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What happens at the intersection of medicine and critical social sciences? In October's post, "The promise of teaching medical anthropology," I asked what critical and social medical education promises to medical students and our teachers. Lauren Berlant's work suggests that as education increasingly obeys the rhythms of commodity circulation, we might think of what kinds of desire are protected and sustained by the interventions of social sciences and humanities into medical curricula.

Here, I want to follow this critique with a few complicating questions. I am left with a sense that my critique is too sharp, or perhaps leaves something out. At the end of my post, I asked, "what does humanistic and social medical education promise to medical students?" But if the implicit question here is what is the point of teaching anthropology to medical students, we could just as easily ask, what is the point of such a critique? Why should we think about this intersection in terms of a promise to medical students rather than a promise to the humanities? Isn't questioning the enterprise of humanistic medical education exactly the kind of perspective that such education hopes to cultivate?

Though all medical curricula are undoubtedly flawed, I also believe in the urgency of critical activism within medical education. Because of this, my critique of the challenges of the curriculum work that I am part of is not a disavowal of that project; on the contrary, it is precisely this critical work that allows me to sustain my own investment in medical anthropology's promise. Critique here reassures, telling us that the failures of the present do not represent the impossibility of our desire to transform medicine.

This affective and political basis of critique is what Robyn Wiegman so brilliantly illustrates in her book *Object Lessons*. She shows how critical practices—in particular, identity knowledges—are themselves rooted in a political desire that must be constantly renewed through a series of acts of renaming and reframing. Critique, she writes, "is a curious sort of work. The actual labor of it requires endurance, and like most kinds of endurance it is easy to be tricked by the fantasy of closure necessary to arrive at the end" (313). In other words, critique is always related to desire, and in this case, perhaps reveals more about my own ethical and political desire than about the possibilities created by teaching anthropology in medical school. As Wiegman puts it, "…critique is most often the device used to discern how *other people's* ideas are inadequate to the desires *we* have invested in them, not the means of tracking the failures and inconsistencies in our own" (314).

Part of medical anthropology's "field imaginary," as Wiegman calls it, is the expectation that anthropological critique will transform medical practice, and not the other way around. Such a distinction between theory and practice generates critical energy, but also, I think, forecloses the most interesting possibilities for collaborative engagement between social science and medicine. In my next post, the third part of my interrogation of anthropological interventions in medical education, I will consider what happens when we imagine the transformative potential of anthropology and medicine in other ways.

Works Cited:

Wiegman, Robyn. 2012. *Object Lessons*. Durham: Duke University Press.