

An aerial photograph of a coastal region, likely a delta or estuary, showing intricate patterns of brown land and blue water. The water is a vibrant turquoise color, contrasting with the brownish-gold land. The land features a complex network of channels and islands, creating a maze-like appearance. The overall scene is captured from a high angle, providing a detailed view of the geographical features.

Edited by Bernhard Hadolt and Anita Hardon

Emerging Socialities in 21st Century Healthcare

Amsterdam
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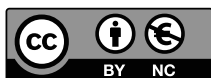
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Emerging Socialities in 21st Century Healthcare

Introduction

Anita Hardon and Bernhard Hadolt

Health care, conceived broadly as institutionalized as well as non-institutionalized forms of tending to sickness and health, is undergoing transformations at a high speed and with unprecedented outcomes. Accelerated global flows of medical goods and services, ongoing economization of health in the context of cutbacks of health-related public expenditures, demographic changes and the 'greying' of societies, as well as new and re-emergent pandemics affect the health care landscapes in the 21st century. In addition, new actors in health care policy making emerge, and we are confronted with a professionalization of 'traditional' healing services. Moreover, the ready availability of vast health information via the Internet, social networks, and other currents contributes to and is part of rapidly changing health care constellations. This edited volume brings together medical anthropologists who describe these transformations with a focus on the new socialities and subjectivities that emerge. Their contributions were presented at the seventh biannual conference of the Medical Anthropology At Home (MAAH) network, held in 2012 in Driebergen, the Netherlands, which was hosted by the Social Science and Global Health research priority of the University of Amsterdam and led by Bernhard Hadolt and Anita Hardon. The conference was held in honour of Els van Dongen, who launched MAAH with a conference in the Netherlands in 1998 and who passed away in 2009.

The relations between patients and healers have been an important focus in medical anthropology, providing insights into power dynamics and divergences in meaning and practice. Contemporary health socialities, however, no longer only involve doctors/healers and patients, but also scientists, health goods suppliers, NGOs, policy-makers, media, and others. The ways in which people nowadays relate to each other in health care have been framed as biosociality, and as biological, genetic, and therapeutic citizenship. Health-related socialities are intimately connected to how individuals position and experience themselves in relation to each other, to their bodies, to medical technologies, to health and disease, and to health

care. How do changing health care constellations and emerging socialities affect patient subjectivities and moralities? Which new subject positions become available, and how? In what ways can we examine and explore these changing subjectivities? Which social science theories and concepts provide useful points of departure? What new theoretical understandings emerge from current work in these fields? The contributions to this book provide empirical case studies that reflect on these questions, while outlining the transformations in health policy that are emerging and more specifically the role of the Internet in contemporary health care.

Revisiting concepts

The first section of this edited volume revisits theoretical concepts that have shaped 21st-century thinking about the ways people relate to each other in health care. In the first section, Roberta Raffaetà challenges the popularity of the concept of biosociality, arguing that it is a valuable but only partial representation of the relationship between the domains of biology and culture. She presents the case of parental groups that are critical of certain aspects of paediatric vaccinations in Italy, demonstrating how these groups affirm the priority of what they conceive as nature over culture. In the second chapter of this section, Franz Graf examines a new sociality being created by Europeans attracted to *curanderismo* (the practice of Latin American folk medicine), which he discusses in relation to scholarship on the 'new animism'. Pursuing a more meaningful relationship with the whole natural world, these students and recipients of indigenous healing seek to combat the alienation of the neoliberal, individualized body.

