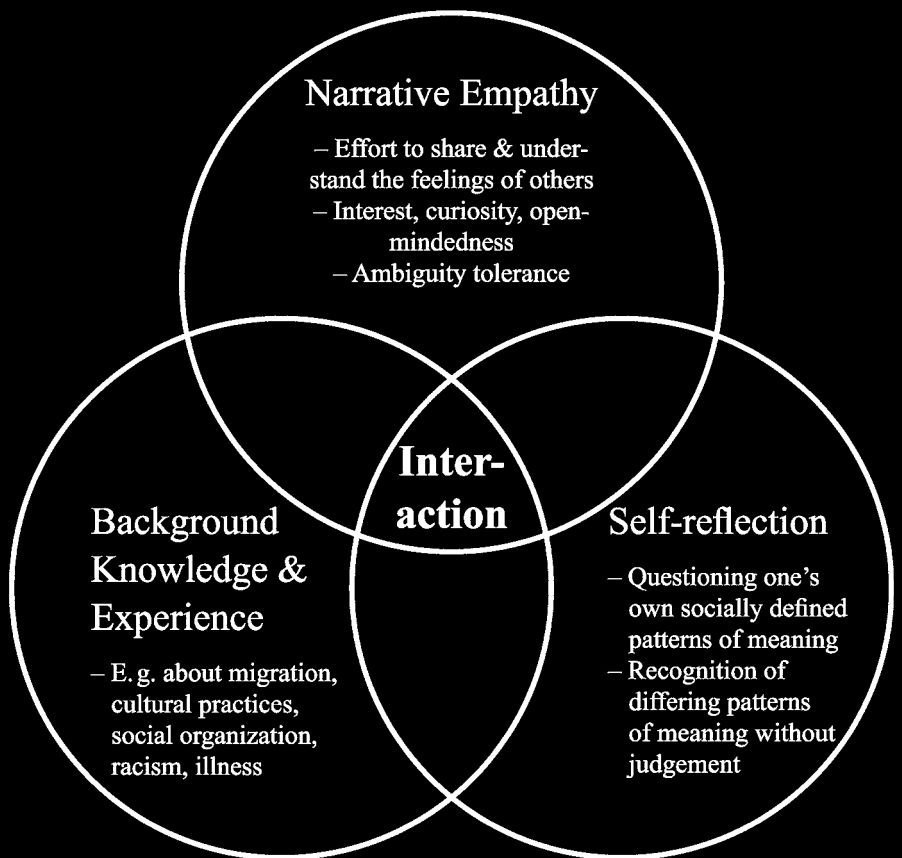


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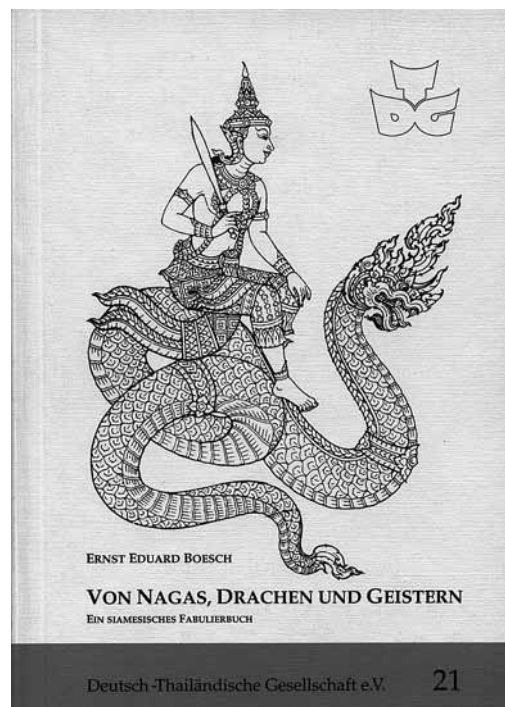
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siehe Hommage an Ernst E. Boesch, S. 246–251.

