SPECIAL PIECES

Introduction
Rethinking sociality and health through transfiguration

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Abstract

In this introductory article to the Special Section, we intend to literally bring sociality to (bodily) life and ask what medical anthropology might gain by using the lens of sociality for a better understanding of the phenomena it is concerned with. Conversely, we probe how the field of health and illness – including themes concerning embodiment, vulnerability, suffering, and death – might help to further spell out the notion of sociality both conceptually and methodologically. Drawing on the contributors' ethnographic enquiries into contemporary health phenomena in East Africa, South America, and Western Europe, we do so by bringing sociality into conversation with transfiguration. By this we refer to: (1) the constantly unfolding processes of particular extended figurations encountering, affecting, and becoming enmeshed in each other; as well as (2) the (temporarily) stabilized figurational arrangements emerging from these enmeshments. It is our hope that this notion of transfiguration will help render visible the modalities through which human engagements with each other and the world form diverse arrangements. Moreover, we aim to better understand the processes by which these arrangements – which we term 'extended figurations' – interact with each other, change over time, and possibly vanish and make way for others. A detailed appreciation of the workings of these extended figurations, we believe, can significantly enhance our comprehension of the particular processes of change that stand at the center of our ethnographic interest. In this sense, the concept of transfiguration constitutes one possible way of structuring the messiness and complexity of sociality for analytical purposes.

Keywords

Introduction

Questions of human sociality have long been at the core of social and cultural anthropology because the capacity (and practical necessity) to relate to others in myriad forms constitutes an intrinsic dimension of the *conditio humana*. As a scholarly concept, however, sociality began its career in anthropology, and in the humanities and social sciences more generally, only three decades ago with Marilyn Strathern's pioneering work. In her seminal book *The Gender of the Gift*, Strathern (1988) introduced the term as a tool for making sense of English and Melanesian ideas about creating and maintaining social relationships. Key to this approach was the conviction that the concepts of 'the individual' and 'society', which then lay at the heart of social theory (and in many regards continue to do so), tend to be understood as reified bounded entities that stand in a false opposition to each other, rather than as dimensions of the social that continuously permeate one another. In the 1989 Manchester debate on whether or not the concept of society was obsolete for anthropological theorizing (Ingold 1996, 45–80), Strathern and her 'fellow campaigner' Christina Toren thus argued for dismissing the conceptual dichotomy of society versus individual, wherein society is understood as a 'bounded totality or whole that is formed by the sum of its parts' and the individual as 'a pre-formed, natural entity' that is 'molded in the image of collective ideal' through socialization (ibid., 47). As an alternative, Strathern and Toren proposed the notion of sociality as a way to appropriately account for 'the way in which particular persons both come into being through relationships and forge them anew, without relegating both personhood and relationship to a domain of reified abstraction […] epitomized by the concept of society' (ibid., 47). Sociality, then, denotes 'dynamic social processes in which any person is inevitably engaged, rather than a set of rules or customs or structures or even meanings that exist *as a system* independently of the individual who is to be socialized' (ibid., 62; italics in original).

The concern formulated by Strathern and Toren shows a remarkable similarity to the theoretical considerations that the German sociologist Norbert Elias articulated some twenty years earlier. In the introduction to his programmatic work *What is Sociology?*, first published in German in 1970, Elias (1978) postulates a conceptual re-orientation away from reified understandings of society and the individual as the primordial task of his discipline. 'These traditional ideas', he contends, 'have to be replaced by a different, more realistic picture of people who, through their basic dispositions and inclinations, are directed towards and linked

with each other in the most diverse ways. These people make up webs of interdependence or figurations of many kinds, characterized by power balances of many sorts' (ibid., 15).

In spite of these significant theoretical overlaps, the work of Elias remained unmentioned in the Manchester debate on the obsolescence of 'society'. In fact, to date, Elias's figurational theory is virtually unreceived in anthropological theory at large, and even in much of social theory in the broader sense (cf. Bartels 1995, 8ff.). By bringing a modified version of Elias's figuration into conversation with anthropological theories on sociality, we therefore hope to not only enrich the latter, but to also stimulate anthropologists to engage with his impressive lifework in other contexts, be they conceptual, theoretical, or empirical in nature.

Throughout the last three decades, the debate on sociality has been gaining force not least due to the realization of the complexity of contemporary worlds (Amit 2015; Long and Moore 2013a; Toren 2013); increasing scholarly interest in networks (Latour 2005), assemblages (DeLanda 2006; Deleuze and Guattari 1987; Ong and Collier 2005), and affectivity (Gregg and Seigworth 2010; Rutherford 2016; Slaby and Röttger-Rössler 2018; Wetherell 2012; White 2017); and corresponding posthumanist efforts of extending the domain of the social so as to include objects, things, animals, and supernatural entities (Henare, Holbraad, and Wastell 2007; Knorr Cetina 1997; Tsing 2015; Remme and Sillander 2017). In medical anthropology, the concept of sociality has been taken up sporadically (e.g., Hadolt and Hardon 2017; Hardon and Moyer 2014), but, perhaps with the exception of the discussion on biosociality (Rabinow 1996; Rose 2007), its relevance and usefulness for the field have as yet remained largely undertheorized.

