

Mol, Annemarie (2008): *The Logic of Care: Health and the Problem of Patient Choice*, London: Routledge
Mol, Annemarie, Ingunn Moser & Jeannette Pols (eds) (2010): *Care in Practice: On Tinkering in Clinics, Homes and Farms*, Bielefeld: transcript Verlag

Thematic review by Anna Pichelstorfer

Questions about how people should be cared for and what good care should entail are increasingly discussed. New strategies, such as self-care, are introduced to cope with socioeconomic challenges that follow from an ageing population and its implications for the health care system. Although caring is not a 'new' phenomenon, social sciences have not shown much interest in this topic so far. Recently, two books have been published that deal with the question of what care is and how it is organized and practiced: Annemarie Mol's monograph *The Logic of Care* and *Care in Practice* a book edited by Annemarie Mol, Ingunn Moser and Jeannette Pols. Both books provide a new perspective on care and help to rethink current developments in health care. While Mol's (2008) analysis is based on a single case, on the treatment and life with diabetes, Mol, Moser and Pols (2010) assemble 13 empirical studies from different areas. They engage with farming, health care and care for elderly or people with disabilities. Each of them provides a substantial description of a very specific and local situation, thus setting certain aspects or versions of care practices in the foreground. As will be shown, this is one of the great strengths of the work presented here.

Referring to previous research that has shown the public importance of care and referring to literature that studies the carer/cared relationship and medical ethics, both books stress that within these understandings and frameworks the specificities of care are lost. In contrast the authors want to strengthen care practices and actors involved in them by articulating what care is. Their main aim

is not only to contribute to a scientific debate but also to bring care to the public sphere and help to improve it in its own terms. With this normative approach to research, they want to prevent care from being submitted to control and simplified schemes of welfare politics that do not fit its logic or live up to the complexity of care practices.

This understanding is also reflected in their research design. One of the common features of all contributions is that they only provide a rather vague definition of care. They do this on purpose, as they conceptualize care, not as a fixed category, but as a term to be explored. In order to understand the "rationale" or the "logic of care", Mol studies how care is being done in everyday practices. Similarly, the authors of *Care in Practice* do not restrict care to a certain domain or site but understand it as a doing, as a mode or style. Therefore, they promote an ethnographic approach to learn about the nature of care practices and argue that we have to immerse ourselves in those practices to research them. The researchers spent time in nursing homes or clinics (A. Mol, I. Moser, T. Moreira) and participated in care practices on farms (J. Law, V. Singleton). They used auto-ethnographic experience (J. Taylor, H. Harbers) or described in great detail the usage of technologies that are intrinsically part of care practices (D. Lopez/B. Callen/F. Tirado/M. Domènech, J. Pols, B. Winthereik/H. Lanstrup, D. Willems), or situations in which the quality of care should be assessed or improved (e.g. B. Kraeftner/J. Kroell/ I. Warner). Mobilizing these ethnographic stories helps to make the reader understand the logics in each

situation, which are often ambivalent and provide reflections on what good care should entail. Only by leaving the term care vague, can it be attended in its complexity and specificity.

Both books show that care is best understood as shared work, involving not only professionals but also patients, their families and other human beings as well as bodies, technologies and all sorts of material elements. Hence, care is conceptualized as a set of materially heterogeneous practices that are always local and specific. An ethnographic research approach leads to new perspectives on technology, patients' rights and responsibilities, as well as quality improvement within health care. This will be exemplified in the following paragraphs.

One of the main insights the book has to offer is a reconfiguration of the relationship between technology and care. Technology is not considered as cold or as something that necessarily is opposed to a warm, kind and generous care, but is seen as an element of care itself. In line with STS (Science & Technology Studies) literature, many of the contributions in the book show that technologies are fluid, they have diverse and sometimes unexpected effects and change expectations and aims of care. Thus, one cannot think of technologies as an instrument that can be introduced to achieve a specific effect. One must be aware that technologies are similar to people's habits or hopes and expectations constantly adjusted in care practices in order to achieve 'good' care.

