

VIII MAAH Conference:
Assemblages, transformations, and the politics of care.
Bologna-Bertinoro, ITALY
May 29th to June 1st, 2014

Call for Abstracts

The next bi-annual conference organised by the **Medical Anthropology at Home (MAAH)** network will take place in Italy, between May 29th to June 1st, 2014. Our theme for this 8th MAAH conference is: *Assemblages, transformations, and the politics of care.*

The theoretical reflection on the concept of care is fundamental to the development of medical anthropology as a field of inquiry. Research in this area allows anthropologists to engage with the specific cultural dimensions of therapeutic practices and forms of suffering, within the local relationships between healing providers, patients and emergent forms of lifestyles. Through the interrogation of such cultural processes, the concept of care is often placed in oppositional and axiomatic terms to that of cure. Care is perceived as an intangible outcome of social relations and transformative actions, insisting on the intimate and personal dimension of human relations, emphasizing its opposition to the technical dimensions of healing practices. Anthropological focus on the meanings involved in ritual and therapeutic performances has also been crucial in highlighting the symbolic dimensions leading to treatment effectiveness. Yet these reflections are often opposed to issues of efficiency in health care practices and policies. Within this series of conceptual oppositions, the concept of care, on the one hand, has allowed scholars to problematize and investigate topics associated to “therapeutic itineraries” and “help-seeking behaviours”. On the other hand, this opposition runs the risk of divorcing such care processes from meaningful interactions that intersect across different levels of social exchange.

In this call for papers, we propose to critically engage with the concept of care, investigating the intermediate zones between public-political-welfare on the one hand; and, the intersubjective-intercorporeal agents of therapeutic and healing processes, on the other. We welcome contributions aiming to question such issues from different analytical points of entry in order to investigate the moral, material and social assemblages, the mechanisms of transformations, the specific and continually shifting negotiations and relationality that define contexts of the politics of care. From a critical perspective, it seems possible to discuss the shifting institutional arrangements and health care systems reform – how is care provided and received, by whom, in what contexts, what are the social, intersubjective, moral and intercorporeal consequences? We invite papers that explore how providing and receiving care is played out at the experiential level, in the production and transformation of different forms of subjectivities and agents. Ultimately, papers may investigate how emergent forms of biosociality, control and subjectification are configured in socially situated and culturally specific terms.

§ *The political economies of care*

The work of care does not only involve existential dimensions and personal choices, as it is always embedded in specific political strategies aimed at promoting the equity and appropriateness of the health services to meet the needs of all the actors implicated in therapeutic and rehabilitative interventions. We cannot ignore the impact of policies aimed at reducing public investment into health care services, that reconfigure the formal and informal roles of multiple actors involved (the State, public institutions, third sector, NGOs, private health markets, pharmaceutical industries, families and individuals) and reduce the social welfare. Similarly, we must take into consideration the neoliberal policies, that in the last decades that have reframed the global health agendas at the national and international levels – disinvesting from primary health care and social protection in favour of specialized medicine (as in tertiary hospitals), market and private oriented services, in its course limiting enormously the involvement and the institutional legitimacy of local communities’ health knowledge and practices. These structural policies can be contextualized at different levels in an attempt to account for the interaction of marginality,

poverty and inequalities with molecular processes and relationships incorporated in concrete care interactions and situations. The thick processual interplay of historical, social and political factors allows us to investigate the remaking of institutional settings and the production of new forms of life at the intersection of new flows of exchange and negotiation between the public sphere, health markets, pharmaceuticals, administrative policies and procedures and individuals daily life. Within such complex assemblages the basic right to health, both in the global south and north, is an issue constantly being negotiated and reaffirmed. These issues also traverse cosmopolitan areas where minority and majority populations may come to have differential access to care.