Report on the International Summer School in Medical Anthropology “Well-being at the Margins: Seeking Health in Stratified Landscapes of Medicine and Healing”—Institute of Social and Cultural Anthropology, Freie Universität Berlin, 22–27 July 2013

HANSJÖRG DILGER, SUSANN HUSCHKE, CLAIRE BEAUDEVIN & DOMINIK MATTES*

Introduction: International Summer Schools as “Transnational Spaces of Learning”

With the globally growing interest in the subfield of medical anthropology, international networking that also aims at involving young scholars has increased enormously over the last years. However, medical anthropology is a comparatively new sub-discipline in several countries in Europe, and there is still a need to foster collaboration in the field of teaching and post-graduate training *beyond* locally and nationally defined academic cultures (cf. HSU & MONTAG 2005). In particular, there is a need to establish new *spaces of learning* where doctoral students and senior scholars can share insights into their respective research projects and engage in conversations about the conceptual and theoretical foundations of medical anthropological research. The summer school at Freie Universität Berlin was the first event of this kind in Europe and succeeded in bringing together 38 doctoral students and recent postdocs and ten internationally renowned scholars from 14 countries for the period of one week.

The summer school focused on the topic of “Well-being at the margins” and explored how health-related behaviors and experiences are shaped by processes of marginalization and social exclusion in increasingly stratified landscapes of health and healing. “Well-being” was chosen as a broad entry point for discussion as the summer school did not focus exclusively on instances of physical and mental health. Rather, by addressing topics such as the embodiment and bureaucratization of pain and the experiences of violence in post-conflict settings, the participants focused on the social aspects of well-being in their broadest sense (cf. KLEINMAN, DAS & LOCK 1997). Furthermore, the contributions to the summer school defined “marginality” and stratification as relative (and deeply perspectival) social

constructs which shed light on multiple, and often contested, forms of marginalization and in- and exclusion (cf. ECKS & SAX 2005). Finally, the summer school also exposed the complex dynamics of power, which are at work in establishing hierarchies and normative orders in relation to health, healing, and the body (cf. FOUCAULT 1975). These normative orders consequently define what kind of body or health-related behavior is perceived as “marginal” by whom and under what circumstances and how well-being is to be achieved “properly”.

The summer school emphasized the need to think beyond regionally defined dichotomies such as “North” vs. “South”, or “Western” vs. “Non-Western”, and instead addressed the need to highlight the interconnections and commonalities that specific localities in Europe, Asia, Africa, and North America share across a globalizing world. Furthermore, the contributions to the summer school engaged the topics of discussion with a multi-level approach that addressed macro-shifts and power relations on the global and national level *as well as* collective engagements such as citizenship, activism and individual ways of acting in relation to health and well-being. With regard to the latter, notions of morality, trust, embodiment and subjectivity were seminal in capturing subjective experiences of health, marginality and social exclusion in everyday practices “on the ground”.

Well-Being at the Margins: Emerging Themes for Medical Anthropology

The co-lectures by senior scholars in the morning and the presentations of doctoral students in the afternoon were grouped around four sub-themes:

1) *Emerging forms of governmentality and citizenship in transforming health systems*

* The authors would like to express their specific gratitude to Anita Hardon from the organizing team, who during the plenary sessions and the final discussion of the summer school co-formulated many of the ideas presented in this report.

Co-lecture by Vinh-Kim Nguyen (University of Montreal, Collège d'Études Mondiales, Paris, University of Amsterdam) and Miriam Ticktin (New School for Social Research, New York)

2) *Subjectivity and Embodiment of Social Suffering*

Co-lecture by David Napier (University College London) and Heide Castañeda (University of South Florida)

3) *Health Seeking in Contexts of Insecurity and Market Stratification*

Co-lecture by Lenore Manderson (Monash University, Melbourne) and Ian Harper (University of Edinburgh)

4) *Ethics and Moralities in Ethnographic Research on Health and Suffering*

Co-lecture by Peter Redfield (University of North Carolina at Chapel Hill) and Sylvie Fainzang (Cermes 3/Inserm, Paris)

In the following we present the major themes that have shaped discussions *across* co-lectures and panels throughout the week.

