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REVIEW

Situated Interventions in Health Care? Refiguring the Normative Place and Experimental Practice of Social Science

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Situated Intervention: Sociological Experiments in Health Care, by Teun Zuiderent-Jerak, London, UK, and Cambridge, MA, MIT Press, 248 pp., £30.95 (hardcover).

In recent years, there have been numerous calls for new modes of knowledge production and research that engage with the public more meaningfully and that play a more active role in addressing ‘real world’ issues such as health care access, social justice, and global economic and health inequalities. These calls are both patent in and informed by current frameworks of research funding and grant writing that have been increasingly oriented toward rapid knowledge translation, greater public accountability and engagement, and tangible socioeconomic impact and utility. While this general orientation has drawn attention toward the need for engaged social science and public sociology, it has also been accompanied by broader assumptions around the value of interdisciplinary research and of cross-sectoral partnerships with the health and life sciences. Such a shifting configuration has brought many social scientists into the open, albeit muddled, fields of

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collaborative work, knowledge co-production, and evaluation frameworks, to name a few examples.

What is often less acknowledged in the public discourse is that stepping into such a normatively saturated terrain may bring to the surface some longstanding scholarly attachments, attributions, and perceived ‘infidelities’ that have yet to be figured out—or refigured altogether. What does the relationship between social research practice, ‘public sociology’, and social theory look like? How do we experiment with and situate our work in relation to different modes of inquiry, life-worlds and spaces of action that are collaborative, evaluative, propositional, or otherwise? How do we make and maintain different, sometimes partial, connections across fields without getting tangled in constant boundary-cum-disciplinary-cum-identity work? How do we make sense of and deal with the complexities, normativities, and perplexities in contemporary health care? And, finally, how can experimental interventions in this field conjure up new modes of knowledge and normative production?

Teun Zuiderent-Jerak takes on the challenge of addressing some of these questions and challenges in what is an ambitious, evocative, and timely book for science and technology studies (STS), medical anthropology and sociology, and health research, writ large—one that leaves few stones unturned. In *Situated Intervention*, the author brings Dewey, Hacking, and many others into a debate about experimenting with and intervening in health care. At the same time, he picks up one of the most cogent threads of STS, as discussed by Susan Leigh-Star, Lucy Suchman, Donna Haraway, and Karen Barad, which puts forward an ecological, situated approach to the configuration of knowledge, society, and (im)material practices.

Disciplinary Belonging, Intellectual Labor, and the Place of Intervention

In *Situated Intervention*, Zuiderent-jerak begins by exploring disciplinary and normative assumptions in the social sciences, while unraveling certain hermeneutic and scholastic propositions (for a classic debate, see Bourdieu, 1977) that place the scholar outside the worlds and practice of his/her own research and that continue to define what counts as legitimate and publishable scholarly work, and what does not (e.g. ‘applied health services problem(s)’ (p. 3)). There are two main reasons why this notion of scholarly knowledge may still prevail that provide the initial backdrop for the book. One is the tacit division of intellectual and scientific labor that persists in distinguishing theory—and those who are *in charge* of knowing, problematizing, and representing—from practice—and those who *are tasked* with doing, solving, and intervening (Dewey, 1930; Hacking, 1983). An obvious implication of this division is that certain kinds of social science and research are more likely to be deemed *peripheral* when compared to the so-called *core* sociology, wherein economic, social, and political theory is produced.

Another reason for such division of intellectual labor can be found in the disciplinary position and normative ascription of sociology in relation to medicine that raises the questions of: whether we do sociology of, in, or with medicine; which of the two is meant to describe and prescribe action; and how sociologists may (or indeed need to) take sides according to different ranks of authority, credibility and values (Becker, 1967; Star, 1995) in the worlds of health and medicine. Added together, these elements may help to explain why experimenting and intervening have remained, by and large, the business of medicine and why medical sociologists and STS scholars tend to focus on discursive interpolations instead, despite their research interest in medical interventions and material practices.

It is worth noting, however, that Zuiderent-Jerak aims for more than opening up the black boxes of disciplinary homes and hopes and scholarly belonging by daring to enter the somewhat unfamiliar terrain of sociological investigation through experimental intervention. It seems to me that what he proposes here is a form of sociological inquiry that asks some timeless questions about the dynamics of health and illness, need, and want, while generating new knowledge by partaking and intervening in those dynamics and how they are conceptualized, mediated, facilitated, and/or reassessed. In other words, the practice of experimenting with and intervening in the very phenomena that one seeks to discern can be a way of furthering scholarly knowledge about them and of making differences (see Berg and Mol, 1998) that matter to health care practices, pathways, and professionals, to organizational settings, and to families and patients themselves.