In this Special Section, we aim to contribute to mending this gap by bringing together a series of papers that all have their origin in contributions to the trinational conference *Transfigurationen: medizin macht gesellschaft macht medizin* (Transfigurations: medicine makes society makes medicine), which was convened by Swiss, German, and Austrian medical anthropology organizations[1] in February 2017 at the University of Basel in Switzerland. Specific articulations of health and illness under contemporary conditions of 'excessive' economies featured as one cross-cutting theme in a set of conference contributions that were recently published as a special issue in *Zeitschrift für Ethnologie* (Kehr, Dilger, and van Eeuwijk 2019). In contrast, by presenting our series of ethnographic enquiries into contemporary health phenomena in East Africa, South America, and Western Europe, we intend to literally bring sociality to (bodily) life and ask what might be gained by using the lens of sociality to gain a better understanding

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1   Work Group Medical Anthropology within the German Anthropological Association (DGSKA e.V.); Medical Anthropology Switzerland (MAS) of the Swiss Society of Anthropology (SSA); and Vienna Dialogues in Medical Anthropology.

of the phenomena concerned. Conversely, we probe how the specificities of the field of health and illness – including themes concerning embodiment, vulnerability, suffering, death, and globally circulating medical ideas and technologies – might help to further spell out the notion of sociality both conceptually and methodologically as well as push forward the debate on sociality more generally.

We do so by bringing sociality into conversation with transfiguration, a notion which, to date, has received little conceptual elaboration within the social sciences. As will be detailed below, we do not place emphasis on theological understandings of the notion of transfiguration that take the biblical miracle of the Glorification of Jesus as their starting point for conceptualizing transformation and change. Rather, we build on Elias's notion of figuration by using transfiguration to denote the continual, processual engagement and disengagement of humans with each other and their material and non-material worlds *within* and *across* particular figurations (i.e., relations of power and webs of social interdependences), each of which is imbued with its own specific logic that helps to hold the web together (see also Kehr, Dilger, and van Eeuwijk 2019, 5). As a consequence of these figurational engagements, some of the involved figurations may change within themselves by incorporating elements from others; at times, this change might happen quickly and abruptly, but it can also happen in a more subtle and incremental fashion. Other figurations may entirely dissipate, or merge with others to form new ones. It is important to note though that the figurations' elements are to be understood as constituted in and through the very relations they are part of, rather than as primordial objects that enter relationships with each other only secondarily. In this article, when we refer to 'humans', 'objects', 'things', 'animals', 'supernatural entities', etc., we thus do so with a relational understanding in mind. Moreover, the fact that the ongoing engagements of different figurations contain significant potential for changing the specific objects of our anthropological interest is crucial to these processes. In the context of medical anthropology, these may range from the experience and discursive framing of particular bodily conditions to people's sense of self and personhood, specific therapeutic technologies, and health-related epistemologies and ontologies.

We propose transfiguration here neither as a new theory of the social nor as another 'master concept' for social theory (such as 'culture', 'society', or 'community'; cf. Amit 2015). Rather, we wish to employ the concept as an explorative tool which, on the one hand, is good to think with about sociality, and by which, on the other hand, we hope to enrich our understanding of the health phenomena under investigation. Rather than presenting any definitive and exhaustive conclusions about sociality and transfiguration, here we delineate just one of several possibilities for conceptualizing both notions. In other words, we view this introductory article as a momentary crystallization of an ongoing thinking process that will hopefully stimulate further thought on sociality in the context of health and illness.

In some ways, this approach presents a continuation of the experimental character of the trinational conference that stood at the beginning of this project. Based on the conveners' first tentative suggestions of what transfiguration as a conceptual tool might have to offer in medical anthropological contexts, the speakers applied the notion to their empirical material in a wide variety of ways. Retrospectively, we noticed that, even if not explicitly, sociality featured as a central theme in many of the presentations, particularly in those that were selected and further developed into the contributions of this Special Section. Consequently, all articles and the Think Piece in this collection were written on the basis of a publication proposal in which we laid out some of the analytical dimensions of recent theories of sociality and asked the authors to explore whether and how the notion of transfiguration, in conjunction with such theories, fertilized their ethnographic analysis. The theoretical ways in which they subsequently brought both notions into relation to one another varied as much as the empirical phenomena and processes for whose analysis they were deployed. Building on these multifaceted ethnographic and conceptual insights, and engaging with theoretical debates on sociality and Elias's figurational theory, our introductory article suggests a new conceptualization of transfiguration as an exploratory lens to make sense of the complex, continually changing constellations and processes that constitute personhood and sociality.

