

From Harry Potter to Jesus – A transfigurative conference report

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Conference report on the anniversary conference: ‘Transfigurationen: Medizin macht Gesellschaft macht Medizin’, 17-18 February 2017, organised by the working group [Medical Anthropology Switzerland](#) of the Swiss Anthropological Association (SEG), Wiener Dialoge der Medizinanthropologie (Vienna Dialogues on Medical Anthropology) and the [Work Group Medical Anthropology](#) of the German Anthropological Association (GAA).

As medical anthropologists, we expect to learn about diverse places and people, and topics ranging from birth to death. We might not, however, anticipate hearing repeatedly about Harry Potter and Jesus. Both were named by multiple panellists at the tri-national conference on ‘Transfigurations’ in Basel as key figures in their quest to grasp the conference’s topic. Transfigurations?! Is it the kind of magical transformation from rat to tea cup as described in JK Rowling’s novels, or does it reference the pivotal moment when Jesus was transfigured and became radiant in glory upon a mountain? If it be either of these, what is the connection to medical anthropology? Transfigurations?! Is it just an intellectual phantasm of the conference organisers, bored by transformations and figurations, and inspired by the widely used *trans-*prefix? Transfigurations?! Or is it in the end just another word for assemblages? Read this conference report and you might be inspired by the diverse interpretations and applications of the term, and perhaps even feel yourself transfigured by transfigurations...

Panels

The first panel, **‘Therapeutic landscapes: Pharmaceuticals, commodification and epistemologies’**, was chaired by [Angelika Wolf](#) (Freie Universität Berlin). [Stephan Kloos](#) (Austrian Academy of Sciences) began with his talk on the transfigurations of traditional Asiatic medicine. Kloos suggested that we replace Charles Leslie’s older term ‘Asian medical systems’ with a new one, ‘Asian medicine industry’, in order to account for the new assemblages of globalised medical processes and elements that bring together the objects, people, knowledge and pharmaceuticals involved in the dissemination of Asian medicine. [Sandra Bärnreuther](#) (University of Zurich) presented a historical overview of one specific pharmaceutical and its production process in the context of (post)colonialism. Focusing on the practices of a Dutch company that extracts HCG^[1] from the urine of pregnant Indian women in order to produce their pharmaceutical products, Bärnreuther highlighted the entanglements of politics, economy and technology. [Mirko Uhlig](#) (Johannes Gutenberg University Mainz) shed light on the self-perceptions and perceived boundaries between psychotherapists and spiritual healers in Germany, arguing that the multiple ascriptions, demarcations and entanglements concerning spirituality form a new set of transfigured therapeutic techniques. Finally, [Márcio da](#)

[C. Vilar](#) (Leipzig University) asked how scientific innovation, established biomedicine and informal health care co-exist and are linked in contemporary Brazil. Negotiations over immunostimulant drugs in institutions and on social media served as an example for current 'life assemblages' and an expression of an ongoing transfiguration of established biomedicine for autoimmunity. A key message in this panel was the crucial point of (geo)political and technological change, which might constrict established transfigurations or even lead to new transfigured relations.

The second panel entitled '**Good aging, dignified dying: Bureaucracy, biopolitics and the value of life**', chaired by [Piet van Eeuwijk](#) (University of Basel), focused on transfigurational processes at the end of the life course. The first two papers reflected on palliative care. In her talk '*Grace under pressure*', Martine Verwey (unaffiliated academic, Zurich) presented thoughts on the palliative care of a terminally ill person with ALS and questioned whether transfiguration can be a useful concept to think about the dying body. [Andrea Buhl](#) (University of Basel) presented extracts from her PhD study on palliative care in a Tanzanian cancer hospital. Multi-levelled influences transfigure the practice of care giving at the end of life, from the emotional involvement of care givers to more widely used material care such as pain medication. The next paper also reflected on the transfiguration of care in urban Tanzania. [Andrea Kaiser-Grolimund](#) (University of Basel) engaged the audience with a narrative about elderly persons in Dar es Salaam and their practices of care for the self, and asked the following question: If we understand transfiguration as a fundamental change, are we as anthropologists able to explore it at a local level? Finally, [Marcos Freire de Andrade Neves](#) (Universidade Federal do Rio Grande do Sul, UFRGS and Freie Universität Berlin) analysed the complexities of dealing and engaging with bureaucratic interventions when it comes to receiving the 'green light' for assisted suicide in a multinational European setting.