§ Intercorporeality and intersubjectivity

Care is among many other things an embodied practice, an intersubjective and intercorporeal engagement whose analysis can shed light on the subtle yet fundamental processes of experience formation and transformation. In contexts marked by chronicity as well as technological advances, related either to old age, to perinatality, or to mental health or again to impairment and disability, care emerges as an integral component of people's lifeworlds. In this perspective, papers may explore the co-presence and multiple interactions of different subjects dealing with the unexpected events marking the life course, the illness experience, treatment settings and life choices.

Co-presence is a mode of making time and producing specific idioms of distress. Sharing time is a crucial aspect of ethnographic knowledge production. Ethnographic work generally takes place in daily exchanges, where co-presence and co-participation are the basis of apprenticeship, to understand social suffering. In these zones of inter-corporeal proximity, the commitment of ethnographers becomes problematic and opens up thought-provoking contradictions in research praxis and political action.

Moreover Health Care can be seen as a peculiar human relationship involving actors engaged in distinctive strategies of mutual recognition. Emerging forms of subjectivity and trajectories of self-care interact with patients' claims for recognition of rights, the affirmation of social identities and the experimentation of new forms of cohabitation. Of particular interest in this regard are the activities of patient self-help groups trying to question biomedical hegemony and scientific expertise of health care professionals. These questions may also cross cut the latter, as health care professionals embrace a diversity of disciplines, subspecialties, cultures and community (healing) practices.

§ Agency and power relations

Care reconfigures habitual relationships bringing into people's lives new actors, technologies and forms of knowledge that reposition people's subjectivity. The inter-subjective relationship of caregiving, which are characterized by materiality of actions and processes, grows within manifold social exchanges, where specific strategies of autonomy and agency are dynamically constituted. It is therefore necessary to explore the intense interplay of multiple positionings of subjects within a matrix of local inequalities within and beyond spaces of care. Indeed, in daily relations and exchanges involving actors with power differentials, the unique combination of gestures and material flows that may enhance patients' agency, or inhibit it, as well as improving or contrasting their potential loss of autonomy is at stake in this frame of research.

An exploration of the intentionality implied in the notion of agency should be developed in relation to the issues of power relations and inequality. In many circumstances, practices and statements concerning who can do or cannot do certain things demarcate the domains of professional expertise and social acceptance. Such areas of sovereignty and discipline are in certain circumstances defined in close proximity to the body of the patient, but are always influenced by streams of trans-contextual meanings and resources. What assessments are indispensable to start the treatment? Who decides and at what cost? How are the various stages of the process assessed? Who has the control of the process?

In order to analyse, in a political perspective, the space of care, it is crucial to analyse the agency developed through chains of actions, beginning with the suffering body of the patient, and

integrating various levels, different social contexts and public spaces. The ethnographic task may help to highlight the chains of actions that may define the recognizable domain of autonomy, agency and the socially distributed identity of the "person." Agency is especially pertinent when examining embodied knowledge, sensory memories, and the plurality of "agents," human and non-human, within the biomedical field. Chains of action and bodily interactions allows for a critical rethinking of new spaces of recognition and emerging potentialities for political articulation.

§ *Classification, institutions and technologies*

Health care is designed and provided within a flux of shifting arrangements between medical diagnosis, disease classifications, pharmaceuticals and technologies, that emerge due to social actors' shaping people's experience in terms of conditions that can be processed through standardised protocols. As in the case of many different kinds of complex organizations, health care services and personnel tend to define people's problems in terms of what they can provide. In reality, caregiving then appears as a domain of social production, where therapeutic relationships, biomedical devices and processes of subjectification are articulated. These interactions – in the midst of the daily practice of bioscience, including diagnostic tests, sampling, diagnosis and epidemiological research – are irreducibly local. Although, at the end of these processes of production of medical realities, such material becomes fluid, labelled and exchangeable in biomedical landscapes and in a globalized market of health.

