

Workshop 58

Patient Embodiment: Cold Distance & Emotional Proximity in Medical Practice

Convenors:

Christina Lammer, Vienna Film Academy

christina.lammer@chello.at

The Centrality of the “Emotional Plane” in Homeopathy

Christine A. Barry, Brunel University

Christine.Barry@brunel.ac.uk

Worries about suffering and health are central to personhood, yet in biomedical encounters lifeworlds and emotions remain mostly unvoiced, blocked or ignored. This can be experienced as a threat to identity. In contrast, a recent multi-site ethnography in London shows how emotions are very central to the teachings and everyday practice of homeopathy. In a homeopathy adult education class, students learn that diagnosing the problem, selecting the right remedy and interpreting healing responses, requires equal attention to physical, mental and emotional ‘planes’. In a homeopathy clinic in a victim support centre, Laura is dealing with the physical and emotional after-effects of being violently mugged. Jenny, the homeopath pays detailed attention to Laura’s current lifeworld and history. She listens intently, elicits Laura’s experiences and emotions, encourages embodied location of emotions, validates expression of both fearful negative, and joyous positive emotions, and displays empathic responses. The current rise in popularity of homeopathy may in part be explained by its construction of an emotionally open, intersubjective, expressive body, in line with recent Western cultural discourses on emotion. Far from threatening identity, the homeopathic focus on emotion and lifeworld is used to aid in repairing identity, particularly at times of personal threat.

Healing Practices Among Members of Alternative Spiritual Communities in Poland

Agnieszka Koscianska, University of Warsaw

agkos@tlen.pl

This paper focuses on alternative methods of healing deployed by two female-dominated religious groups present in Poland since the mid-1980s: the Brahma Kumaris, a transnational movement with Hindu origins, and the Legion of Small Knights, an informal community within the Catholic Church. According to their teachings, all diseases are caused by “spiritual misery”. Therefore, members of both movements believe they can treat all physical and psychical illnesses through spiritual remedies. Meditation/prayer, sexual abstinence, special diet, and drinking blessed water are basic modes of this treatment. Moreover, emotional and intimate relationships between teachers, acting maternally, and followers (i.e. healers and patients) are a crucial factor in

healing process. However, important differences between the two groups exist concerning healing practice and interpretation of the root of illness. These differences mirror dissimilar aims and directions of the two groups. While members of the Legion of Small Knights focus on construction of the new Polish nation, the Brahma Kumaris concentrate on the construction of a global family.

Non-Verbal Communication in a Chest Pain Clinic: The Tactile Cardiologists

Claire Somerville, Queen Mary University of London
c.somerville@qmul.ac.uk

The initial diagnosis of cardiac chest pain is almost exclusively judged upon patients' descriptions of pain. The location, duration, radiation, precipitators (i.e. exertion) and 'type' (i.e. heavy, pressured, stabbing, aching, constricting) of pain are the key indicators used to identify chest pain of cardiac origin. Thus the verbalisation of pain in patient narratives form an integral component of diagnosis. However, recalling and then describing bodily pain is a notoriously difficult exercise (Scarry, 1985). In the absence of language both patients and doctors engage in elaborate non-verbal bodily forms of communication during clinic consultations. This paper, based upon observations of over 100 consultations in a Rapid Access Chest Pain Clinic in a hospital in East London, describes some of these forms of communication. The paper considers how touching bodies (feeling the heart, chest, pointing to sites of pain) and the performance of pain by the doctor (using their own bodies to demonstrate pain - for example, a clenched fist) creates a particular intimacy between the patient and doctor. The bodies of both the patients and doctors engage in a non-verbal dialogue that elucidates narratives of pain where the spoken word is inadequate. It is argued that the limitations of language together with the insensitivity of non-invasive diagnostic technologies in the diagnosis of cardiac chest pain have lead to unusually tactile clinical consultations where the body has become to core means of communication.

Negotiating Trust in Rituals of Informed Consent

Andrea Stöckl, Goldsmiths College, London
a.stockl@gold.ac.uk

As trust in medicine seems to decline, obtaining informed consent becomes increasingly important. In this paper, I look at the ritual of obtaining informed consent for gene therapy trials. The term 'gene therapy' is misleading as gene therapy is not a form of treatment, but rather a clinical trial. The trials might not benefit the patients; they have to be convinced to take part in it. In gene therapy trials, this process of convincing and signing the form might take up to two weeks instead of just a few minutes, as it is common practice in medical settings. Convincing the patient

to participate is a central issue and eliciting trust is not always a matter of informing the patient, but of creating a 'trustworthy' space. The paper thus looks at how this space is created through non-verbal, i.e. 'embodied' communication between doctors, researchers and patients in the consultations.