I. Conceptual challenges in the anthropological study of health, marginality and power

While the participants of the summer school used different theoretical concepts and approaches in their analysis of health, marginality and well-being, several papers drew on Foucault's work on biopower in order to describe how (global, national and local) power relations *actively locate* specific individuals or groups of people in marginalized positions. Furthermore, they drew on Agamben's notion of "bare life" in order to highlight how governmentality and biopolitics create "zones of abandonment" in which people are denied the ability to make claims in relation to health and healing (or any other right that citizens of a polity are ideally able to claim).

Such a perspective may be valuable to emphasize the often desperate situations that marginalized populations experience in relation to the medical, legal and political forces at work in a nation-state or on the global level (see Vinh-Kim Nguyen on the globally induced, long-term absence of antiretroviral treatment in West Africa or Miriam Ticktin on refugees in France). At the same time, the anthropological gaze exemplifies the need to look beyond the narrowly defined medico-legal-political fields and reveals not only the "ethics of care" that evolve in

the interactions of humanitarian organizations and their target groups (Miriam Ticktin). They also hint at the "messiness" of people's lives which always connects them to other people and renders their existence social beyond the biological condition (*bios* in Agamben's terms). Thus, the ethnographically informed, thick description of people's biographies and everyday lives shows how identities and belonging are contested *beyond* their relation with government authorities and biomedical institutions. Furthermore, this approach is able to highlight that emotion, morality and embodiment play a central role regarding how people ascribe meaning—and act upon—their suffering, thus adopting an active role in responding to situations of distress and crisis.

When focusing on the *quality* of social relations and actions in marginalized people's lives, it is important to be creative with the use of theoretical concepts and look deeper into anthropological studies on kinship, belonging, economy and religion. Furthermore, a focus on the *materiality* of bodily well-being, and the technologies and material objects that sustain it, helps to stick closer to the actual processes and configurations that emerge in (and conversely shape) people's struggles around health and well-being.

Finally, a particular theme that emerged during the summer school was the notion of "trust" which constituted a red thread through several papers. *Vulnerability* can be thought of as a lack of trust in one's social networks (Lenore Manderson); thus, trust emerged as a central facet of everyday interactions and healing encounters in different local and social contexts, whether the issue under investigation was community relationships in postwar Bosnia, families and children dealing with the AIDS epidemic in Tanzania or clinical encounters in Kashmir. Looking at these highly diverse social and cultural settings through the lens of "trust" as an analytical category allowed the participants to simultaneously address the subjective experiences and the social fabric of the communities they worked in. It also contributed to better making sense of interpersonal and structural ruptures in the social fabric and to constructively thinking about ways of rebuilding "embodied trust", that is, every day relationships that are caring and engaging despite experiences of betrayal (David Napier).

At the same time, participants of the summer school were aware that medical anthropologists often work in interdisciplinary, and often strongly politically charged, settings where concepts such as “biopower”, “structural violence” or the notion of “syndemics” can serve a valuable function to make the anthropological perspective *heard* and expand theoretical perspectives. For instance, the syndemics approach is valuable for highlighting how multiple instances of oppression and marginality—like gender-based violence, marriage patterns, and lack of access to education—interact with two or more diseases in a specific population and put certain groups of persons at a particular risk. In a similar vein, the concept of structural violence has become important for incorporating a political economy perspective in certain strands of biomedicine and public health—and for highlighting “how the social is knitted into the biological” (Lenore Manderson). However, while the focus of such concepts on the illness-producing conditions within societies or groups may be important for making a political claim, it also runs the risk of disguising the complex (and “messy”) experiences and struggles of people’s everyday lives. It was therefore felt to be crucial for medical anthropologists—especially, but not exclusively those who work in interdisciplinary settings—to stay connected to the larger field of social and cultural anthropology and to engage with the theoretical and methodological debates of the larger discipline.

II. Shared themes, local specificities: Health and marginality in cross-cultural perspective

The contributions to the summer school highlighted that the conditions under which people experience, organize and act on their well-being have changed significantly over the last decades. Shifts in health and welfare systems over the last 20–30 years have been connected to neoliberal reforms which coincided not only with the (partial) withdrawal of nation-states from the provision of social services but also with processes of privatization and market-orientation. Growing inequalities in the fields of health, medicine and healing have become palpable not only in the “global South”, which has been placed in a new dependency in relation to the “rich North”, but also in the industrialized countries. Thus, well-being in industrialized countries is shaped not only

by transnational mobilities and migration as well as the global financial crisis (see for instance the ongoing reforms of the health system in Greece which produce new health risks and vulnerabilities among the population). Often there are also strikingly high levels of structural inequality that drastically limit choices of parts of the population.

