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Teun Zuiderent-Jerak

Situated Intervention: Sociological Experiments in Health Care, Cambridge, MA, MIT Press, 2015, pp. 248

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Situated Intervention: Sociological Experiments in Health Care is certainly a book that the community of S&TS scholars interested in studying health care as sociomaterial knowledgeable doing could use to get a new promising outlook. In this book, Teun Zuiderent-Jerak, undermining the rigid opposition between basic and applied sociological knowledge, develops an interesting new methodological perspective for researchers engaged in studying and changing medical practices. Even from the opening pages, *Situated Intervention* outlines a fascinating challenge addressed to contemporary social scientists to advance the current understanding of medical work by actively being immersed in the health care organizations.

From the first moment I began to read the book, it brought to mind the seminal article, "The Human Sciences in a Biological Age", in which Nikolas Rose (2013) offered a deep discussion about some crucial implications to the social and human sciences stemming from the most relevant technoscientific transformations occurring in the field of contemporary life sciences. In his work, Rose was interested in discussing (and, in a certain sense, eroding) the epistemological boundaries traditionally erected between social sciences and life sciences to highlight how these two domains may have profitably contaminated each other. Conceptually speaking, Teun Zuiderent-Jerak's book can be considered a further and inno-

vative articulation of the intellectual project inaugurated by Rose by exploring the conditions of possibility of the social sciences' regimes of truth about life, medicine and health care.

On the whole, the book is grounded in empirical data collected from different qualitative research methods – such as ethnographic observations, interviews, focus groups and documentary analysis – within four different projects on quality improvement and cost efficiency in Dutch hospitals, in which the author has been engaged as “change agent” and “evaluator” for over ten years. Within the five main chapters of *Situated Intervention*, the author “considers the question of how the direct involvement of social scientists in the practices they study can lead to the production of interesting sociological knowledge” (3). In this sense, the fundamental issue addressed in the book relates to the modalities through which sociologically informed knowledge can be generated via the direct transformative intervention of the researcher in the management and doing of health care in situated context. This issue, in its complex ambivalence, is addressed by Zuiderent-Jerak in how it relates, on the one hand, to the situated processes of knowledge production in social sciences, and on the other hand, to the reconfiguration of the researchers' subjectivity involved in doing intervention in health care context by cooperating with practitioners and patients.

The main theoretical insights on these two points are developed in the introductory section, where Zuiderent-Jerak proposes a comprehensive review of the broad debate concerning the engagement and involvement of social researchers in doing fieldwork. Particularly, this section discusses one of the main dilemmas circulating for a long time in social sciences: How to find and evaluate a sensible balance between the (political) engagement with and epistemological distance from the process researchers are studying? Zuiderent-Jerak innovatively faced this cognitive dualism by deconstructing many dualities embedded in it (such as objectivism and activism; experimenting and intervening; efficiency and quality – just to mention the most relevant), and therefore taken for granted by sociological knowledge makers. In deconstructing these solid (but not necessarily virtuous) traditions and customs performed by some “settled populations” in the world of the social sciences, the author conceptualises a new methodological posture labelled situated intervention. According to the author, this posture – emerging from the mutual entanglement between knowing and acting (or representation of and intervention in) – enacts an open-ended process able to generate new S&TS knowledge. Within this framework, Zuiderent-Jerak developed a situated interventionist approach that can promote not only positive actions for organizational changes in health care settings, but also enable the production of relevant sociological knowledge of medical work and related practices.

Starting with ten years' worth of data collected by ethnographic investigations within the framework of the situated intervention, the five main

chapters of Zuiderent-Jerak's book address, in radically innovative ways, some of the major concerns that have characterized the STS debate on medical practices in the last fifteen years, such as standardization, compliance, safety and commitment of the patients and marketization of health care assistance. In relation to these crucially relevant issues, both for scholars and stakeholders interested in health care, a "thick" ethnographic description brings the reader inside haemophilia, haematology and oncology departments to highlight how situated intervention is performed in practice.

The first chapter investigates the possibilities and emerging outcomes of a transformative interventionist approach in the context of home haemophilia treatment implemented under the supervision of a haemophilia care centre. Here the author makes visible the ordinary invisible work that is aimed at attaining the compliance of the patient. Under the lens of situated intervention, Zuiderent-Jerak conceptualizes compliance not as a mere cognitive problem, but rather as a sociomaterial process composed of situated negotiations between the patient and the technologically dense environments which are encountered daily.

In the second chapter, the issue of compliance is explored in relation to the physicians' role and the readjustment of their daily work to clinical standards. The standardization of the medical work is often seen by health scientists as a problem to be addressed through top-down rationalization programs of the clinical action, so as to limit the ambiguity and incertitude of the clinical decision making process. In this way, they remain entangled within a dichotomy between universal clinical knowledge and patients' idiosyncratic characteristics, namely what Lampland and Star have labelled "the tyranny of structureless" and the "fallacy of one size fits all" (p. 92). In order to dismantle this dichotomy which does not help to explain the problems of clinical practice, the author proposes the notion of situated standardization, with the aim to "focus on actual changes in medical practices brought about by standardization and on the perceivable renegotiations of orders and autonomies that come with the standards" (p. 92). In this way, standards are not interpreted as regulatory/normative devices to be constructed and implemented, but rather as a collective competence and a practical accomplishment to help face peculiar organizational problems.

In a similar vein, the third chapter highlights the heuristic potential of situated standardization in relation to "patient-centre care", by showing how patient-centredness may be the emerging result of the sociological intervention in the organization of the care delivery. In the fourth chapter, situated intervention is framed as an experimental strategy in the regulatory infrastructure of health care markets. In so doing, the author highlights how sociological knowledge can get involved in configuring market practices and "health care markets as driven by value rather than by cost-saving" (p. 37).

Finally, Zuiderent-Jerak returns to the potential of sociological intervention within national improvement programs in chapter five, where the main topic relates to patients' safety. In this context, the author adopts Annemarie Mol's notion of "multiple ontologies" (Mol 2002) as an analytical strategy to explore ways in which effective care is "enacted through different approaches to dealing with patient safety and what their consequences are for the care practices under study" (38). The exploration of multiple ontologies of safety allows the author to develop an alternative conceptualisation of "useful research" in respect to the utilitarian paradigm. In this way, Zuiderent-Jerak situates the sociologist not only as an external consultant who "discovers" latent factors that may impede the assessment of and improvements in safety, but rather as an active actor who reconfigures the problem space of patient safety in itself.

Even if it is not an easy read, Zuiderent-Jerak's book is a challenging experience as it proposes a new style of practicing social research in the context of health care, which stimulates researchers to actively intervene in the study settings. According to Zuiderent-Jerak, situated intervention can allow to take the responsibility for undermining the certainties established by the hegemonic medical discourse, or the organizational equilibriums within the health care contexts in which they are acting. At the same time, this powerful stimulus leaves a significant problem in the hands of the reader: What are the constraints and the risks in performing situated intervention in practice, especially when the organization in which the researcher is intervening is also the funding agency of the project? Answers to this question can most likely be found by experimenting with situated intervention as a new style of social research that seems to have the potential to redefine the role of S&TS in public issues.

References

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