

**X Medical Anthropology at Home (MAAH) Conference:**

***Subjectivities and afflictions: agency, health systems and the politics of/for life***

**Medical Anthropology Research Centre (MARC)  
Universitat Rovira i Virgili (URV), Tarragona (Spain)  
18-21 October 2018  
Poblet, Tarragona (Spain)**

**Call for Abstracts**

Subjectivity is the meeting point where the experienced and experiencing body intersects with micro- and macro-level contexts and processes: local social, cultural and moral worlds; power and bio-power; (mis)encounters between lay medical knowledge and expert systems; and persistent political-economic inequities. Nevertheless, subjectivities receive little attention in Western biomedicine. Despite some recent changes that have attempted to humanize medical care by taking a more person-centered approach, biomedical representations and practices continue to focus largely on diseases rather than on patients, and rely on evidence produced by sophisticated biomedical technologies to the exclusion of illness narratives as robust sources of evidence about complex social worlds of affliction. Is there a place for subjectivity in biomedical routines of cure and care? Can medical anthropology provide an alternative, a politics *for* life in place of a politics merely *of* life that detaches subjectivity from health policies?

What is a productive approach to studying subjectivity? How should we understand it in relation to a number of related terms such as “self,” “personhood,” “emotion” and “affect”? What are we talking about as medical anthropologists when we talk about subjectivities? As George Canguilhem pointed out, a word is not a concept. Behind the term “subjectivity” we can find a range of different anthropological and social-science analytical notions and concepts that complicate our vision of what a “subject” is. Some theories have envisioned subjectivity as a kind of sedimentation of the self and of being-in-the-world, rescuing the inward and sensible life of living bodies, their experiential ground; this understanding of subjectivity is implicit in the existential and phenomenological writings of Sartre and Merleau-Ponty, among many others. Other theorists writing in structuralist and post-structuralist traditions have argued against treating subjectivity as an essence and not as a relation. In this case, a subjectivity “subjected” to a world of constraints is revealed in a way that shows how the world saturates lived experience. Additionally, some anthropologists have used the term “subjectivity” in relation to psychological experience closely linked to issues of hierarchy, history and global economic and political processes.

We invite researchers to reflect critically on the current state of the notion of “subjectivity” in medical anthropological inquiry. The preliminary questions that might enhance this discussion are: Is subjectivity an illusion or a promising topic in medical anthropology research? Can medical anthropology restore intersubjectivity in processes associated with health, illness and cure/care practices?

This meeting is conceived as a reflexive encounter open to a broad range of topics that include but are not limited to:

### ***§ Subjective worlds of affliction: illness narratives***

People's experiences of illness and suffering/affliction are expressed through narratives. Illness narratives are presented to different audiences: relatives, friends, co-workers, other people in their social networks, clinicians, anthropologists and other kinds of researchers. People's accounts of illness –*what* and *how*– are presented in different ways according to *when*, *where*, *to whom*, and *why* they tell their illness stories. According to different audiences and situations, people decide whether they want to reveal their subjective experience of suffering, provide an “objective” and biomedically informed account of their illness or affliction, or offer a combination of both. Is subjectivity changed/shaped by those different narrative encounters? Are the subjective worlds of affliction mere accounts of symptoms and ailments, or do they serve other purposes?

### ***§ Subjectivities at risk in the biomedical context***

What people bring to the clinical encounter are, essentially, concerns about things that go wrong with their bodies or minds, psychological or emotional distress, or other expressions of affliction. The medicalization of everyday life – a product of biomedical hegemony – has generated a collective norm, even a new civic obligation: the duty to be and stay healthy (*healthism*). Therefore, when people bring their subjective experience of illness into the biomedical context it usually takes the form of complaint, because illness is understood as a deviation from the norm that needs to be fixed. Clinicians' aim is to restore ill persons to good health in order to restore the social order. But how do clinicians respond to patients' suffering? How do they listen to stories of illness and affliction? How do they deal with subjectivities? How have the roles of patients and health professionals changed in the clinical encounter in recent years? We want to explore the relation between evidences and narratives in health care encounters, and how subjectivities are presented, treated or placed at risk in the biomedical context.

### ***§ Ethnographers' subjectivities and afflictions: the wounded ethnographer***

Ethnographers are exposed to their field of inquiry (topic) and to their research participants (stories). Because the ethnographic encounter is intersubjective in nature, the ethnographer is vulnerable to afflictions deriving from that encounter. Sensitive topics and accounts of others' dramatic experiences may affect the ethnographer's emotional wellbeing. This is especially relevant in medical anthropology inquiries dealing with sensitive topics including illness and suffering, life and death, end-of-life, degenerative diseases, mental health disorders, sexual abuse, and gender violence, among others. How does ethnographic research affect anthropologists' personal lives? How does the anthropologist's personal experience affect research? How do researchers deal with emotions encountered in the field? How does subjectivity affect anthropological research? Can the researcher's emotional responses be

mobilized for analytic purposes? We aim to reflect on and discuss the notions of subjectivity, self-exploration, reflexivity and emotions in ethnographic work.

### ***§ Illness experience, embodiment and body-scapes***

In phenomenological approaches, embodiment has been envisioned as the existential ground of culture and as a productive starting point for an anthropological inquiry into subjectivities and the self. Challenging (and trying to collapse) the well-known dualities of subject and object, mind and body, the study of the embodied experience of illness highlights how illness is not merely the result of a biological imbalance affecting the body but a subjective experience affecting the lifeworld (*Lebenswelt*). This has served to counter the biomedical paradigm, and as a corrective to biomedical reductionism. In recent years there has been a growing interest in patients' experiences of illness, patients' activism, health consumerism, and the nature of knowledge generated from the notions of illness experience and embodiment. In another vein, the term *bodyscapes*, developed from queer studies and other disciplines, has focused attention on how representations of bodies or their parts essentialize differences and thereby reinforce hegemonic normative ideas and inequities. But what is the relationship between body and subjectivity? How can the embodied experience of illness be turned into evidence? How might this serve to improve health care practices?

### ***§ Bio-power, biopolitics, psychopolitics and processes of subjectivation***

In recent decades, the government of life has acquired a central position in medical anthropology. Rooted in the Foucauldian and neo-Foucauldian tradition, notions such as biopower, biopolitics, and anatomo-politics have been used in order to understand the role of the state and health policies in the management of human life, including the production of subjectivities or the subjectivation process. In this approach, subjectivities are treated as entities "subjected" to a social order: the disciplinary society, where agency loses its capacity and is often envisioned as a mirage that conceals the forces of domination. More recently, other concepts such as psychopolitics have drawn our attention to the analytic limitations of the notion of biopolitics in Western societies governed by "achievement" and self-exploitation. What is the relationship between biomedical knowledge, health policies and afflictions? Is there a place for agency in the biopolitics framework? Is the notion of biopolitics useful for ethnographic inquiry in the domain of subjectivities and afflictions?

### **MAAH 2018 Organizers and Scientific Committee**

**Àngel Martínez-Hernández, Lina Masana and Josep Maria Comelles**

**Keynote speakers: Thomas Csordas and Janis Jenkins**

**Thomas Csordas' profile:** <http://anthro.ucsd.edu/people/faculty/faculty-profiles/thomas-csordas.html>

**Janis Jenkins' profile:**

<http://anthro.ucsd.edu/people/faculty/faculty-profiles/janis-jenkins.html>

Abstract submission deadline: December 15, 2017

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