Extending sociality: Open questions

Aside from Elias's figurational theory, our approach is inspired by recent social-ontological approaches that seek to further develop the notion of sociality conceived by Strathern (1996, 55) as the 'relational matrix which constitutes the life of persons', who themselves are understood as 'simultaneously containing the potential for relationships and always embedded in a matrix of relationships with others'. Nicholas Long and Henrietta Moore (2013b, 4) propose understanding human sociality as 'a dynamic relational matrix within which subjects are constantly interacting in ways that are co-productive, and continually plastic and malleable'. They further emphasize process, relationality, and affectivity as fundamental dimensions of sociality, pointing to the importance of acknowledging relational ontologies along the lines of Bruno Latour and Gilles Deleuze. However, while Long and Moore (2013b, 17) agree with these social theorists that the sphere of the social encompasses relations well beyond the confines of human-to-human interactions, they caution that this 'should [not] detract from the fact that human subjects, whether uniquely or not, possess an ethical imagination and intersubjective capacity, set within a material and multispecies world, that is of paramount importance for understanding the forms of sociality in which we are engaged'.

Kenneth Sillander and Jon Remme (2017) conceived extended sociality in a similar way to Long and Moore – as encompassing 'the variety of living beings, objects and unseen agencies, as well as the ideas and imaginaries, with or through which humans interact in the world within

a formative relational dynamic which shapes them as they partake in it' (Sillander and Remme 2017, 1). Like Long and Moore, they subscribe to a post-humanist conception of sociality as a phenomenon that is not reducible to relations between human consociates while stressing the specificity of how humans are enmeshed in wider relational matrices. In addition to ethical imagination and intersubjective capacity, virtuality (i.e., the competency of 'endowing things of the imagination and the mind with meaning and significance' (Moore 2013, 38)) is brought forward as a case in point.

We concur with the general considerations on sociality offered by these four authors. However, as much as Long and Moore (2013b) argue for the manifold forms that sociality can take, we contend that their approach remains diffuse as to how exactly these forms are to be conceived, how they come about, and how they change over the course of time. Furthermore, we support Sillander and Remme's (2017, 8–9) view that the mere claim that sociality extends beyond humans 'says nothing about the character of that sociality; the character of the relations between the participant entities, or the extent to which these may change; the processes through which this may occur, and the consequences these changes may have for the different involvement of heterogeneous entities within it'. This is precisely the concern we wish to attend to in this introductory article. It is our hope that the notion of transfiguration, in the specific sense that we delineate below, will prove of use for rendering visible the modalities through which human engagements with each other and the world form diverse arrangements. We also hope that it will contribute to our understanding of the processes by which these arrangements – which we term 'extended figurations' – interact with each other, change over time, and possibly vanish and make way for others. A detailed appreciation of the workings of these extended figurations, we believe, can significantly enhance how we comprehend the particular processes of change that stand at the center of our ethnographic interest. In this sense, the concept of transfiguration constitutes one possible way of structuring the messiness and complexity of sociality for analytical purposes.

Before we get to our own approach of doing so, let us briefly present how the authors of this Special Section dealt with the notions of sociality and transfiguration in dialogue with their ethnographic material. The following review of their articles will give an idea of the range of themes, theoretical approaches, and geographic contexts covered in this collection. Simultaneously, it will assist the reader in comprehending the formation of our specific understanding of transfiguration, which to a significant degree was shaped by our discussions on how to analytically approach the articles' empirical material.

Transfiguration multiple: An experimental tableau

All contributions to this collection, in one way or another, deal with processes of change in the context of severe illness, old age, and death. As is perhaps typical for scholarly work in medical anthropology more than in other fields, they point to our existential vulnerability, as well as our power to increase and curb our own and others' vulnerability, as ineluctable dimensions of the *conditio humana*. Exploring medical technical innovations, sudden health emergencies, the implications of incremental bodily decline, as well as legally and culturally structured conditions of aging and dying, the articles focus on how particular instances and processes of illness and distress are framed, experienced, coped with, contested, and negotiated. More specifically, they pay attention to how these experiences and responses take on specific shapes in close connection to the social relations (used in the wider sense of the term, as outlined above) in which they are embedded, and which themselves are constantly in flux. In so doing, the contributions compellingly show how so many things – from the ways in which we make sense of and deal with particular health conditions and conceptualize self and personhood, to how we are viewed by other individual or institutional actors in particular phases of instability – are intimately tied to the particular social arrangements that simultaneously form the context for our practices while also being co-constituted by them.

