XI Medical Anthropology at Home (MAAH) Conference:

Transfigurations of Uncertainty in Health and Medicine

University of Vienna, Austria
14th – 17th May, 2020

Call for Abstracts

In the interconnected and polycentric world in which we live, certainty and uncertainty of knowledge are both central to the ways of how health and medicine are organised, experienced and practiced. In spite of the rapidly growing extension of science-based knowledge, this very knowledge, its reliability, validity and relevance has become contested. Populism, scepticism or plain hostility towards science, and "alternative facts" sometimes replace informed debates. This crisis of knowledge-informed practices are all the more relevant in the face of suffering, illness and dying, when the viability and wellbeing of oneself and of those close to us are threatened and when traditional ways of coping are called into question. The quest for certainty has always been a defining feature of medical practice, and especially for diagnosis and subsequent treatment options. In this modality, this quest and the arising uncertainty are not only inherent in medical practice per se, but, importantly, they are also a product of the interconnectedness of various heterogeneous social domains and processes, such as neoliberalisation, the leaping pace of technological innovation, or new alliances of political actors.

We suggest the recently developed concept of *transfiguration* as an analytical lens by which to explore the interconnectedness of social domains as they are entangled with current social and medical practices. The concept lends itself particularly well, we believe, for tackling and comprehending the heterogeneity and complexity involved in current medical practices, of which uncertainty is an important aspect. *Transfiguration* follows the approach of figurational theory, developed by Norbert Elias (1978), and further develops the work on sociality of Marilyn Strathern (1988), Long and Moore (2013) and others. By transfiguration Mattes, Hadolt and Obrist (under review) refer to "(1) the constantly unfolding process of particular extended figurations encountering, affecting and becoming enmeshed in each other as well as (2) the (temporarily) stabilized figurational arrangements emerging from these enmeshments". We aim for a posthumanist perspective by putting centre stage the "processual engagement and disengagement of humans with each other and their material and non-material worlds *within* and *across* particular figurations, i.e. relations of power and webs of social interdependences" (Mattes et al.; see also Kehr et al. 2019).

As an analytical tool, uncertainty can both be conceptualised as a genuine epistemological crisis of current medical practice and as an ontological state of the patients and practitioners who finds themselves thrown into the above described nexus. Which are crucial modes of current uncertainties in health and medicine and how do they emerge? How do they shape and yield medical practices, discourses and environments? In which ways can we make sense of the dynamic connectivity that links medicine with a multitude of other societal domains such as policy-making, public administration, scientific research, the private profit-making sector, humanitarian work, the media, religion or law, and by doing so engenders forms of uncertainty? What are the manners by which we can understand health related phenomena and the implicated uncertainty as they become manifest and change over time – sometimes incrementally, sometimes abruptly – in various practices, constellations and atmospheres? How, finally, can we make sense of the apprehensions, concerns, hopes, imagined futures and feelings of the people who affect and are affected by such processes as they constitute their specific worlds and themselves and vice versa?

These are central questions that the 11th MAAH conference 2020 seeks to discuss. We invite contributions, preferably both ethnography-based and theory inspired, that address these issues in one or more of the following four thematic clusters:

(1) Medical futures

Besides 'risk talk', medical practice has always been underpinned by a discourse on hope and a better future. The proclaimed revolutions in medicine, such as the definite cancer cure, has characterised medical popular discourse and imagination ever since the big technological revolutions of the 19th and 20th century. Today, these discourses are focussed on the usages of synthetic biology, gene editing, and of Big Data and artificial intelligences. The digitalisation of medicine and of health care data of patients has been dominating public debates for the last twenty years. Public health officials have resorted to a discourse of the 'technical fix' of medical problems, and of prevention and risk to tame uncertainty by casting questions of factuality and potentiality in terms of probability. In doing so, they contribute to a general climate of uncertainty, e.g. on debates of controlling epidemics and pandemics. This is becoming ever more so political practice when it comes to the future impact of climate change on health and illness

(2) Medical technologies, infrastructures and materialities

Technological advances of diagnostic and therapeutic medical procedures and the – expected and unexpected – field of action that they afford have at the same time enabled and hindered innovation. In part, this has been due to the pace in which bureaucracy and the specific governance of its application often lag behind. Policy makers in the UK, for example, allow for the innovative usage of ultrasound on a private commercial level in form of keepsake ultrasounds but the usage of portable ultrasound for diagnostic use in GP surgeries is not allowed. Necessary changes in data protection of individuals have led to an ever-increasing burden of bureaucracy on researchers and medical practitioners, leading to the development of new professions such as data managers. These emerging professions deal with the spaces of uncertainty that Big Data produces. Medical procedures that rely heavily on technology, such as remote surgery, are changing the relationship between medical practitioners and patients, but also between one generation of practitioners and another. Increasingly, body parts are even more decontextualized from real humans than they were ever before in medical history. Tablet computers are increasingly used in rural areas of the Global South to scan and send medical information such as ultrasound images to specialised medical centres for diagnostic purposes, to give the impression of diagnostic certainty. Despite offering an opportunity to arrive at a better diagnosis, these technologies also contribute to the lack of funding for rural areas. The relationship between the Global South and Global North has influenced not only the ways of how medical products and services are produced and distributed and how ideas, materials and humans travel, but also research practices, e.g. when it comes to clinical trials and stem cell research and their ethical dilemmas.

