

## Article Abstracts of *Curare* 46 (2023) 2

### Ambivalences of Healing Cooperations in Biomedical Settings

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**ANNA HÄNNI: In-Patient Psychiatric Care as a Space of Ambiguity. Therapeutic Encounters From a Sensory and Embodied Perspective** pp. 11–26, written in English

In social anthropology, there exists only little research about the sensory and intersubjective aspects of in-patient psychiatric care. Proceeding from vignettes from ethnographic fieldwork in two psychiatric clinics in Switzerland, this article outlines two empirical research interests and puts them into dialogue. On one side, therapeutic interactions and practices within the clinical setting are analyzed through the lenses of sensory ethnography and embodiment. On the other side, a multiplicity of “therapeutic cultures” and spaces co-exist within clinical premises. In some cases, they encompass diverging or even conflicting aims and basic assumptions about psychopathology and healing. As

a result, various possibilities of human sociality and interaction open up to psychiatric sufferers, many of them characterized by ambivalence. What is being perceived as “therapeutic” and what, to the contrary, as a threat to human integrity and health can lie close together and can vary individually. I discuss how closely experiences of ambivalence – be it among psychiatric sufferers or staff members – are related to spatiality, embodied perception and to temporality. Referring to sensory ethnography and Hartmut Rosa’s writing on resonance, I argue that, in in-patient psychiatric settings, the human social is inextricably intertwined with the nonhuman.

**Keywords** sensory ethnography – psychiatry – medical anthropology – phenomenology – therapy

**NICOLE ERNSTMANN, SOPHIE ELISABETH GROSS, UTE KARBACH, LENA ANSMANN, ANDRÉ KARGER, HOLGER PFAFF, MARKUS WIRTZ, WALTER BAUMANN & MELANIE NEUMANN: Patient-Physician-Relationship in Cancer Care. Relevance and Ambivalences as Perceived by Oncologists** pp. 27–41, written in English

A major function of patient-physician-communication is building a trustful relationship and a therapeutic alliance between patient and physician. However, building trustful relationships to patients is subject to ambivalences. There are role expectations including affective neutrality, that stand in contrast to this function. Moreover, translation into every day routine is constricted by lack of time or lack of tools, and building a trustful relationship with the patient is a personal challenge. This qualitative study based on semi-structured interviews with oncologists was conducted to explore oncologists’ perceptions and experiences of the relevance of trusting relationships to their patients and to examine sources of ambivalences. The results show that a trusting patient-physician-relationship is for oncologists an important prerequisite for successful cancer treatment in terms of open communication, adjustment of treat-

ment to patients’ needs, compliance, control of adverse events, activation of patient’s resources, patients’ treatment confidence, reduction of patients’ anxiety, meeting family and caregiver needs and patients’ coping efforts. Supporting critically ill patients can be both enriching and stressful. Being rejected by patients in case the therapy does not work was experienced as painful by some oncologists. There is a need for support for oncologists to establish trustful patient-physician-relationships during their patients’ cancer journey. The support will have to address contextual factors, communication skills and the attitude needed to face the personal challenge of building trustful patient-physician-relationships. It should provide a protective environment to reflect on one’s own fears and challenges in building relationships with patients.

**Keywords** trust – relationship – therapeutic alliance – oncology – ambivalences

**NICK J. FOX: Digital Healing? Digital Capitalism? Neoliberalism, Digital Health Technologies, and Citizen Health** pp. 43–53, written in English

The emergence of digital health and illness technologies and the digitisation of capitalist economic production reflect the increasing cyborgisation of organic matter within current economic and social relations. In this paper I employ a materialist and posthuman approach to ‘digital health’, investigating micropolitically what digital technologies and apps actually do, within the contexts of contemporary social relations and the emergence of digital capitalism. This enables new insights into the impacts of the digital upon social production, making sense of the contribution of both human and non-human matter both to digital health and to the wider economics and politics of neoliberal health care. The paper evaluates four digital health technologies to consider what capacities they produce in bodies and the micropolitical impact of the technology in terms of pow-

er, resistance and social order. I then consider how these micropolitics might be changed by altering the contexts or other forces, and argue that this opens up ways for digital technologies to be used to promote radical and transgressive possibilities, by re-engineering the interactions between technologies and other materialities. I conclude by discussing ‘digital activism’. I examine how technologies and apps may be engineered to democratise data: to enable collective responses to health issues, to challenge health policy and to organise against health corporations, environmental polluters, and purveyors of fast and processed foods. This collective, bottom-up model of ‘citizen health’ (RIMAL *et al.* 1997) counters both the marketisation of health and the paternalism of health care.

