

## **Workshop “Trust and intimacy in relationships of health and healing: Perspectives from Africa, past and present”**

**Fr 11.02.2011**

**Location: Freie Universität Berlin, Institut für Ethnologie, Landoltweg 9-11, 14195 Berlin, Raum 014 (Seminarraum)**

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### **WORKSHOP ABSTRACT:**

The workshop proposes to look into the role that trust and intimacy play in relationships of health and healing in Africa. To regard people's choices as 'pragmatic' when deciding for a certain medical authority or healing method (cf. Lock/Kaufert 1998; Whyte 1997) makes a strong argument in the literature on medical pluralism. However, while this argument helped medical anthropology to overcome a certain culturalist thinking, which assumed that Africans were inherently inclined to so called traditional healing methods, it has nevertheless introduced (and sometimes reified) a functionalistic mode of explaining healing choices in settings of diverse healing landscapes. Putting trust and intimacy in healing situations upfront, we propose to study the subjective elements which come into play in relationships of health and healing. This is supposed to open a perspective on the subjectivities of both patients and specialists. Furthermore, looking into trust and intimacy in health and healing emphasizes the importance of the encounter between patients and medical personnel and puts the intersubjectivities between all participants of treatment and healing encounters in perspective.

Trust and intimacy are crucial to relationships of health and healing. Therefore we invite to explore a wide range of health relations, including the patient and medical personnel of clinics, as well as so called traditional healers, pastors or faith healers, and finally the patients' wider families and social networks.

We aim to question how trust and intimacy are evoked, negotiated and also negated in encounters between healers, doctors, patients and their social and family networks. What contributes to patients' trust in a certain specialist and a certain healing method? How, on the other hand, is distance and alienation evoked? Are these elements 'used' deliberately by specialists? Do patients request intimacy in healing situations? Trust and intimacy, we further propose, are not necessarily to be equated with 'comfort' and 'wellbeing'. If understanding intimate moments as close moments which touch on the self as well as the relationality between patients, medical experts and other persons involved in healing encounters (Cole/Thomas 2009), one should also consider that treatments sometimes bear an element of threat. How do these various aspects contribute to the building of health relations?

Health relations need to be understood in their social, cultural and political context: they are embedded into local, national and global health politics, concrete power relations and bound to economic conditions. Moreover, they take shape in relation to specific notions of professionalism, ethicality and responsibility. What are people's social experiences with trust and intimacy in these wider social, political and economic contexts and how do they inform people's sense of proximity and distance in relations of health and healing?

We invite participants to explore these questions on the basis of their ongoing research projects.