[Hilde Schäffler](#) (Public Health Services, Bern) chaired the third panel entitled '**Between precarisation and empowerment: Marginality, participation and economisation in health care provision**', which paid attention to health care provision and the transfigurations of (economic) values and bodies. In the first presentation, [Mustafa Abdalla](#) (Freie Universität Berlin) talked about the professionalization of patients in Egypt. With poverty on the rise and medical resources scarce, patients offer their sick bodies in exchange for money, medical care and knowledge, transforming their afflictions into economic value on disease markets. [Maria Lidola](#) (Freie Universität Berlin) discussed the transfiguration of health care provision through family clinics in Rio de Janeiro's favelas. Once more, the concept of transfiguration allowed for the incorporation of different scales and controversial local conceptions and provided for a rich analysis. The same applied to the paper by [Melina Rutishauser](#) (University of Basel) on participation and financialisation in Tanzania's health sector. In her paper, Rutishauser discussed the transfiguration of participatory approaches in the funding of health insurance and related daily practices by patients.

In the panel entitled "'Good care?": **Ideologies of reproduction and aging**' chaired by [Claudia Lang](#) (CERMES3, Paris), three different presentations were given. [Sandra Staudacher](#) (University of Basel) presented her project on '*Aging, agency and health in Tanzania*'. She argued that sudden shifts and moments of crisis in health transfigure local care arrangements and social structures. Transfigurations were thus not only presented as a form of

socioeconomic process, but also as manifold interdependencies between people and (transnational) social and geographical places that trigger change. In her presentation *‘Evidence versus eminence – Transfigurations of the “good birth”*’, [Cecilia Colosseus](#) (University of Mainz) focused on the theological meaning of transfiguration as a kind of romanticisation. Presenting the discourses from both advocates of clinical birth as well as defenders of a non-clinical birth regarding what a ‘good birth’ means, Colosseus demonstrated how the female body is the central locus in which rationality and naturalness are transfigured through their entanglement. [Laura Perler](#) and [Carolin Schurr](#) (University of St. Gallen) presented the transfigurations of liberal eugenics and state biopolitics in the Mexican bioeconomy. Through a focus on the reproductive biographies of egg donors, the entanglements of discourses on reproduction that are infused with race and class became tangible. This panel highlighted transfiguration as a multidimensional interweaving process that includes specifically temporal and spatial dimensions.

[Dominik Mattes](#) (Freie Universität Berlin) chaired the panel *‘Repositioning: Bio-social identities between self-positioning and external ascriptions’*, which was centred on conflicting and transfigured biosocial identities positioned between local and global areas of influence and understanding. In the first presentation, [Elena Jirovsky](#) (Medical University of Vienna) talked about female circumcision/female genital mutilation in Burkina Faso and the transfiguration of meaning that the circumcised female body has undergone as this contested practice is morally and politically challenged at the global level. The second and third papers analysed various effects of the changing understanding of albinism in Tanzania, once the global outcry over the trade in body parts of people with albinism had ebbed away. [Giorgio Brocco](#) (Freie Universität Berlin) related a story of such changing understandings of ‘glocally’ defined bodies. His paper on the understanding of albinism as a disability in Tanzania explored existing social classifications and the ways in which individuals with albinism find themselves caught between discourses on victimhood and deservingness and disability activism. In her presentation, [Susanne Kathrin Hoff](#) (Johannes Gutenberg University Mainz) elaborated on the issue further by extending her analysis to strategies of traditional Tanzanian healers and their need to reconfigure their practices in the wake of the transfigured understanding of albinism. The final presentation by [Francesca Rickli](#) (University of Zurich) brought the audience back to Switzerland with an analysis of senior citizens with mobility disabilities who deal with their bodies’ transfigured meaning in everyday practice in a context of changing aging paradigms. This panel showed that at a specific moment of analysis, transfigurations can be ‘incomplete’ and may lead to the absence of a corresponding change in terms of infrastructure.

