

#### **4. Embodied belonging: In/exclusion, health care, and well-being in a world in motion**

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Increasing human mobility and worldwide migration processes of varying scope are provoking new experiences and practices of belonging related to the body, health care, and well-being. This is significant not only for those leaving their home countries and arriving elsewhere as newcomers, but also for the members of so-called 'host communities' who are confronted with social and material transformations of their life worlds resulting from large-scale human migration. In this workshop we aim to address how (embodied) belonging is re-imagined, negotiated, contested, practiced, constrained, and (failed to be) achieved in the context of such societal encounters, and which are the effects on involved people's well-being and health care. In exploring health-related transformations in people's lives caused by dis- and re-emplacements, we propose *embodied belonging* as a provisional term to connect social, moral, and political-legal aspects of belonging with its affective and sensorial dimensions. Workshop papers may address but are not restricted to the following questions: How does belonging matter in the suffering, (health) care and well-being of migrants and refugees, but also the homeless, disabled, and otherwise socially disadvantaged among the 'host communities'? Which are the effects of particular politics of belonging and corresponding administrative regimes on institutional setups of health care provision? What are the consequences with regard to people's capacities to maintain and re-create a sense of belonging and to sustain their well-being? What is the role of religious and 'alternative' healing practices in achieving and sustaining embodied belonging and well-being? How are the body and the senses entangled in perceptions, disruptions, and re-creations of belonging? How are (in)capacities to belong and respective consequences for people's well-being shaped along lines of social division such as gender, age, religious affiliation, ethnicity, and legal status?

***Keynote by Sarah Willen, University of Connecticut, USA***

#### ***Dangerous to Dignity, Dangerous to Health: Migrants' Sociopolitical Abjection through a Medical Anthropological Lens***

In these turbulent times, anthropology faces an "urgent call to think politics, people, and scholarly praxis anew" – a challenge both urgent and familiar to anthropologists who study migrants and the sociopolitical abjection they often face. Although specifics vary across space and time, migrants often are denied what Arendt calls the chance "to live in a framework where one is judged by one's actions and opinions." Yet sociopolitical abjection can cut deeper still – for instance, when migrants are banished from the moral community, or made to feel like things, animals, or otherwise less-than-humans. Medical anthropologists and social epidemiologists have clearly shown how these forms of embodied

exclusion can endanger migrants' health and well-being. In this paper, I extend this argument ethnographically by reflecting on the experience of a Ghanaian community leader in Tel Aviv for whom abjection endangers both (mental) health and dignity. To confront migrant health challenges on any scale, I suggest, clinicians and public health professionals arguably must understand how health and dignity are deeply entwined – and medical anthropology can help.

### **Constructions of the non-belonging 'illegal' body: irregular migrants, deportability and health care in Norway**

***Synnøve Bendixsen, University of Bergen, Norway***

Norway has a limited available social support and health service for irregular migrants partly in order to present itself as an unattractive option to 'would-be refugees'. Management of health regulation produces internal borders and contributes to that irregular migrants, while being physically within the territory, experience exclusion and non-belonging in a 'universal' welfare state.

This paper examines which impact the condition of deportability, governmental regulations and street-level bureaucratic practices of access to health care has on migrants and their perception of their body and belonging. Healthcare policies and regulations, as well as experiences of healthcare practices, contribute to an increasingly controlled environment for irregular migrants in Norway, produce 'illegal' bodies, and construct a division between deserving and underserving subjects. How do they respond to constraints and exclusionary mechanisms? The paper draws on fieldwork and interviews with irregular migrants in Norway as part of my post-doctoral fellowship in the research project Provision of Welfare to Irregular Migrants.

### **Placing precarity: How access to psychotherapy in a marginal setting engenders a precarious belonging within the UK health system**

***Natassia Brenman, London School of Hygiene and Tropical Medicine, UK***

This paper will examine practices of accessing and providing care in a voluntary organisation in London: an 'intercultural psychotherapy centre' serving a range of (im)migrant communities. Drawing on on-going ethnographic fieldwork in this site, it will argue that the inclusory practices of serving a marginalised population are constrained by the precarious position of the voluntary sector, and migrant (mental) health in the wider health system in the UK. An examination of the material and spatial aspects of the centre, and how they are experienced by those who visit or practice there, will illustrate the ways in which people literally enter into and inhabit the space. This will foreground on-going processes of *becoming* a service user, and the multiple forms of vulnerability this brings: uncertainties of waiting, ambivalence towards belonging to the client group, and the constantly immanent endings inherent in short-term therapies. Inhabiting these on-going states of precarity enables a sense of belonging to the

therapeutic space. As such, the paper will seek to demonstrate the ways in which this centre is not only a place for the vulnerable, but also a vulnerable place in itself.