These sociological interventions imply a double gesture that is *experimentally situated* and *ethically specific*. Situated because these interventions consider medical practices, bodies of evidence, and forms of standardization to be situated processes or achievements (Filipe, 2016, Savransky and Rosengarten, 2016) meaning that they can be challenged, modulated, and reimaged. Specific because the interventions are attuned to the varying circumstances of research sites and health care interventions and help problematise the arrangements, contingencies, and complexities that underpin them (Cohn, *et al.*, 2013; Broer *et al.*, 2017). Combining an experimental and situated approach to intervention, Zuiderent-Jerak suggests, is what warrants a sociological research intervention that is ‘diametrically opposed’ (p. 22) to a logic of implementation (i.e. pre-defined agendas set by others) and to a logic of ‘add-in’ engagement.

Research Intervention in Health Care as ‘Experimental’ Practice

With this proposition of research intervention, Zuiderent-jerak draws attention to an experimental mode of knowledge and normative production that opens up the canon of social science to a new realm of action and possibility in health care beyond aprioristic (and sometimes artificial) divides of research object–subject, theory–practice and description–intervention. His understanding of ‘experiment’ is not defined by posture, disciplinary (i.e. it coming from a particular field of study)

provenance, or degree of involvement; instead it is defined as a relevant method of sociological inquiry that allows surprising and sometimes disconcerting findings to emerge (see the example of a doctor's rigid enforcement of 'putting the patient center stage' (p. 103)) in contextual yet unsentimental terms. To this end, the author tells us the story of a particular set of 'experimental entanglements' (Fitzgerald and Callard, 2015) in health care and research: those of a scholar trained in the interdisciplinary subject of STS who came to be involved in collaborative health services research and in the (re)organization of service delivery and quality improvement. By following these entanglements and the different encounters that ensued, both collaborative and confrontational, the author is able to provide five in-depth empirical chapters in this book, which are set in the problem-spaces of compliance in hemophilia care, medical practice and standardization in hematology and oncology clinics, patient-centered care, and health care markets. It is difficult, if not impossible, for me to do justice to their conceptual meanders and empirical richness. Instead, I would like to highlight an episode that illustrates what exactly is meant by and at stake in these experimental, situated interventions.

One of these episodes is set in hemophilia care in the Netherlands amid attempts to ensure high-quality treatment on the part of the state and of health care professionals who approached the author's research group to help them meet new requirements. Despite a shift to home care with the introduction of a new generation of coagulation factors in hemophilia treatment, professionals remained responsible and feared both under-treatment and over-treatment. Patients would also come to hospital in a critical condition because their treatment was no longer working. It turns out that during holidays patients were often unable to store the coagulation factors in proper conditions and at low temperatures. As a result, and despite shortages in the treatment and its exorbitant costs (i.e. many thousands of euros per patient per year), unused doses had to be returned to hospital and then discarded. From the moment when the author and his team started to look at 'home treatment as embodied practice' (p. 44), to the experimental introduction of a temperature-logging device, scholarly assumptions about patient 'autonomy' and 'compliance' were adjusted, as were the nurses' perceptions of whose patients were the 'models' of reliability.

What started as a problem of patient 'adherence to treatment' plans turned out to be a compounded, situated problem of individual patient autonomy and responsibility, of the efficacy and availability of lifesaving treatments for all patients, and of navigating multiple spaces of treatment. Zuiderent-Jerak may have been criticized for 'going native' and worse (e.g. helping professionals to control and monitor their patients), but the result of getting into such trouble seems to have been tremendous: surprising findings and normativities, new understandings of compliance and of the role of small technologies, and, ultimately, the creation of a nurse-led clinic that helped patients meet their needs and allowed nurses to see their labor recognized. It is this 'awareness of the importance of material

interventions' (p. 182), he adds, that STS has to offer to research intervention and to an experimental practice in social science, counter to what some may call the 'normative deficit' of STS.

Refiguring the Place and Practice of Social Science

As a sociologist who worked closely with patients, families, and activists as well as clinicians, biomedical researchers, and public health practitioners, I have found myself pondering nearly all the issues addressed in this refreshing and much-needed book, such as a counter-intuitive practice of adjusting one's methodological and conceptual tools to the challenges of the field and of the time (Latour, 2004). Yet as I read through the book, I kept wondering whether it may reify some of the boundaries and dichotomies that it seeks to erase and whether it formulates too positive a theory of interventionist sociology and STS. My ambivalence here relates to the language of interventionism that may imply the need to 'rescue' these disciplines, or may manifest, more simply, a *disposition to learn with/in* the things, practices, and processes one seeks to discern. By this I mean a disposition not only to *contemplate* certain problem spaces but also to *implicate* oneself in how they are (or might be) conceived, lived, and paced.

