

XII Medical Anthropology at Home

XII Medical Anthropology at Home (MAAH) Conference: “At-homeless? The future(s) of medical anthropology “at home”

Przydatne informacje **Miejsce:** Ibis Warsaw Centrum al. Solidarno?ci 165

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Anthropology continues to successfully explore human diversity and sociocultural complexity. We now know – or we hope we know – how societies and cultures work; we understand better how individuals make sense of belonging to their “social” and “cultural” worlds. However, Zygmunt Bauman (1999) pointed out that culture is praxis; and similarly, Tim Ingold (2017) proved that “to human is a verb”. Thus, the world never comes to a hold, and neither do “cultures” and “societies”. In response, anthropology has developed efficient conceptual tools and theoretical discourses ready to be used whenever something or someone appears on its radar. Consequently, anthropological ontology, practice, and episteme are a fine art of discovering and understanding the present. But what about “the future”?

The last decades have brought to anthropology a number of new shifts and rapid turns. Some of them had explicitly anti-discursive goals and non-anthropocentric approaches. Anthropologists have rediscovered materiality, explored non-human ontics and ontologies, and some of them delved into the matters concerning “nature” and “environment”. One of the lesson learned from these research projects is that anthropology has redefined its own ontological, epistemological, and methodological foundations. This way anthropology wins the spot in the ongoing debate on the “world-in-departure”. Consequently, the future, and all matters which it involves, have become a significant topic for anthropology. Already in the 90s, Arturo Escobar (1995) noticed that digitalization and emerging biological technologies are – and will be – responsible for major transformations in the structure and meaning of modern societies. More recently, Ulf Hannerz (2015, 2016), Juan Francisco Salazar, Sarah Pink, Andrew Irving, Johannes Sjöberg (2017), as well as Rebecca Bryant and Daniel Knight (2019) have proved that the future is more than ever a rising field for anthropology. Following João Biehl and Peter Locke (2017) we are allowed to say that the future, as well as future anthropological actors, subjects and objects, is unfinished, but most importantly it is constantly “becoming”. Consequently, the majority of discussions concerning the future are now focused on developing technology and rising challenges brought by Anthropocene. However, Bryant and Knight introduced us to more general theoretical and methodological orientations regarding the concept of the future. These stretch from anticipation and expectation, through speculation, potentiality, hope, and finally, destiny.

Hope and destiny are well known to medical anthropologist. However, the concept of anticipation has proved to be equally useful in medical anthropology. Vincanne Adams, Michelle Murphy and Adele E. Clarke (2009) have demonstrated that the state of anticipation, that is thinking about the future and shaping it, is a distinctive feature of the contemporary society, and thus has some unique epistemic values. The future – as Adams, Murphy and Clarke propose – is always perceived in new ways, and the anticipation has become a lived affect-state of common life, shaping the current regimes of self and health. Yet, anticipation is not a simple reaction to the events coming to us in the course of life. It is rather a way of actively orienting oneself towards temporality; according to scholars cited above, our perception of the future is actually always a projection of the present but it also serves as a tool for establishing trajectories of life unfolding in speculative processes. In this form, anticipation reconfigures technoscientific and biomedical practices into evolving and shifting arenas of social activity. Celina Strzelecka’s (2013) reflections on anthropology and futurology seem to support these remarks. Strzelecka analyses tools and methods specific to anthropology with the hypothesis that they are perfectly crafted to speculate on cultural futures. Thus, she concludes, the future is an inevitable research direction for cultural and social anthropology.

Anthropologists are able to create their views on the future by critical analysis of social challenges, exploration of shifting cultural hopes and methodical observations of contemporary cultural and social trends that have an impact on our lives. How this can be done within medical anthropology and in relation to social sciences has been successfully demonstrated by Mauricio Flores et al. (2013) who has posed questions about how changes in

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medicine and healthcare systems will transform the healthcare sector, and societies in general.

By analogy, the concept of potentiality and the related concept of ambiguity have proved to be equally productive from the methodological and theoretical perspective. Karen-Sue Taussig, Klaus Hoeyer, and Stefan Helmreich (2013) have successfully introduced these concepts to medical anthropology. Potentiality, they say, is crucial for life sciences and any meaningful and efficient medical practices. Consequently, potentiality, as well as ambiguity it involves, might be analytically and thematically productive. However, Taussig, Hoeyer, and Helmreich point out that when dealing with these concepts, as well as their contemporary meanings and associated practices, first we must investigate our own social and scientific assumptions. This might shed more light on how these concepts operate in the lives of the people we study.