**Keywords** capitalism – citizen health – digital health – micropolitics – new materialism

**MÁRCIO VILAR: Feeling out of the Box. Ambivalences of Unexpected Amelioration among Sickened Health Professionals through Displacing Cooperations in Brazil** pp. 55–73, written in English

How do people with diagnosed autoimmune diseases feel, and what they do and think when they unexpectedly encounter an unregistered drug that may help them to heal, instead of palliatively controlling symptoms of autoimmune reactions through conventional immunosuppressants? What then if they are health professionals who became patients? How does such an encounter affect their lives, their perceptions and attitudes towards their respective medico-legal environments? In this article, I analyse letters exchanged between a physician in Brazil and eight of his patients, who are also health professionals, mainly between 1997 and 2000, concerning their experiencing of using an unregistered medicine, the “anti-brucellic vaccine” (VAB), to treat different immunopathologies such as rheumatoid arthritis. Considering VAB users as capable of systematically evaluating and communicating their experiences of illness and re-

covery, I seek to understand and discuss the tensions surrounding the repositionings and attitudes of affected health professionals within the co-production of medical evidence in the context of disruptive biotechnological innovation in Brazil. Apparently, their own experience with VAB seemed to have enabled them to re-ground their medical knowledge and skills in relation to their own and someone else’s health in anticipation of the mediation regularly played out by conventional medical knowledge, technologies and procedures. Furthermore, when VAB-using physicians self-analyse and dialogue with others, writing and exchanging evaluative reports about their own and others’ health and therapeutic experiences of using VAB, they seemed to implicitly co-produce medical evidence that can be taken into consideration by potential users.

**Keywords** immunotherapies – displacing cooperation – therapeutic narratives – evidence making – Brazil

**GIORGIO BROCCO: Connected Epistemologies. A Fragmented Review of Post- and Decolonial Perspectives in Medical Anthropology** pp. 77–97, written in English

Over the last four decades, post- and decolonial ideas have gained prominence through the dissemination of influential works by renowned scholars and intellectuals in the humanities and social sciences. Pioneering voices such as Franz Fanon, Valentin-Yves Mudimbe, and Edward Said, along with scholars like Gayatri Spivak and advocates of Black feminism such as Sylvia Wynter and Françoise Vergès, have contributed to shaping this realm. Medical anthropology, critical medical anthropology and other related disciplines within the broad field of “medical/health humanities” have actively engaged with these critical theoretical impulses, refining epistemological and methodological approaches that align with post- and decolonial analyses. This article explores the intersections of post- and decolonial perspectives with current anthropological agenda, drawing attention to the manifold research avenues that have emerged

from such entanglements. Specifically, the paper delves into three key research areas: (1) the examination of the influence of ideas about post- and decolonial subjectivities in connection to changing notions of health, disease, and disability; (2) the critical analysis of humanitarian and global health interventions; and (3) the exploration of indigenous systems of care and healing practices from the Global South. While acknowledging the fragmented, partial, situated and selective nature of the selection of scholarly sources for this discussion, the article aims to shed light on the dynamic interplays between post- and decolonial theories and the multifold and complex medical anthropology landscapes.

**Keywords** decolonial theory – medical anthropology – disability anthropology – subjectivity – indigeneity

**ANAHI SY: Healthcare Workers’ Experiences during the COVID-19 Pandemic in Argentina. A Syndemic Approach to Hospitals** pp. 99–111, written in English

The SARS-CoV-2 pandemic put into evidence the need to think in syndemic terms, as all health issues co-exists with environmental, social, economic and political factors that exacerbate any epidemic. In this work we propose the concept of “syndemic” to analyze what happened in public hospitals of Argentina, from a socio-epidemiological perspective. In methodological terms, semi-structured interviews with workers were carried out in two stages: at the start of the pandemic in Argentina, via WhatsApp and through virtual meeting platforms. The content analysis of the narratives makes it possible to identify how health workers, in many situations, are the architects of problem-solving strategies that emerge during the pandemic: managing shortages (of supplies, for example) and providing care – even at risk to their own health. We also identified deliberative

spaces of “dialogue-work” among workers (meetings, crisis committees, union activities), recognized as environments of support, care and/or self-care during the pandemic. In these spaces some challenges facing the health sector must be seen syndemically. We conclude by analyzing the potential of applying the concept of syndemic to public health problems and policies in hospital institutions from a socio-epidemiological perspective, highlighting the transformative process of workers to attend to emergency situations. These dimensions are crucial in developing health policies in synch with other processes of socio-epidemiological change, which occur both within hospitals and within the population that uses public health services.

**Keywords** hospital - syndemic – COVID-19 pandemic – healthcare workers – socio-epidemiology