Two articles deal with changing imaginaries and practices of aging in different geographical contexts. Francesca Rickli's work focuses on elder people with disabilities in Switzerland. By way of three case studies, she traces the detrimental effects that a particular discrepancy has on these people's lives. On the one hand, there is the increasingly dominant globalizing discourse of 'successful aging' that shapes how policy makers, health administrators, and Rickli's individual protagonists come to think about and deal with aging. On the other hand, there is a policy framing of disability whereby seniors with disabilities represent dependence, frailty, and decline, which is why, once they reach the critical age of retirement, they are no longer considered eligible to receive special services and auxiliary means that would potentially enable them to age as 'successfully' as their able-bodied peers. Rickli illustrates how these contradictions, which form part of the transfiguration of what it means to age 'well', exert a profound impact on people's subjectivity and sense of self as well as on their engagement with others and the material world they live in.

Andrea Kaiser-Grolimund equally attends to the concrete effects of transfiguring social imaginaries of aging, albeit in the context of urban Tanzania. Focusing on the relatively privileged middle-class milieu of former civil servants in Dar es Salaam, she argues that these older people's everyday self-care practices, such as doing yoga, consciously focusing on the intake of nutritious food, and other such activities they conceive to be 'modern' and pertaining to an urban lifestyle, reflect transnational discourses on active and successful aging. More than that, these discourses effectuate shifts in care arrangements, which are understood in the sense

of different figurations that a person can activate in regard to how much responsibility for one's health and wellbeing is transferred to family members and the point in time when caregivers become actively involved. These figurations are usually closely contingent on particular health conditions.

In his Think Piece, Marcos Freire de Andrade Neves also deals with the experiences of older people, but his focus is less on the personal experience and societal expectations of aging than on the personal and bureaucratic experience of organized assisted suicide (OAS). His two case studies center on two older German women who would like to end their lives with professional and institutional assistance. Jurisdiction allows them to do so in Switzerland, not in Germany, but they have to engage with their family doctors in Germany in order to receive the medico-legal documents required by Swiss law. According to Andrade Neves, the bureaucratic framing of OAS is part of a form of sociality made up by various actors, laws, and moralities that revealed two fundamentally different and contradicting (Eliasian) figurations of life. On the one hand, there is the life figuration of the medical and legal agents, which forms around an understanding of life as a value in and of itself and that is in normative need of state protection from OAS. On the other hand, there is the figuration of persons wanting to die and those willing to assist them, in which some individual lives in specific conditions are conceived of as in need of professional assistance to die. The production and circulation of medico-legal documents link these two figurations of life in such a way that a transfiguration of the assemblage of involved elements becomes possible, opening up a space in which persons' lives can be legally terminated.

Márcio Vilar's article, finally, immerses itself in contemporary Brazil's complex struggles over synthetic phosphoethanolamine (Fosfo), an immunostimulant drug for the treatment of cancer. While, for many Brazilians, Fosfo amounts to a revolutionary life-saving biotechnological innovation and long-awaited token of hope, for Brazil's biomedical and pharmaceutical establishment, it constitutes nothing less than a fraud (and, certainly at least as relevant, an economic threat) that contradicts the current paradigm of treating cancer with immunosuppressant drugs and poses an unacceptable risk for cancer patients in need of medical assistance. Vilar takes the notion of transfiguration in Nietzsche's reading of the biblical illumination of Jesus as a conceptual lens of analysis. In so doing, he provides us with an intriguing description of the intricate entanglement of politics, legal orders, moralities, and a wide range of media in the controversy about the drug. This constituted an exogenous force that, at least temporarily, transfigured Fosfo-users and other physical and juridical persons, and by the same token established biomedicine as well. Vilar demonstrates how messy such transfigurational processes can be: particular potentialities open up for a certain period of time and are used by different actors to different ends, alliances are formed and dissolved, and struggles over power move in one direction and then suddenly 'spring back'. This messiness

renders it difficult to make any predictions as to how the controversy will develop in the future; however, it also serves to highlight the need for notions like transfiguration, which can account for the indeterminacy, non-linearity, and highly complex processes of change we are witnessing in the domain of medicine and biotechnology today.

Several aspects of the ways in which sociality and transfiguration have been taken up in these contributions has informed our own conceptualizations of both notions. Firstly, even though all of the contributions refer to sociality as a social matrix, as suggested by Long and Moore (2013b), the precise ways in which they do so vary widely. This affirms our claim that the problem with the notion of sociality lies in the difficulty associated with the systematic conceptual and analytical structuring of the processes it involves. With our specific conceptualization of transfiguration, we wish to approach this difficulty. We hope that transfiguration can serve as a productive means to analyze the logics that, on the one hand, engender certain social forms, and, on the other hand, induce changes within and across these forms.

A second point that caught our attention is that the authors present transfiguration either as a transformational *process* or as the *outcome* of such a process in the form of a sometimes subtle, sometimes rather radical change of a particular phenomenon, object, idea, or actor. As will be further delineated below, in our view the notion of transfiguration is in fact most productive when it is applicable to both. Conceiving of transfiguration as both process and outcome better accounts for the fact that it amounts to a heuristic positing rather than an empirical observation to determine a particular situation as the definite *result* of a process of change, as if the continually productive flow of interaction and mutual enmeshment of extended figurations could spatially and temporally be arrested.