Many of the themes and challenges that people face in relation to health and well-being globally have thus become interconnected and often quite similar with regard to dynamics of marginality and exclusion. However, not only have the gaps between “northern” and “southern” countries been modified in many instances, so that challenges in relation to the inclusion of marginalized and resource-poor populations in the health system are experienced in a similar manner. There has also been an overwhelming increase of new responses and actors that have become engaged in securing access to health and well-being across national and continental borders: non-governmental and faith-based organizations, humanitarian agencies, for-profit actors and industries, state bureaucracies—and not least the “responsibilized individuals” who are supposed to take care of their own well-being in these emerging neoliberal health landscapes.

While all these actors may have diverging agendas and priorities in regard to marginality and well-being, the *driving categories and logics* sustaining their efforts are often quite similar. Some of these logics and categories, which motivate (and legitimate) their policies and actions include: “access”, “deservingness”, “(human) rights”, “diversity”, “cost-effectiveness”, “efficiency”, “emergency”, “belonging”. However, as some of the contributions to the summer school showed, these categories are not only *motivating* individual as well as collective and institutionalized actions (and policies) in responding to situations of crisis and need (Heide Castañeda). They may also *sustain* instances of structural violence and create “continuous states of exception” as Peter Redfield’s lecture on transnational humanitarianism showed so vividly.

Medical anthropologists face the challenges to highlight how policy concepts like “access”, “deservingness”, “rights” or “marginality” that resonate across political and geographical boundaries in an interconnected world acquire meaning in *specific contexts* and *localities*. Moreover, as some of the papers showed, by adopting a comparative perspec-

tive on situations of health crisis and experiences of marginality, researchers need to make sure to reflect on the validity—and the effects—of the comparisons they make (or are asked to make). By engaging with often highly charged political issues, there is a challenge not to reproduce politically recognizable truths and entities—just for the sake of making a political claim. Anthropologists have long problematized the risk of reifying ethnic and cultural boundaries by perpetuating an established focus on “ethnic” or “cultural groups” in their discipline (though the articulation of ethnic boundaries may become a marker of identity among people themselves in specific contexts). At the same time, the participants of the summer school struggled with the question how to write adequately about the “communities” and “groups” that we are studying in a politically meaningful way—without negating the multiple lines of differentiation that shape people’s actions in their everyday lives. Engaged, self-reflective, long-term ethnographic research and constructive feedback from peers and mentors provide opportunities for this critical assessment of research methodologies and outcomes.

III. Ethics and engagement as theoretical and conceptual challenges

The comparative perspective, and the way it can be sharpened by a collaborative research approach, was also brought home during a field trip that the summer school participants undertook to specific sites and organizations concerned with health and marginality in the larger Berlin area. One of the main goals of the summer school was to foster a dialogue among participants about what it means to do (anthropological) research and teach at a university that acknowledges the responsibility toward our more immediate urban environment. Universities worldwide have come under enormous (neo-liberal) pressure over the last decades which have introduced not only the logics of cost-effectiveness and (self-)monitoring (STRATHERN 2000), but also the pressure to secure external funding and to produce “societally relevant research”.

One of the discussion themes at the summer school was whether urban universities that are located in “hot spots” of social inequality such as London, Amsterdam, Berlin, Paris or Melbourne confront particular ethical and social challenges in this regard. The city of Berlin served as a “laborato-

ry situation” for approaching these questions more systematically. Thus, while Berlin has a comparatively high migrant population (14% compared to the average of 8,8% in Germany) and an unemployment rate of 11,6% (average in Germany: 5,3%) it also has built up an excessively high public debt of 61,3 bn€ (2013) which has placed enormous burdens on the public health system over the last 15–20 years. Under these circumstances, Berlin has experienced not only a significant increase of research institutions and health organizations that have become concerned with the health and well-being of specific parts of the urban population. The city has also become home to a highly diversified landscape of health and healing that caters to the various religious, cultural and social needs of different sub-populations.

