edge of China, where people of diverse ethnic background practice medical pluralism as part of a pragmatic response to China's liberalizing health care system.

These otherwise distinct articles all engage with edges – geographic, economic, linguistic, and disciplinary – and in so doing help *MAT* to achieve its goals of decentering anthropology and questioning boundaries. They are complemented by a photo essay on diabetes in Senegal by Steven Rubin and Rhonda BeLue and book reviews by Jessica Hardin, Rebeca Ibáñez Martín, and our own Branwyn Poleykett.

Finally, we would like to note the passing of Corlien Varkevisser, who, as a professor of medical anthropology at the University of Amsterdam, played an important role in helping to shape the discipline there, and in particular the engaged approach to applied anthropology that continues to be embraced by many Amsterdam-based and Amsterdam-trained medical anthropologists. We are grateful to her colleague Sjaak van der Geest for highlighting some of Professor Varkevisser's contributions to the field.

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