

# Objects, groups and rituals: recent and emerging directions in the sociology of health, illness and risk.

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# Defining risk?

- ▶ **“the probability that a particular adverse event occurs during a stated time period, or results from a particular challenge”**

Royal Society (1992: 2)

This is only a definition...but perhaps not an understanding. Risk is far more than a technical assessment or probabilistic calculation...

Probabilities, categories, time-frames, values  
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# *Health, Risk & Society* – key traditions

- ▶ Finucane, Slovic et al (2000) Gender, race, and perceived risk: The 'white male' effect
- ▶ Pidgeon and Rogers-Hayden (2007) Opening up nanotechnology dialogue with the publics: Risk communication or 'upstream engagement'?
- ▶ Burton-Jeangros, Cavalli, Gouilhers & Hammer (2013) Between tolerable uncertainty and unacceptable risks: how health professionals and pregnant women think about the probabilities generated by prenatal screening
- ▶ Caiata-Zufferey (2012) From danger to risk: Categorising and valuing recreational heroin and cocaine use

# Overview of next half an hour or so...


- ▶ Drivers of the emerging themes
- ▶ Objects – destabilising them and exploring the relationality of risk
- ▶ From individuals to groups (families and networks)
- ▶ From risk to magic and rituals? Or rather always rational and non-rational ?
- ▶ Towards a post-formal sociology of health, illness and risk?



# Drivers of the emerging themes

- ▶ Risk as one of many 'rationales' for handling uncertainty – by organisations, professionals and individuals
- ▶ Increasingly global study of health risks challenges existing assumptions of the sub-discipline
  - ▶ Risk as a phenomenon of a secular late-modernity (Bastide 2015)
  - ▶ Less individualised – from rationalities to collective lifeworlds
- ▶ Post-ANT as a cool school – and a fascinating way of problematising understandings of technologies and practices

# Handling of uncertainty through multiple logics (Zinn 2008)

- Risk – calculating, drawing on evidence & data
  - Trust – relying on people (eg experts)
  - Emotion – responding via feelings/gut instinct
  - Intuition – using tacit knowledge/rules of thumb
  - Hope, faith or magic – dependent on fate, a higher power, a possible outcome
- ▶ Zinn refers to rational, non-rational and 'in-between' approaches
- ▶ Also useful to contrast cognitive, tacit and post-formal ways of knowing (Brown, de Graaf and Hillen 2015)
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# Objects – destabilising them



- ▶ Alanna Linn (2019) Raw milk is always risky: stabilising the danger of raw milk in Australian food safety regulation
- ▶ ‘the contested regulation of raw milk is examined by questioning the normative assumption that the object in question, raw milk, is a singular entity, and one which is always dangerous’ (p.304)
- ▶ Processes of categorisation and homogenisation (Heyman 2010) – via technological classification of materials, and their meanings
- ▶ E.g. Corona virus

# Objects - exploring the relationality of risk

- ▶ Boholm and Corvallec (2011) A relational theory of risk. *Journal of Risk Research*
- ▶ Rosa (1998, 28) defines risk as 'a situation or event where something of human value (including humans themselves) has been put at stake and where the outcome is uncertain'.
- ▶ **Risk object**, object at risk, and a particular relationship between the two.
- ▶ For risk communication to resonate, or risk governance to be seen as legitimate, a 'stable relationship' needs to be 'established between an object at risk and a risk object' (p. 184).

# From analyses of individuals and dyadic relations towards families and networks

- ▶ Carla Rodrigues (2016) - Medicines and therapeutic pluralism in Maputo: exploring modalities of trust and the (un)certainities of everyday users
- ▶ ‘...even though the participants in the focus groups accepted the value of the scientific principles of pharmaceuticals, they also talked about the role and value of (close) members of participants’ social networks and to their own knowledge. For example Kátia said:


I trust more in a hospital than in a traditional healer, but I prefer natural remedies that are proven to be effective.