A third point that significantly contributed to our analytical development of extended figurations concerns the authors' varying conceptions of the nature of figurational relationality. To some extent, all authors start with seemingly stable entities (family doctors, cancer patients, global ideas about 'successful aging', etc.) that only begin to interact with other such entities after they have come into existence. However, at the same time, the authors, in other regards and when giving primacy to relations, also envision elements that only come into being in relation to other elements (e.g., aging well, medico-legal documents, Fosfo users). Interestingly, these latter elements are the ones that are claimed to be transfigured. It seems that, for the sake of laying out our focus elements of analysis as relational, we need a more stable context or background – one that is formed by elements that are conceived of as largely pre-existent (even though we might know better). This raises the question of whether a fully relational conception of the whole field of elements is too complex to be dealt with within the scope of a short paper, and whether the shorthand of pre-existent context elements thus is an artefact of writing. Whatever the conclusion, the tension between these two perspectives on

elements and their relations with one another made us think more thoroughly about *interactional* versus *transactional* conceptions of the social (Selg 2016). An interactional perspective 'detaches elements […] from their spatiotemporal contexts, analyzing them apart from their relations with other elements within fields of mutual determination and flux' (Emirbayer 1997, 288). In the transactional perspective, in contrast, things 'are not assumed as independent existences present anterior to any relation, but […] gain their whole being […] first in and with the relations which are predicated of them' (Cassirer 1953, cited in Emirbayer 1997, 287). We will come back to this further below.

Fourthly, we were interested to see on which plane of the social matrix the authors describe social change as taking place. Without making this explicit, most contributors' conception of change seems to be premised on an understanding of the social in terms of stratified layers of micro-, meso-, and macro-levels. Micro-processes of movement and change at the level of individual biographies and personal engagement (concerning aging, caring, health seeking, and dying) are presented as going along with meso-processes at regional and national levels of institutionalization (e.g., of scientific knowledge production and assisted dying), policy-making (e.g., in the context of public welfare regimes and legal consumption of heretic pharmaceuticals) and public engagement (e.g., through mobilizing media), as well as with macro-processes of global economic and ideological forces (e.g., of propagating the idea of successful aging). Our discussion of such representational forms of compartmentalizing social processes contributed to our conviction that we need to find a language that allows us to appropriately grasp all these levels without essentializing them and losing sight of their indispensable interconnectedness. The notions of extended figuration and transfiguration, we suggest, lend themselves particularly well to understanding social change and movement that is based on a 'flat' ontological understanding of the social that does without distinct hierarchical social layers.

Our final point concerns the authors' observations of how social change is effected. It is striking to notice that, in several instances, it is newly emerging institutionalized actors and procedures that, by becoming involved in the figurational constellation of actors in question, are given credit for bringing about change. If we think of Andrade Neves's research context, for instance, it was the organizations offering OAS that at some point established themselves in Switzerland and, through a careful gauging of their maneuvering room within the range of prevailing legal norms, managed to sustainably challenge the state's bureaucratic conception of life and to open up a route for their clients toward a self-determined death. For us, this brought to mind questions concerning, first, whether other such modalities of change can be identified and, second, the nature of the power that imparts specific actors a dominant and authoritative role within particular, historically situated figurational constellations.

Structuring sociality through the lens of transfiguration

The particular take on transfiguration we propose here shall serve as a pragmatic heuristic for the study of contemporary, often subtle and highly fragmented processes of social transformation, as well as of newly emerging and continuously changing forms of human (and non-human) sociality in the fields of health, illness, medicine, and healing. In this section, we will recapitulate the line of thought that has brought us to our specific understanding of transfiguration. We depart from the notion of 'figuration' as developed by Elias, conceptually broadening it in a similar vein to how the notion of sociality has lately been extended. By heuristically bringing the resulting 'extended figurations' into relation to one another in what we conceive of as 'figurational arrangements', we finally arrive at our particular understanding of transfiguration.

Extended figurations

Our conceptual trajectory originates from Elias's (1978) notion of figuration. He harnessed this concept in his endeavor to 'break through the brittle façade of reifying concepts which obscure and distort our understanding of our own life in society' (ibid., 15). As noted above, Elias was particularly concerned with the 'intellectual aberration' of holding 'the individual' and 'society' to 'denote two independently existing objects, whereas they really refer to two different but inseparable levels of the human world' (ibid., 129). In order to overcome this ontological antinomy, the notion of figuration was developed to denote the 'web of interdependences formed among human beings and which connects them: that is to say a structure of mutually oriented and dependent persons' (ibid., 249). Conceived in this way, the concept points to the necessity of thinking of the individual self and society as mutually constitutive – one cannot exist without the other. It also speaks to our concern of understanding the social as fundamentally relational and processual (Abbott 2016; Häußling 2010; Willems 2010). Figurations, in Elias's understanding, can range from the dyadic relation between two individuals to the largest imaginable figuration encompassing all humankind. But regardless of their extension and complexity, all figurations are comprised of constituent individuals that are inevitably interwoven and continuously affect one another in more or less direct ways. In fact, if one subscribes fully to this idea, it becomes implausible to ontologically assert the existence of discrete actors prior to or independent of the relations *between* them. Mustafa Emirbayer (1997, 289), a prominent advocate of the relational approach in social science, thus states that 'it makes no sense to envision constituent elements apart from the flows within which they are involved (and vice versa)'.