## **Considering belonging in healthcare: Conceptual concerns**

***Luna Dolezal, University of Exeter, UK***

Belonging is a multi-faceted experience that has clear significance for health and well-being. An emerging literature considers the impact of having a 'sense of belonging' on some health indicators including overall quality of life, psychological well-being and the prevalence of mental health problems such as depression and suicide ideation. Despite the significance of belonging when considering health outcomes, it has been noted that belonging is a curiously under-theorised concept and experience. Vanessa May contends that 'few authors actually discuss at length what they mean by the concept' (2013) and it is suggested that belonging is treated as a 'self-explanatory term' and, therefore, 'left undefined' by many scholars (Antonsich, 2010). As a result, within health research belonging is regularly conflated with a variety of related, while arguably distinct, concepts such as community membership, connectedness, social integration, social capital and support. With reference to existing health research, the aim of this paper is to provide a conceptual-level analysis of belonging within health research and to propose a working conceptual model of belonging.

## **Improvising Care in Underclass Japan**

***Jieun Kim, Freie Universität Berlin***

While Japan boasts a universal health care system and advanced medical technology, in practice, health care has often been denied to those who do not conform to the normative role of patients. In underclass enclaves known as *yoseba* districts (day laborers' quarters), patients were often turned away or "blacklisted" for their non-compliance and confrontational attitudes. The marginality of *yoseba* inhabitants, in this sense, was emblematically emphasized by their difficult entry into the medical system. Focusing on the struggle for health care in a *yoseba* district in Yokohama over the past three decades, this paper chronicles how health care was something to be improvised in this last refuge for the underclass single men. In particular, it pays attention to the local practices of "place-making" and "rhythm-making" in various sites from waiting rooms to communal graves. Ultimately, this paper suggests how "belonging" might be enacted less as a membership to a larger entity, but as spatio-temporal attunement of bodily care coordinated among various agents.

## **Discontinued belongings and continued neglect: Vietnamese contract workers' biographies between the GDR and a unified Germany**

***Jörg-Christian Lanca, Freie Universität Berlin***

For former Vietnamese labour migrants to the GDR the (un)possibilities to belong were highly influenced by specific legal, economic and social frameworks. Due to the political changes in Germany ensuing the fall of the iron curtain in Europe, these frameworks were subjected to a series of major shifts, impacting life courses, health and feelings of belonging for many of the so-called contract workers. Based on biographical interviews, this contribution aims at showing how structural change affected both, belonging and well-being of Vietnamese contract workers. It also elaborates on how German institutions for a long time neglected their needs and what strategies the migrants employed in order to cope with their challenges. Only recently have specialized institutions actively addressed this large migrant group, e.g. by offering mental health-care for those in need. Their patients' narratives today shed light on the interplay of intersectional situatedness, embodied belonging and well-being in a structurally challenging environment.

## **Migration, spirituality and the negotiation of health and well-being in a post-apartheid city**

***Emma Monama, University of the Witwatersrand, South Africa***

Literature on migration and health focuses largely on notions of health as defined by [adequate] access to basic health care services, and the discriminatory treatment of migrants by state officials and health care professionals in "host communities". At the core of this approach is the neglect of non-empirical and intangible ways migrants negotiate access to and practice health and well-being. This paper looks at spirituality as an embodied expression and manifestation of health and well-being that is practiced through and as part of the city's urban fabric. These practices are embodied in people's everyday lives and aspirations where bodies and spaces become significant sites through which articulations of being and belonging are (re) imagined, negotiated and lived. Drawing from existing work on spirituality in post-apartheid Johannesburg, I argue that to understand the workings of spirituality is to move beyond the "illusion of the immaterial" where spaces, objects and bodies are seen as providing contexts and materials that individuals use in their daily lives; rather we must question the existence of the material/immaterial through their dialectical moments.