New policies and programs

The second section of the book focuses on new health policies and programs and how they affect and are shaped by health socialities and subjectivities in diverse and sometimes unexpected ways. Bernhard Hadolt and Monika Gritsch present a comparative analysis of the societal acceptance of human papillomavirus (HPV) vaccination marketing. They describe how HPV vaccination initially was overwhelmingly embraced in Japan and only tepidly received in Austria, arguing that policy making and public debates intersect with global drug marketing strategies. They further argue that HPV vaccination marketing strategies are not only tailored to local circumstances but also the reverse is the case, sometimes with rapid shifts in unexpected ways. Prachatip Kata's contribution focuses on how new government policies

in Thailand shape health subjectivities. He describes how people with physical disabilities in Thailand are constructed as ‘ambiguous citizens’ by a combination of government policy and Theravada Buddhist precepts. He argues that in this Thai biopolitics of impairment, ‘good citizens’ are those who contribute to the economic health of the nation state; those who cannot, because of their karma, must depend on the compassion of others. Bodil Ludvigsen describes how in Denmark, in stark contrast to the economic context of Thailand, social relations between nurses and elderly home-care recipients change as a result of a turn toward market-based health care. Computer programs now organize nurses’ daily schedules, making it much less common for nurses to see the same patient over time. Good nurses are those who manage to do their work in an efficient way. And finally, Ivo Quaranta describes a new kind of migrant care in Italy. He examines how ‘agency can take place from within biopower’, as illustrated in the case of a new, anthropologically informed Socio-Cultural Consultation Centre in Bologna. Patients co-construct the meaning of their health situation in consultations with a variety of health professionals, moving beyond illness narration to empowerment.

New socialities and subjectivities in care

The four contributions in the third section of the book further reflect on how new subjectivities and socialities emerge in encounters between carers and recipients of care in diverse institutional settings. Stemming from multi-sited research on Muslim migrants in perinatal care in Montreal, Sylvie Fortin and Josiane Le Gall discuss socialities in the context of migration, with special attention to the changing role of fathers, and how these socialities are involved in the clinical encounter. They point out that gender relationships and inequalities shape clinical discourses and practices, despite (or due to) a greater involvement of the father in the perinatal sphere. Julia Thiesbonenkamp-Maag describes pastoral care in Germany, showing how hospital chaplains’ ways of relating to patients, their relatives, and medical staff are based on an ethics of care in which the chaplains try, through the act of ‘witnessing’, to see the whole picture rather than just repairing people. Examining the care related to terminal illnesses, and amyotrophic lateral sclerosis (ALS) in particular, Martine Verwey in her contribution takes a longitudinal approach to describing health-related subjectivities. She discusses how, as the disease progresses, tensions can emerge about what constitutes ‘good care’. Using the case of her late husband, she demonstrates how medical professionals try to

balance care for the ill person with care for the caregiver, but in doing so can begin to treat patients more like objects than self-determining subjects. Finally Claudie Haxaire focuses on doctors' perception of the patient and the patient's social context in western Brittany, France. She shows how social context is the key factor in determining whether or not a doctor defines a patient's psychotropic drug use as evidence of addiction.

New media

The two contributions to the fourth and last section of this book focus on the role of the Internet in the formation of health subjectivities and socialities. Taking up the French debate on the merits of self-medication, Sylvie Fainzang delineates two 'cybernetic socialities': those who seek or share information about medications, and those who argue for and against self-medication. She proposes the notion of 'health sociality' to describe these web-based exchanges, all of which share a concern with the social, physiological, and legal possibilities of managing one's own body. Finally, Lina Masana examines how the Internet, with its web forums, chat rooms, and other forms of social media, offers the possibility of new forms of sociality for people who are chronically ill and homebound in Catalonia, Spain. She shows how people use the Internet as a means to transcend the physical barriers imposed on them by their illness in order to actively engage in a virtual social life of mutual care and thus overcome isolation and mutual care.

The goal of collecting these case studies is to explore recent organizational and technological changes in health care and how the subjectivities and socialities of both patients and health care workers are impacted. Situated in diverse locales, these twelve stories provide the reader with a glimpse into new dynamics, as patients' groups shape policy, states affect pharmaceutical markets, software defines nurse-patient relationships, and the Internet connects isolated patients. Together, the cases make the resilient argument that not only are new socialities emerging, but new ethics and moralities are being forged and contested alongside them.