It is this deeply transactional conception of relationalism that confers the notion of figuration with considerable potential as a tool for studying health-related and medical phenomena, such as those addressed in the articles of this Special Section. However, it is worth noting that a

wide array of non-human components play a decisive role in how illness, disablement, aging, and death (to mention just a few of the issues addressed in the contributions) manifest in people's lives. In light of this, we believe that a conceptual extension of figuration is advisable so as to render the notion more capable of accounting for the complexity involved in such processes. The figurations we have in mind are by no means restricted to human beings. They also comprise elements such as non-human organisms, more-than-human beings (such as spirits and gods), objects, and practices, all of which hang together in heterogeneous constellations with their own specific logics. This conception of extended configurations builds on a post-humanist approach to sociality. However, in line with the advocates of this approach presented above, we assume a critical perspective on symmetrical relationalism that ascribes human and non-human entities enmeshed in such webs – or networks – an equal measure and quality of agency (Latour 2005). As Sillander and Remme (2017, 8) remind us: 'we need to critically attend to how these [mutually co-constituting] entities contribute to and participate in this process in different ways'. As previously argued, we deem the human capacity for virtuality and (ethical) imagination (Moore 2013; Toren 2013) to be essential features that distinguish the ways in which humans are entangled and engage in extended figurations from those of non-human entities.

Vilar's article excellently illustrates both the intrinsic multiplicity of extended figurations and the distinctness of human actors' contributions to their emergence and development. The 'life assemblages' (Sleeboom-Faulkner 2014) that Vilar explores are thus not only composed of biosocial networks of cancer patients and 'dissident' biochemists, but also of laboratory equipment, pharmaceutical products, and a range of mass media including newspapers, blogs, and YouTube clips. And yet, the essential driving force within this extended figuration is to be found in the involved human actors' capacity to challenge conventional ways of thinking, their humanitarian ideals, their transgressions of long-established boundaries, and their hope for a better future – i.e., in their ethical imagination.

Transfiguration

A further heuristic conceptual step toward our understanding of transfiguration consists in the idea of 'figurational arrangement'. Vilar's case material again serves as a good case in point. It is precisely the encounter of and friction between at least two extended figurations (i.e., on the one hand, of the life assemblages, and on the other hand, of the 'biomedical establishment', including physicians, pharmaceutical companies, regulatory bodies, judiciary institutions, and drug-related policies) that induced a significant, if perhaps only temporary, change of what being a Fosfo-user and cancer treatment meant in Brazil. Keeping this example in mind, we suggest that the identification of the extended figurations that are relevant to the phenomenon in question, together with a subsequent exploration of the precise ways these figurations relate

to and engage with each other, can foster a more thorough understanding of why and how the very phenomenon comes to be 'transfigured'.

The question of power is fundamental in this context. Elias (1978) himself advocated for a relational understanding of power, pointing out the capacity of figurations to limit their constitutive individuals' autonomy precisely through their mutual entanglement. Power, in his view, is thus not a quality or resource that individual actors do or do not possess, but rather a process that realizes itself within networks of related individuals (cf. Treibel 2008, 75). In regard to our notion of figurational arrangements, we would further contend that power is manifesting itself in the relations within and also across (extended) figurations. In studying any health-related phenomenon, we suggest that it is of crucial importance to decipher which of its extended figurations manage to become dominant, authoritative, and hegemonic, and for what reasons.

With this, we arrive at our conception of transfiguration, by which we refer to: (1) the constantly unfolding processes of particular extended figurations encountering, affecting, and becoming enmeshed in each other; as well as (2) the (temporarily) stabilized figurational arrangements emerging from these enmeshments which may provoke subtle or radical changes concerning people, their understanding of themselves, their life conditions, and other objects of anthropological interest. As argued above, we wish to emphasize that the distinction between process and outcome that this conceptualization seems to imply, though at times heuristically useful, has no ontological foundation. We rather view both as different perspectives on one and the same phenomenon. Transfiguration, then, designates both the potentialities that are opened up through the interaction of extended figurations and the observable changes of particular phenomena they give rise to, which can never be defined as concluded.

Transfigurations, it is worth noting, have no 'moral directionality'. They hold the potential for subverting hegemonic power structures and can have a liberating and empowering effect on people who are disadvantaged, for instance due to a particular illness or impairment. However, they can equally contribute to the further consolidation of social, political, and economic inequities that have a significant negative impact on concerned people's day-to-day-lives and their capacities to achieve and maintain a state of wellbeing.