Following these remarks, we believe that every complex discussion on the development of anthropology should start from a thorough analysis of the current anthropological condition. However, if anthropology wants to grow and reach beyond “now and then”, anthropologists should be ready to address what is “the not-yet-here” and “the not-yet-now” (Bryant, Knight 2019). Thus, it is perhaps the right moment to once again examine the concept of “medical anthropology at home” and discuss its future – since the future is already knocking on the “at home” and “medical” doors. Is there still a room for “at home” in medical anthropology at all? Or shall we rather think and act more globally and cross-disciplinary? We believe that Poland – a Central European country where the past and present constantly intertwine – is the right place for this challenging discussion. Here, the story of medical anthropology is rather short but rapidly developing; on the other hand, the tradition of “at home” research has a long and well-documented history, making it a distinctive feature of Polish, as well as Central European, cultural and social anthropology.

We are aware that not many medical anthropologists are ready to present their complex results on studying the future. However, the recent theoretical and methodological debates in global anthropology, as well as in other related disciplines, demonstrate that many researchers are already involved in exploring this subject matter. Thus, we would like to welcome researchers ready to share their thoughts and remarks on the following issues:

1. Medical anthropology and the future

Recently much has been said about the current state of anthropology and its epistemological, as well as ontological condition. The collection of anthropological research subjects and fieldwork projects has significantly expanded and now reaches as far as more-than-human worlds. It would seem that the latest ontological turn has set the research trends and disciplinary orientations for the coming years. But what about medical anthropology? How should we think about the future of this discipline? Bearing in mind the last major global events, namely the Covid-19 pandemic and the war in Ukraine, we would like to consider the new theoretical and methodological orientations that might soon become critically important to medical anthropologists. We formulate the following questions: what are the possible new methodologies and theoretical “turns” in medical anthropology? What should we investigate in the future(s) and how? Can we apply the concept of anticipation and potentiality to elaborate on the methodological identity and theoretical background?

2. “At home” and the future

Given the above, we would like to also pose the following dilemmas: what is the future of medical anthropology “at home” in the globalizing world of today and in the future? Are there still reasons to continue “at home” research? We encourage participants to investigate how this late 20th century concept might be reused and redefined when exposed to the medical challenges of the globalizing world of today and tomorrow. Are we still “at home” or perhaps home is just a faint memory of medical anthropology that “once was”? What new “homes” do medical anthropologists have or anticipate? And if there is no “at home” anymore, then how should we rethink our research identity? Are we “homeless” or are should we search for a new home or homes?

3. The future, empirical research, and cross-disciplinary approaches

Medical anthropology, as well as other related disciplines, has been empirically oriented from the very beginning. Exploring human perspectives and experiences has up to now been the essence of anthropological practice. Thus, we encourage participants to share their current research that might contribute to the subject of the future(s) of

medical anthropology and “at home” research. We would like to see the empirical examples exploring the concept of the future within the field of medical anthropology and related studies. In other words, we are interested in how the concepts of the future, anticipation and potentiality might be applied to approach human experiences and perspectives? What can medical anthropology learn from other disciplines that are already exploring and working with the concept of the future(s)?

4. The future and human health

Finally, we encourage to discuss the relations between “the present” and “the future” with a strong reference to the studies on human health, healthcare systems, body, and well-being. How are these elements changing and what do these processes involve? Following Flores et al. (2013), we would like to ask what are the possible future scenarios and challenges related to human health, healthcare, and well-being. How can we research Bryant’s and Knight’s (2019) anticipation, expectation, speculation, potentiality, hope, and destiny, and turn them into a theoretical discourse? What new trends and phenomena do we observe in the post-pandemic social and cultural realities? Was the outbreak of the Covid-19 pandemic only the first from a series of major challenges we should be expecting? What have we learned from it? How might these lessons be used to mitigate any future healthcare threats and associated social, political and ethical challenges?

Submission of an abstract for the conference should include:

- the author’s full name, e-mail address, and affiliation(s)
- a clear title and up to four key words
- information indicating which of the proposed topics it fits
- a brief description of no longer than 250 words,

The abstract should be sent to: hubert.wiercinski@uw.edu.pl [1] no later than 15.06.2023. Authors will be notified of acceptance no later than 06.07.2023. Please note that the conference has explicitly a workshop character. Each presentation will have 30 minutes time slot, which consist of:

- 5 minutes given to presenter for encapsulating his/her main arguments
- 10 minutes given to selected discussant sharing with his/her remarks
- 15 minutes of general discussion.

Consequently, we expect the participants sending their final papers – no longer than 3000 words – by October 1st 2023. Next, the papers will be disseminated between the presenters. We ask presenters to read all the papers and prepare for discussions. Every presenter must be also ready to accept the role of a discussant.

Timetable:

- Abstracts deadline: 15.06.2023
- Note of acceptance: no later than 06.07.2023
- Full papers: 01.10.2023
- Fee: 400 Euro (including accommodation and food service)
- Payments deadline: 31.10.2023

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