Indeed, these are questions that bewilder sociologists, anthropologists, educators, and community workers alike, particularly those who work in/on public and global health (Adams *et al.*, 2014). The fact that there are few references to these other fields or to other kinds of research intervention in the book may come as a bit of a surprise to some readers, given the history of research-action methodologies, pedagogies, and theories in the Americas. Some may query, moreover, the extent to which the book's chosen illustrations may have elided forms of normative practice and 'spontaneous philosophical inquiry' (Althusser, 1990 [1967]) on the part of those who make possible those situated interventions in health care including doctors, nurses, and managers and the patients themselves. Thus, it is worth noting that the problem spaces outlined in this book are situated in different ways and are meaningful only when read against the backdrop of particular geographical spaces, sociohistorical moments, academic cultures, and health care settings where there is a material and professional configuration of health care that invites these sociological interventions.

Ultimately, if experimenting and intervening have been a salient mode of action and knowledge production in the life and health sciences, then it is reasonable to argue that social science and STS may certainly learn from them. In health care, developing such an investigation-intervention nexus seems to yield a new realm of action and possibility that calls for greater attention to the varying yet overlapping worlds of communities, families, organizations, technologies, and standards and the people that give life to them. This nexus may imply, however, loosening up fixed engagements and arrangements in favor of a more generative and imaginative approach to research and normative practice that curtails the inexorable turn

to *either* thick affect *or* thin materialism. With increasing calls for greater engagement, openness and reach, it seems crucial that we devise an alternative repertory other than ‘critique’—and situated intervention is a first gesture toward just that. After all, these interventions may call for new modes of research action such as those of composition, recreation, and simulation as well as experimental forms of pedagogy, solidarity, and transliteracy, which could help refigure or, better, transfigure the normative place and experimental practice of social science today.

References

- Adams, V., Burke, N., and Whitmarsh, I. (2014) Slow research: Thoughts for a movement in global health, *Medical Anthropology*, 33(3), pp. 179–197.
- Althusser, L. (1990 [1967]) *Philosophy and the Spontaneous Philosophy of the Scientists & Other Essays* (London; New York: Verso).
- Becker, H. S. (1967) Whose side are we on?, *Social Problems*, 14(3), pp. 239–247.
- Berg, M. and Mol, A. (Eds). (1998) *Differences in Medicine: Unraveling Practices, Techniques, and Bodies* (London: Duke University Press).
- Bourdieu, P. (1977) *Outline of a Theory of Practice* (Cambridge: Cambridge University Press).
- Broer, T., Bal, R., and Pickersgill, M. (2017) Problematizations of complexity: On the notion and production of diverse complexities in healthcare interventions and evaluations, *Science as Culture*, 26(2), pp. 135–160.
- Cohn, S., Clinch, M., Bunn, C., and Stronge, P. (2013) Entangled complexity: Why complex interventions are just not complicated enough, *Journal of Health Services Research & Policy*, 18(1), pp. 40–43.
- Dewey, J. (1930) *The Quest for Certainty: A Study of the Relation of Knowledge and Action* (London: George Allen & Unwin).
- Filipe, A. M. (2016) Making ADHD evident: Data, practices, and diagnostic protocols in Portugal, *Medical Anthropology*, 35(5), pp. 390–403.
- Fitzgerald, D. and Callard, F. (2015) Social science and neuroscience beyond interdisciplinarity: Experimental entanglements, *Theory, Culture & Society*, 32(1), pp. 3–32.
- Hacking, I. (1983) *Representing and Intervening: Introductory Topics in the Philosophy of Natural Science* (Cambridge; New York: Cambridge University Press).
- Latour, B. (2004) Why has critique run out of steam? From matters of fact to matters of concern, *Critical Inquiry*, 30(2), pp. 225–248.
- Savransky, M. and Rosengarten, M. (2016) What is nature capable of? Evidence, ontology and speculative medical humanities, *Medical Humanities*, 42(3), pp. 166–172.
- Star, S. L. (Ed). (1995) *Ecologies of Knowledge: Work and Politics in Science and Technology* (Albany: State University of New York Press).