Conference participants are welcome to critically engage with the current processes of institutional reconfigurations, analysing the ways in which technologies, classifications and institutions “stabilize” the heterogeneous materials circulating in networks of experiments, epidemiological samples, medical protocols and drug treatments. It is particularly important to study how interactions of these levels of intervention can reproduce biomedical practices and redefine the boundaries and legitimate domains of care.

§ *Ethics, responsibility and rights*

The ethics of care have questioned gender, moral and justice issues where individuals as well as institutions interact in defining not only what care is but also, how care is played out in the delicate relationship between local vulnerabilities and universal needs, between individuals and wider social and organizational structures. Beyond the actual care practices, ethics of care also question the ideological, social and political aspects of care which permeate its organisation (in public and also private domains) within any given localities.

The practice and spaces of care activities (not only in the case of home-based care practices) emerge in a sovereignty zone over a patients' body where different actors negotiate the definition and nature of an “appropriate” intervention that is perceived as needed and proper. The relationship between the State and the individual body calls into question the very notion of citizenship in the biomedical field (bio-citizenship, therapeutic citizenship, pharmaceutical citizenship, etc.) along with the issue of who has the right to decide and according to what rationale and forms of knowledge. Similar crucial issues emerge in relationship to medical experimentation, the mutation of the human, the beginning and end of life choices, etc., rising issues that call into question the *individual* notion of the person, whose juridical definition is epistemologically linked to the biomedical understanding of disease as rooted in bio-psyche processes. What other models can anthropologists propose as alternatives to the individual choice-based one that informs, for instance, informed consent, informed choice, shared choice, etc.? And again, how can the juridical context integrate a redefinition of liability in shared and collective terms, as in the many cases in which socially significant others are not necessarily included in part of the therapeutic and decision making process?

On behalf of the MAAH 2014 Scientific Committee,
Sylvie Fortin, Massimiliano Minelli and Ivo Quaranta

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Abstract Submissions Procedures & Deadlines:

We invite abstracts specifically addressing the conference theme and issues mentioned above. Due to the limited space, the number of participants presenting a paper will be limited to 30 persons. Abstracts will be divided into thematic discussions among the participants, based on the papers submitted (please clearly identify one or two themes in the abstract headings). A discussant will be appointed from amongst the participants for every paper. Therefore, presentations will be strictly limited to 10 minutes. Discussants will have 5 minutes for comments, and another 15 minutes will be allocated for an open discussion with all participants.

Submission Process

Abstracts must not exceed more than **250 words**. Please submit a title and abstract in English to the following address: Michaela Knotova (michaela.knotova@umontreal.ca). Deadline for abstracts: **December 1st, 2013**. A **notification of acceptance** will be forwarded by **January 15st, 2014**. **Complete papers** must be sent as an attachment by email to Michaela Knotova (michaela.knotova@umontreal.ca) by **April 1st, 2014**.

Location: Centro Residenziale Bertinoro, Italy, The University Residential Centre of Bertinoro (Ce. U.B) [See link for more information: <http://www.ceub.it/default.asp?id=346>] This 10th century Fortress is today serving as the University of Bologna Cultural Centre, located 100 km south of Bologna. Perched atop the Italian hillside, this once Benedictine monastery offers stunning views and accommodations for this MAAH's conference.

Conference Fees & Payment: The conference fee is estimated at **450 €** (including 3 nights accommodation, meals, and banquet dinner). *This fee may be reduced as the organizing committee continues with fundraising for the conference. Payment information will follow with notification of acceptance.

Transportation: Our opening meeting will take place at the Department of History and Cultures at the University of Bologna, for conference registration and the Keynote Lecture. From this location, participants will travel together to the University Residential Centre of Bertinoro via a private coach. More detailed information will follow.

For further information:

There will be a MAAH 2014 website for the conference. The web address will be communicated at a later date. Any further information and conference updates will be conveyed via the conference website. Conference participants will have access to all papers a few weeks before the conference. We ask that all participants read all the finalized papers to ensure a shared and fruitful discussion.

General Inquiries & Registration Information:

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