(3) Moral quandaries and the policing of health

Ethical and moral dilemmas in medicine and medical research practice have contributed to the development of new legal practices in some countries but not in others and fostered medical tourism based on these differences within and beyond the EU. The commodification of health has also contributed to these phenomena, especially when it comes to personalised medical devices such as self-tracking wearables or ultrasound keepsakes. These practices have opened up new areas of quantification/economisation of health and health care, including new health insurance regimes. Gene editing is becoming a new reality and brings about the moral question of who can afford it and thus who can benefit from it. Biorepositories enable researchers to specify trends in population health but at the same time reduce complex individuals who live in all kinds of contexts to a set of numbers in a decontexualised data set. On the public health level, we encounter different modes of moralities and novel alliances such as between NGOs and big business, for instance in the case of immunisation and vaccination policies where big business funds vaccination policies. Unregulated technologies produce

a myriad of data that could potentially be used to inform public health policies in ways that support the interests of particular stakeholders conflicting with public interest. The public, but also medical practitioners, researchers, and companies seemingly demand a certainty that policy makers, legal courts, or public health, with its discourse on probability, often cannot guarantee.

(4) Feelings, subjectivities and ways of navigating health and illness
We know that emotions, affects, and feelings do not only play a part in how individuals make decisions about their care, but they also heavily influence policy making in public health. Anxiety arises when uncertainties proliferate. Policy makers used psychological terms such as resilience and coping strategies rather than addressing anxieties. This enables a drive towards making and expecting populations to be more resilient, especially when it comes to health challenges in relation to aging, particular life styles and changing climate. The drive towards self-optimisation and a discourse in policy making of individual responsibility contribute to these new subjectivities of health and illness which give a false sense of certainty in numbers. On a personal level, many people interpret and deal with these uncertainties and responsibilities by resorting to conspiracy theories and believing in "fake news" (e.g. concerning vaccination and refugees that are blamed of spreading diseases).

We are looking forward to receiving your propositions for contributions and an exciting conference.

On behalf of the MAAH Scientific Committee,
Bernhard Hadolt and Andrea Stöckl

References

Elias, Norbert (1978). What is Sociology? New York, Columbia University Press.

Kehr, Janina, Hansjoerg Dilger & Peter van Eeuwijk (2019). Transfigurations of health and the moral economy of medicine: Subjectivities, materialities, values. *Zeitschrift für Ethnologie* 143(2018): 1-20.

Long, Nicholas J. & Henrietta L. Moore (2013). Introduction: Sociality's New Directions. In: N. J. Long & H. L. Moore, Sociality: New Directions. New York, Berghahn Books: 1-24.

Mattes, Dominik, Bernhard Hadolt & Brigit Obrist (under review). Rethinking Sociality and Health through Transfiguration.

Strathern, Marilyn (1988). The Gender of the Gift: Problems with Women and Problems with Society in Melanesia. Berkeley, Calif. [etc.], University of California Press.

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Conference Format and Submission Process
We invite contributions addressing the conference theme and issues mentioned above. Please submit an abstract (max: 250 words) and a biographical statement by December 1, 2019, to maah2020(at)univie.ac.at. A notification of acceptance will be sent to you by December 20, 2019. Due to the workshop-character of the conference, the number of participants presenting a paper will be limited to 30. Participants are expected to read all papers in advance. Complete papers (max: 3000 words) to be distributed to all participants must be submitted by April 1, 2020.

Location and Transportation
The conference will take place at the Schüttkasten Geras, Austria, located in a lovely rural area about 80 minutes by coach north of Vienna. The Schüttkasten originally served as grain storage building of the adjacent Premonstratensian monastery Geras. Recently, the building has been renovated and converted into a hotel and conference centre. For more details see:
https://www.schuettkasten-geras.at/de/schuettkasten/der-schuettkasten.html
Transportation by coach from and to Vienna city centre or Vienna airport will be provided. More details will follow.

Conference Fees & Payment

The conference fee is estimated at 500 € (including 3 nights accommodation, all meals (excl. drinks), banquet dinner, coach from and to Vienna city centre or Vienna airport). Payment information will follow with notification of acceptance.

General Inquiries & Registration Information:

maah2020(at)univie.ac.at

There will be a MAAH 2020 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.

XI MAAH 2020 Scientific Organizing Committee:

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