Cyborg Mediations and the Multiple Parentage of the Preterm Baby

Kyra Landzelius, University of Gothenburg
kyra_landzelius@yahoo.com

Departing from a view of the neonatal intensive care unit as an embodied, emotional field of practices, this paper traces the bonds and boundaries of relationships set in motion by the birth of a baby born premature and dependent upon comprehensive biomedical intervention. The cyborgian infant plus incubator dyad is the focal point, or primary ontological and symbolic epicenter, orchestrating and (dis)ordering a cast of human and non-human actors (i.e., machines or artifactual others,) which together bring into existence the preterm baby as an historically-new biological and social being. The conventional healing equation implied by a patient-practitioner contractual pairing is here multiplied by the in-folding, of numerous third-party, players: mothers/parents with affective/somatic itineraries for attachment, and with politicolegal agendas as kin to the vulnerable infant patient; prosthetic devices with critical assignments to support, simulate and signify life for the physiologically-fragile human organism; web cameras placed in incubators with connections back home, linking home and hospital in a therapeutic and epistemological partnership; virtual communities and cybernurseries, that electronically choreograph fictive kin networks for parents of preemies,. The multisensory habitus and logics of co-engagement with vital machines of healing and intimate machines of communication are here examined with respect to the dynamics of proximity/distance and the intersubjectivity of illness.

Cancer and the Human Experience in Crete, Greece

Anastasia Karakasidou, Wellesley College
akarakas@wellesley.edu

The anthropology of cancer in Crete considers the human experience with the disease, its treatment and its politics. It also reveals certain new modalities of the modern human condition. The model cancer patient is based on ideas of the Enlightenment, on notions of rational knowledge, empowerment, control over nature, and liberation. As Foucault observed, starting in the late 18th century, through the clinical experience, the concrete individual was opened to the objectivising language of rationality, and the patient becomes a field of scientific investigation. This external "fiction" of the hegemonic power of western biomedicine to detect, diagnose and chemically treat cancer, creates a discourse of backwardness for those who do not

behave rationally in the face of cancer. In this way, the individual and social experience of cancer gives rise to a new identity: that of the rational cancer patient as the most docile of all bodies that western biomedicine claims to throw in the battlefield against cancer. The sufferer mirrors the western cancer patient and in this experience there is not much friction between the local and the European, and a total submission to the external prototype is evident. Drawing from the ethnographic experience of cancer in Crete, from Foucault's theory of bio-politics and Agamben's notion of the "state of exception," this paper examines the precipitous rise in cancer incidence and mortality over the past half century in Crete (and in Greece at large) in the context of the original project of the sovereign nation state, which promises to protect the well-being of individual citizens. It will argue that, modernity and economic development created and perpetuated a 'quality life' for citizens, albeit exposing the bodies of citizens to polluting and mutagenic toxic chemicals. The fundamental threat that carcinogenesis imposes on the 'bare' life of its citizens is ignored and the debate about cancer centres around diagnosis and treatment of the disease rather than its prevention. Cancer is viewed in this paper not only as a subversion of the biological order of the individual body of modern 'homo sacer,' but also as a subversion of modernity itself.

Researching Cancer: Understanding its Sameness and Absolute Otherness

Christine Holmberg, National Cancer Institute
cholmberg@web.de

Concerning patients there is a vast amount of sociological studies dealing with the "role of the patient". In the light of fieldwork conducted in a German teaching hospital the theories have an important shortcoming: They cannot explain the total difference between patients and non-patients. I argue that the role of the patient exceeds the hospital by far. The everyday life on the ward and the interactions between patients and hospital workers show the difference between sick and non - sick. This paper analyzes in detail how everyday interactions on this ward shape the subject upon which biomedicine acts. It also shows how the hospital and the biomedical institution are embedded in wider society.

In rediscussing theories on subject and object positions in a research process, I show why - especially in the field of biomedicine with its equalising ideology - a research strategy which juggles with subject and object positions, helps understand the transition involved in an illness trajectory. Ethnography with its specific method of immersion is apt to explore the question of experiencing cancer and thus can understand the transformation of a person into the absolute other as cancer patient.

Closer to Being Normal? Young People's Lives with Insulin Pumps.

Griet Scheldeman, University of St. Andrews

grietscheldeman@hotmail.com

'Being normal' features prominently in adolescents' quality of life requirements. A chronic illness like diabetes with its demanding management routines can significantly disturb this desired normalness and make young people stand out from their peers. Insulin pumps, pager sized devices administering a constant flow of insulin, eliminate the task of multiple daily injections and are promoted as enabling diabetic people to live their lives again. Based on recent research with young people on insulin pumps, this paper examines how wearing a technological device enables some and obstructs others to be able to live almost 'normal lives' again. With an existential approach I explore how young people incorporate the pump into their daily lives. A focus on how they DO diabetes, from an agent perspective, allows us to ethnographically consider the theoretical aspects of embodiment and intersubjectivity, and puts to the fore practical issues such as freedom and control.