In the panel *‘Professional aspirations in the health care sector: Mobility and translation processes’*, chaired by [Eva-Maria Knoll](#) (Austrian Academy of Sciences), [Christiane Falge](#) (Hochschule für Gesundheit, Bochum) and [Magdalena Stülb](#) (Hochschule Koblenz) offered an insight into an ongoing research project on the transnational mobility of doctors in Germany, and the strategies of foreign doctors with the experience of professional exclusion and ascription. [Judith Schühle](#) (Freie Universität Berlin) discussed transfigurations in the Nigerian biomedical landscape. Through the narrations of health care professionals who have migrated abroad, but have later become involved again as health care professionals in their country of origin, Schühle examined the consequences and multiple frictions of such ‘medical remittances’. [Johanna Gonçalves Martín](#) (University of Cambridge and Universitätsklinik

Dresden) analysed transformations of knowledge and practices in clinical spaces between Yanomami health workers and doctors as 'partial translations'. Translations were presented as intentionally incomplete, sustaining rather than erasing differences and resulting in enhanced health. This assessment made clear that translations are always perspectivist and result in real bodily transformations. [Lisa Pepler](#) (University of Göttingen) illustrated the discursive process of ethnic attributions to doctors from Turkey as intertwined with the discovery of 'the Turkish patient'. This so-called Turkish patient was presented as part of a broader discursively produced social figure, through which people formerly categorised as guest workers were assigned particular ethnic traits. Subsequently, migrant doctors were transfigured through these processes into 'Turkish doctors for Turkish patients'.

25/10/5 years of Medical Anthropology

Following the first two rounds of parallel panels on Friday, the halls of the main building of the University of Basel were buzzing with ideas and new conceptions about what transfiguration as a concept might have in store for analyses in medical anthropology and beyond. Sociologist [Elisio Macamo](#) (University of Basel) kept the discussants as well as the audience on edge with his engaging and witty guidance through the round table on the structure, relevance and visions of medical anthropology in Germany, Austria and Switzerland. [Hansjörg Dilger](#) (Freie Universität Berlin), [Bernhard Hadolt](#) (University of Vienna) and [Brigit Obrist](#) (University of Basel) represented the guild of the founding members of the three national medical anthropology associations, and [Mira Menzfeld](#) (University of Cologne), [Elena Jirovsky](#) (Medical University Vienna) and [Constanze Pfeiffer](#) (Swiss Tropical and Public Health Institute Basel) spoke for junior scientists within and beyond academic medical anthropology.

Throughout the discussion, the audience received a history lesson of sorts about how medical anthropology has evolved in the three German-speaking countries, from being the interest of a handful of engaged students who decided to read Arthur Kleinman in the early 1990s up till today. Medical anthropology in Austria, Germany and Switzerland has become a sub-discipline with broad radiant power. From engaging with practitioners and applying knowledge gained in fieldwork to practice, and as a source of new and cutting-edge theoretical approaches, as a field it has never stopped re-inventing and transfiguring itself. It has also become clear that the sub-discipline, despite its growing global relevance, needs to be anchored in national academic communities (Saillant and Genest, 2005; Dilger and Hadolt 2015) and gain momentum locally in order to become academically and politically relevant.