Furthermore, inasmuch as it refers to the arrangements of extended figurations as time passes, transfiguration better accounts for temporal dimensions than concepts such as arrangement or assemblage. This is a crucial feature, particularly when it comes to studying processes of change in the context of health, illness, and bodily frailty. Aside from this, the notion of transfiguration focuses analytical attention on the processual encounter of various extended figurations (which, from a Deleuzian perspective, may indeed be viewed as assemblages),

rather than the mere temporary coming together of varying elements in a heterogeneous composition (Nail 2017). Transfiguration therefore also enables a better view on the frictions and incongruences involved in such processes. Rickli's article serves as an example in this regard, in that the care gaps she identifies as negatively influencing her interlocutors' experience of aging derive precisely from the collision, incompatibility, and asynchronicity of the extended figurations that have formed around aging, on the one hand, and around disability, on the other.

Contrasting transfiguration with the notion of transformation brings further conceptual benefits to the fore. With our notion of transfiguration, we wish to focus attention on contemporary, relatively short-term, and at times even abruptly manifesting forms of change. Similarly to Janina Kehr, Hansjörg Dilger, and Peter van Eeuwijk (2019, 5), we further believe that the term presents a finer analytic lens for the exploration of ongoing incremental, yet indeterminate and incomplete small-scale processes of change than the notion of transformation, which has mainly been used in reference to paradigmatic large-scale shifts from one political or economic system to another (Sandschneider 1995). In this sense, our notion of *trans*figuration also departs from Elias's figuration, which he used for exploring societal processes of change in terms of the unforeseeable long-term shifts and modifications that figurations undergo over the course of several generations (see Treibel 2008, 87). Additionally, the notion of transfiguration more appropriately accounts for the multiplicity and fragmentedness that characterize contemporary health-related socio-material constellations, and better captures the fact that an alteration of one or several elements of such constellations is more often than not occurring in close interconnection with other such elements.

Not least in reference to its theological meaning, the term 'transfiguration' connotes a certain radicality, both in substantial and temporal terms. It may thus lend itself particularly well to analyzing processes through which, within a relatively short time range, specific health-related issues come to be conceptualized and normatively represented in essentially different ways. Such changes may have far-reaching implications for the concerned subjects' ways of thinking about themselves and relating to their environing world. Here, the changing global conceptualizations and ethical imaginations about the relationship between aging and health described by Rickli and Kaiser-Grolimund in this Special Section come to mind. In these contexts, in response to changing politically and economically informed discourses and policies, older and younger persons may have to re-conceptualize and re-position their selves in order to secure material and social resources and continuously assert themselves within changing neoliberal market relations. Another example can be found in the controversies about what constitutes a 'legitimate death' addressed by Andrade Neves in this Special Section. Projections, imaginations, and anticipations underlying this controversy may provoke

profound changes in the articulations and practices of sociality within the familial and professional figurations of those involved.

Concluding remarks

In this article, we have argued for the necessity of a post-humanist understanding of sociality in order to account for the multiple forms of human and non-human agencies that interdependently co-constitute contemporary processes of change related to health, illness, and healing. We further proposed the notions of extended figuration and transfiguration as a means to analytically disentangle and better comprehend the complexities involved in these processes. What we have not addressed in detail so far concerns the precise ways in which extended figurations encounter, interact, and transact with each other. How, in other words, are transfigurations formed and held together so as to bring about both particular social phenomena and the persons who take part in them? The cases that are presented in the articles of the present collection suggest several modalities of such encounters.

One modality of transfigurational encounter that can be termed 'irritation' becomes apparent in Vilar's Fosfo case. Here, a small dissident extended figuration provides an alternative path for dealing with a life-threatening health problem. This figuration becomes such a significant phenomenon that it can no longer be ignored, irritating the much larger and more powerful hegemonic figuration of biomedical cancer practices. This mobilizes various related actors (and the extended figurations in which they participate) within and around biomedicine, thus bringing about transactional change.

The particular form of self-care practiced by the protagonist of Kaiser-Grolimund's contribution to this Special Section may serve as an example of 'appropriation', a second modality of transfigurational encounter. The aged man already forms part of what could be described as an extended figuration of relational care, which involves, for example, caring relatives and transnational flows of finances and health information. Additionally, the man appropriates specific eating habits and yoga exercises from another extended figuration, one which revolves around a globalizing, neoliberal imaginary of healthy and 'successful aging' and is specially geared to the globally increasing wealthy middle-class. In this sense, one extended figuration actively adopts elements of another for its own purpose, thus engaging the two figurations in novel terms.