A second point I want to emphasize is that the focus on practices results in a critical engagement with the conception of patients as customers or citizens having certain rights and responsibilities to care for themselves and choose the 'right' treatment. Both books show impressively how the ideal of the patients choosing for themselves can lead to poor care. This does not imply that the authors would oppose the idea of an active patient. On the contrary, by studying practices, they manage to articulate an alternative to the much discussed hierar-

chical dichotomy between an active carer and a passive person being cared for. When they analyse care as shared work between different human and non-human actors, it becomes visible that "care activities move between doctors, nurses, machines, drugs, needles and so on, while patients have to do a lot as well" (Mol 2008: 32). In care practices, patients and technologies are actively involved in care activities.

Furthermore, the contributions show that there may be different versions of what might be 'good' within one caring practice. They illustrate that good care does not equal patient autonomy or efficiency. Good care is always a collective achievement and involves "persistent tinkering in a world full of complex ambivalence and shifting tensions" (Mol/Moser/Pols 2010: 14) to keep together all the multiple versions, values and objects of care. In articulating a different understanding of the neoliberal idea that individuals should take responsibility for their own health, the authors offer valuable contributions to the study of health care, technologies and to ethics of care.

Since practice – besides care – comes up as a central concept, they speak to the work of practice theorists as well. Both books exemplify that only by looking at practices, do ambiguities within care become visible and can be investigated. Furthermore, it is emphasized that within care, action is more important than actors and those who are involved in practices may shift. In doing so, the authors provide a different understanding of actors, similar to that in practice theory, which conceptualizes actors as carriers of practice (see e.g. Shove et al. 2012). Practice theory corresponds to the way they approach their research objects and to their conceptualization of body and mind, things and humans, structure and agency and the attempt to overcome these dichotomies. The authors emphasize the importance of the non-verbal in caring practices and the active involvement of bodies. They attend to uncertainties in practices, de-

center humans and do not contrast care and technology, but describe care practices as consisting of various elements that are continuously (re-)arranged. In that way, they show how change can be conceptualized in practice theory. Change cannot be achieved by controlling certain elements such as bodies or technologies but must be seen as an element of practices themselves. What follows from this perspective is that improving (health) care can only be accomplished in practice and not controlled or introduced in general forms or principles from the outside.

But the approach deployed in both books could also have benefited from engaging with recent work in social theory focusing on practices (e.g. Schatzki et al. 2001; Reckwitz 2002). By emphasizing the tinkering of care practices, its uncertainty and ambiguities, the perspective of how care practices are stabilized or transferred between different settings cannot be attended to. Looking at other approaches in practice theory might have provided an input on how to study both routines and change in care practices. Furthermore, while being engaged with practices, the authors do not attend so carefully to the term 'practice' as they do to 'care'. This might have provided the reader with a clearer account of the use of the term practice, which is applied in very different ways throughout the articles and not reflected upon.

As all the empirical studies explore quite well, care comes in many versions. We learn for instance that killing is not necessarily opposed to care, that each person in a collective is simultaneously subject and object of care, that the prob-

lems care deals with are not located in a person's body but in a collective. This is one of the great strengths of both books: the contributors try to test and develop theoretical concepts through empirical research and find new aspects within care. What has not been spelled out so far are analytical concepts developed from their collective effort to unravel care practices; that is, to bring together all the different versions of caring, to compare and contrast them and see what can be learned from them. Nevertheless, the high quality of all essays and the careful approach to research and writing make a wonderful contribution to current discussions about how to organize and practice good care. Both books illustrate beautifully that certain ideas to increase the efficiency in the health care system must be reconsidered. Ethical principles (e.g. patient autonomy) or the introduction of technological devices to promote self-care do not just delegate tasks from professionals to patients, but change problems, solutions and meanings; thus change care practices themselves and may lead to decreasing quality in health care.

References

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