Medical anthropology 'in practice'

In the World Café section entitled '**Medical anthropology in different fields: Possibilities and limits**', we were invited to reflect in a collective process on our role as medical

anthropologists in different spheres outside of the classic academic context and the conditions needed for such a successful transfer of anthropological knowledge into more applied realms. The group discussions focused on four different fields (NGOs, the public health sector, contract research and education), yet the outcomes were surprisingly similar: the main strength of medical anthropologists was seen as the ability to reflect upon complex situations and, no less important, to be reflexive about our own position. Other points that were often named as strengths were medical anthropologists' sensitivity to difference, opposition to culturalisation, and the innate linking of micro and macro levels. Profound knowledge of qualitative methods and a sensibility for people 'in the field' complete these skills.

There was a general call for a more solid understanding of quantitative methods on the part of anthropologists. While our ability to reduce complexities without being banal and our skills in translating between different social worlds were barely questioned, we need to rethink our use of language to make our message understood. Bridging the gap to our conference, transfiguration may be a fruitful topic for a meeting of medical anthropologists, but might not be the most comprehensible term when communicating with the outside world. Finally, there was not only a stated need to have more of an influence on practice, but also to prepare students for professional engagement outside the realm of the university.

Suicido economico: A keynote by Andrea Muehlebach

In her fascinating keynote lecture, [Andrea Muehlebach](#) (University of Toronto) presented an analysis of the phenomenon of 'economic suicide' in contemporary Italy. Since the onset of the global financial crisis, death by self-immolation has garnered huge media attention and is estimated to account for about 6% of all Italian suicides. Muehlebach's sharp analysis illustrated the nexus of individual suffering, politics and economics in the act of self-immolation. Following Durkheim, she stated that it is not poverty per se, but the drifting apart of a social system, that can serve as a reason for suicide. Referencing Emily Martin's (2007) work on manic behaviour and its connection to financial markets, which highlights the bipolar tendency of the financial sector, Muehlebach's lecture related this analysis to the situation of people at the bottom of the economic scale who have to deal with the unforeseeable outcomes of the 'bipolar system' that neoliberal economies have become. Self-immolation, or other suicidal acts, which may at first sight seem to be a sign of individual insanity, turn out to be symptoms of an insane economic system. In concluding, her analysis pointed to a troubling finding: these suicides are the embodiment of the economic crisis; the transfiguration of individual suffering into an outrageous accusation and a last radical revolt against a failed system. We fully agree with [Janina Kehr \(University of Zurich\)](#), who emphasised the groundbreaking potential of Muehlebach's work for medical anthropology in her introduction to the keynote lecture.

Ready for transfiguration?

Are you convinced yet? We must admit that we were sceptical at the beginning, too. In some of

the papers, transfiguration was used as a description of processes that changed a subject or object. In these instances, the distinction from 'transformation' is not necessarily persuasive. During the course of the conference, however, we learnt to appreciate the manifold possibilities and avenues of creativity that this new concept can initiate, and to recognise that the term 'transfiguration' entails potential analytical advantages over other terms such as 'transformation'. There is no doubt that a more structured approach is needed to develop transfigurations further and to present it as a valuable conceptual tool.

In the final discussion of the conference, a first step towards this goal was taken: [Hansjörg Dilger](#) (Freie Universität Berlin), [Bernhard Hadolt](#) (University of Vienna) and [Brigit Obrist](#) (University of Basel) convincingly summarised the collective brain power of the conference participants and presented **transfiguration** as a useful concept to analyse the complexities that medical anthropology deals with. In a nutshell, transfiguration combines assemblage (cf. Deleuze 1987, Mbembe, 2003), transformation and formation (cf. Elias 2000), but the *trans* adds a processual nature and references the open-ended but also intertwined nature of many of the cases we study.

To say that we were completely transfigured by these two days spent in Basel might therefore be premature. Yet inspiration was definitely sparked by the mixture of different formats and the space to appreciate the rich facets of our engaged, applied and theoretical sub-discipline, and the possibility to share ideas and collaborate in this 48-hour long think tank.

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[1] HCG is short for human chorionic gonadotropin, produced by the placenta after conception. It can be extracted from the urine of pregnant women or can be produced from cultures of genetically modified cells.