The field trip to various sites of health provision for marginalized people (e. g. an organization working with drug-addicted migrants and a sexual health center catering to women with low income in East Berlin) yielded basically two overarching results. On the one hand, it made clear that experiences of marginality and well-being are never shared in the exactly same way across specific localities and groups—and can therefore not be taken for granted even within the same city. Thus, the field trip highlighted that the actions and discourses of a range of organizations and actors concerned with the health of marginalized groups acquire meaning with regard to the *concrete materiality* of particular urban sites: the buildings in which they are inscribed, the surrounding roads and shops in which their engagement is placed, and the respective objects and material culture that they produce with their everyday activities. On the other hand the conversations during and after the field trip emphasized the *generic aspects* of the sites that we visited. Thus, the experiences of isolation and marginality in particular urban sites, which are reflected by poor housing conditions, high levels of unemployment and the emergence of particular food cultures, are quite similar across large cities around the world and not unique to specific European, Asian, African, Latin or North American, or Australian metropolises.

Finally, the experiences of the field trip also tied in with the above-mentioned broader discussions about the ethical obligations that we have toward the places in which we work—in our respective field-sites as well as in the places where our univer-

sities are located (though these can obviously overlap). Debates in anthropology have been shaped over the last decades by a sense of uncertainty about our objects of study (including the shared and often highly valued acknowledgment of the absence of moral clarity), most explicitly so in the wake of the “writing culture” debate and the post-colonial and post-modernist deconstruction of great narratives and political utopias. However, while the summer school participants acknowledged that these debates have shaped anthropological studies of health and suffering in important ways, they also debated the equally important question how to formulate responses to the situations of need and crisis that we confront—and how to establish reciprocal relations with the people we study.

Possible forms of engagement and solutions for ethical (and political) dilemmas arose from the cross-presentations and discussion of various concrete case examples, including conducting research on medical development in post-genocide Rwanda, leading training courses for medical staff in Haiti, and collaborating with an NGO for HIV-positive street children in Indonesia. Producing texts, documentations and commentaries beyond academic (mono-disciplinary) publications was discussed as a meaningful, yet—in face of the performative pressures of the Academy—challenging way of engaging with wider social and political issues. At the same time, anthropological knowledge production encompasses more than simply reproducing “the voices of the people”; it needs to entail careful and critical analysis that goes beyond mere representation (Ian Harper). While some researchers suggest that such an analysis requires taking sides and clarifying one’s own position with regard to often radically differing ethical stances of research participants, Sylvie Fainzang reminded the participants to avoid this pitfall. Any social actor may in one context be vulnerable to the actions of other actors or the consequences of structural coercion, but in another one take an actively coercive role herself. Taking account of this complexity, Fainzang suggested to free oneself from Manichean ways of thinking in categories of “good” and “bad” and to acknowledge that the anthropologist’s ethical and engaged postures do not necessarily merge.

The discussions at the summer school showed that the challenges posed by our research can and should be confronted *beyond* the individual field-

work situation—and that there is a shared responsibility and need to establish collaborative spaces of learning in which such issues can be thought through in more continuous conversations. Furthermore, there was a shared sense that it is time to (finally) move beyond the dichotomy of “basic” versus “applied” research and to grasp the relationship between theory and engagement not as a contradiction but as an important, and inherently intertwined, challenge of our future work.

With respect to concrete outcomes of the summer school, there will be two collective international publications: a special issue of *Medical Anthropology* on ethics and engagement in medical anthropology (working title: *Ethics, Morality and Positionality in Medical Anthropological Research on Health and Suffering*), co-edited by Hansjörg Dilger, Susann Huschke and Dominik Mattes, and an edited volume (working title: *On the Margins. Struggles for Health and Well-Being in a Globalized World*), co-edited by Susann Huschke and Claire Beaudévin.

The Medical Anthropology Young Scholars (MAYS) Network—a sub-network of the European Association of Social Anthropologists’ Network of Medical Anthropologists—will continue to serve as a platform for mutual exchange for the participants of the summer school and other young scholars of Medical Anthropology in Europe and beyond.

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