A third transfigurational modality, 'recombination', equally builds on already existing figurational elements. In the case of OAS in Switzerland that Andrade Neves describes, it was the recombination and new contextualization of long-existing legal norms concerning the termination of human life and personal freedom, organizational forms of non-profit civil

society advocacy and institutionalized practical assistance, medico-legal documents, and the individual will for self-determined dying that created and stabilized the figurational arrangements that enable persons to legally terminate their life.

Rickli's work on elderly people with disabilities in Switzerland, finally, points to the frictions that disabled seniors find themselves in at the intersection of two extended figurations: 'successful aging' and 'disablement'. Having hitherto formed and operated more or less independently from each other, the two figurations cannot sufficiently account for the fact that persons are *both* elderly *and* disabled. The concerned figurations get tied to each other by way of 'intersectionality', people's irreducible and simultaneous embodied existence in a multitude of parameters of the social. This challenges the existing compartmentalization of (institutionalized) care and political jurisdiction and, in so doing, provokes figurations to adjust.

Certainly, depending on one's specific perspective and the point of time one looks at transfigurative process, the above – and, potentially, conceivable other – modalities of transfigurational encounter may operate one after the other or even concurrently. The active appropriation of medico-legal documents about a patient's health status by those organizing assisted suicide in Switzerland, simultaneous to the process of recombination described above, is a case in point.

In any case, our list of transfigurational modalities is far from exhaustive and further inquiry is needed concerning additional types of modalities and their specific characteristics and functioning. What the above examples strikingly speak to, however, is the question of where the momentum that interweaves extended figurations with one another and propels transfigurations forward stems from. Much of the force, this Special Section suggests, can be found in the existential urgency and vulnerability that are implicated in phenomena of care, suffering, and death (Comaroff 1982; Kleinman 2006). As Long and Moore (2013b, 8) argue, for instance, 'biomedical diagnosis can transform one's entire way of relating with the world, based on new apprehensions of factors such as one's mortality […] and capacity to infect others'. Medical conditions, whether in the form of abrupt health emergencies or gradually developing bodily frailty, may further require people to revalidate and profoundly reconfigure their solidarity and support networks in order to secure an adequate level of care. And the unremitting development of new medico-scientific technologies and possibilities continuously exacts us to reconsider our ethical understandings of personhood, not to mention our place and role within ever more complex extended figurations relating humans to their non-human and more-than-human environments.

Building on these considerations, we propose a specific transfiguration analysis. We hope that it will assist in deciphering and making sense of the relational social matrices lying at the core of the complex and messy contemporary processes of social change in contexts of health, illness, suffering, and healing. Here, we provide just a sketch of the procedure. One would begin by identifying the extended figurations that are involved in and relevant to the field of enquiry. The object, illness, or phenomenon of interest may participate in one or several such extended figurations. In some cases, it may even constitute precisely the point in which varying figurations encounter and become enmeshed in each other. Notwithstanding the challenge of delineating distinct extended figurations, we suggest that the mere attempt of doing so may yield productive analytical insights, be it in regard to the decisive role of particular constituents or their inter- and transactional connections.

The second step would consist in exploring why and how extended figurations interact and transact with one another in specific ways, (i.e., by attending to the instigators or stimuli as well as the particular modalities of their transaction and change). An intrinsic part of this would be examining the workings of power that lie at the core of these different modalities by asking, for instance, which figurations are able to assert themselves over others and endure in time, and what are the means and strategies for such processes of temporary consolidation and stabilization. The stimuli of change will be context-specific, including, for instance, medico-technical innovations (e.g., Fosfo in Vilar's contribution to the present Special Section), health-related moral normativities (e.g., of aging and dying, as featured in the other contributions), and not least the contingency and existential urgency of suffering and dying. Modalities of change as described above, however, can be conceived at a level of abstraction that enables the transposability of the proposed transfiguration analysis to the study of sociality in disciplinary fields beyond medical anthropology.

Such a transfiguration analysis, whose further elaboration is yet to be achieved,[2] will enhance analytical access to the complexity of social change within the phenomenal domains that are of interest to medical anthropology. Furthermore, medical anthropological enquiries, including those featured in this Special Section, routinely deal with bodily and mental vulnerability, social suffering, emotional calamities, medical innovations that profoundly challenge our convictions about personhood and humanness, as well as manifold, often profound moral quandaries (Kleinman 2006). The existential quality of such subject matters, we argue, lends medical anthropological analysis the potential to generate a particularly sharp

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2   The Medical Anthropology at Home Conference XI in Vienna in October 2020, dealing with 'Transfigurations of Uncertainty in Health and Medicine', will provide a workspace for medical/social anthropologists to critically scrutinize the potential of a transfiguration analysis as sketched here.

view on the workings and orders of sociality and the *conditio humana* as such. We live in a world where the lives of individual humans are always inextricably entwined with that of fellow humans, animals, things, and more-than-human beings with whom they share their environs. Rethinking sociality and health through transfiguration provides a productive means of using this potentiality in novel ways.

Acknowledgements

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