# From analyses of individuals and dyadic relations towards families and groups

- ▶ Carla Rodrigues (2016) - Medicines and therapeutic pluralism in Maputo: exploring modalities of trust and the (un)certainities of everyday users
- ▶ ...I asked Kátia how she verified such 'proof'...It was clear from her response that she was relying on personal endorsement as proof of efficacy:

I cannot see it [the proof]. But ... for example, if someone from my family says they [the natural remedies] worked, I don't see a reason not to try, but I try when someone I trust tells me it's good.' (p.400)

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# Syncretic or hybrid approaches – common but neglected (Alaszewski 2015)

- ▶ Roth (1957) studies risk management - TB infection control - in large US hospital - 'The inconsistency of these procedures is not lost on the workers' (p.310)
- ▶ But practices remain due to convenience, tradition and adherence to hierarchy – some of which exists in forms we might describe as ritualistic or even magical (p.311)



# Syncretic or hybrid approaches – common but neglected (Alaszewski 2015)

- ▶ ‘... patients and employees sometimes pull down the mask until their nostrils have a clear space. This, of course, destroys the point of wearing the mask and the mask then takes on the status of a charm necklace’ (Roth 1957 p.312)
- ▶ ‘The rules suggest that the tubercle bacillus works only during business hours’ (p. 314)

# Trust rituals as 'risk work'


- ▶ *'In a consultation of 15 minutes, you can't judge whether a child is abused or not ... When parents provide desired answers and try to hide something; that's possible. We can't look inside one's head and we see children for 20 minutes. Well then you can't see what horrible things might happen at home – when the child is calm and cooperative during the consultation, everything is well and parents say it's all fine'.*

(Paediatric nurse in Netherlands - 1 year's experience)

From Veltkamp and Brown (2017:1303)

Power's (1997) study of audit as 'rituals of verification'

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# A post-formal sociology of risk work

- ▶ Lomranz & Benyamini (2009) described his psychology studies as post-formal
  - ▶ Draws parallels between recent developments in sub-particle physics and analysing coping with post-Holocaust trauma
  - ▶ It is vital to do justice to messiness, complexity and to phenomena which do not quite make sense in order to effectively attend to the empirical
- ▶ Brown, de Graaf and Hillen's (2015) analysis of hope amid advanced-stage cancer – tensions and contradictions are inherent to experiences of hoping
  - ▶ Attention to incoherence, tensions and anomalies
  - ▶ Methodological focus on interview narratives and inconsistencies
  - ▶ This messiness is not noise around the edge of our findings – but **central**

# Summary

- ▶ Objects – destabilising them and exploring the relationality of risk
- ▶ From individuals to groups (families and networks)
- ▶ From risk to magic and rituals? Or rather always rational and non-rational ?
- ▶ Towards a post-formal sociology of health, illness and risk?
  - ▶ E.g. tensions between survey and interview data
  - ▶ Kiviniemi et al. (2020) 'Don't know' responding and estimates of perceived risk

## References (apart from those named already in the slides)

- ▶ Brown, P., de Graaf, S. and Hillen, M. (2015) The inherent tensions and ambiguities of hope: Towards a post-formal analysis of experiences of advanced-cancer patients. *Health* 19(2):207-225.
- ▶ Lomranz, J, Benyamini, Y (2009) Aintegration in management of personal and work-organizational conflicting situations in modern society. Paper presented at conference: SCARR: Managing the social impacts of change from a risk perspective, Beijing Normal University, Beijing, China, 15–17April.
- ▶ Power, M. (1997) *The Audit Society: Rituals of verification.*
- ▶ Rosa, E. (1998)
- ▶ Roth, R. (1957) Ritual and Magic in the Control of Contagion. *American Sociological Review*, 22(3):310-314.
- ▶ Veltkamp, G. and Brown, P. (2017) The everyday 'risk work' of Dutch child-healthcare professionals: Inferring 'safe' and 'good' parenting through trust, as mediated by a lens of gender and class. *Sociology of Health and Illness* 39(8):1297-1313