Hegemonies in Classification Processes

Introduction

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Classifications serve as shared systems to organize and handle knowledge in a given domain. They act as infrastructures that "[enforce] a certain understanding of context, place, and time" (Bowker and Star 1999: 82). We therefore look at classifications as being one of the means to "establish, maintain, and transform mechanisms of power" (Foucault 2007: 2), while these same mechanisms of power are at the same time deeply inscribed into classifications. This mutual dependency of power and classifications raises the question how changes in the roles of the actors who negotiate classifications affect and maybe challenge power relations and hegemonies in a wider sense.

The negotiation of classifications through discursive practices is only one of the ways in which classifications depend on language. Language also takes on a central role in establishing, applying, and reproducing classifications. The reproduction through language is necessary for classifications to stabilize, to gain recognition and explanatory power, and to affect social activities. Last but not least, language provides labels for classifications. Indeed, the interpretation of a class crucially depends on the label and its connotations. Whether a specific illness is, for instance, referred to as GRID (gay-related immune disorder) or as AIDS (acquired immune deficiency syndrome) has implications that go far beyond health care organizations.

The role of classifications in coordinating formal and informal social activities is becoming more evident with the spread of information and communication technologies (ICT). Since communication processes are increasingly taking place between dispersed individuals and groups, common understanding and coordination are not facilitated by co-location. Thus, classifications (are expected to) keep patterns of action aligned. Health care activities provide a clear example: information about patients needs to travel with and beyond the patients themselves, in order to allow consequent actions to be performed by a variety of actors (different specialized physicians, nurses, pharmacists, relatives, lab technicians, sometimes local communities and public opinion…). However, classifications do not travel across different contexts without being reinterpreted or changed. Instead, they are often locally renegotiated and given a different meaning, resulting in unplanned actions and consequences.

Other examples of dispersed settings for social activities can be found in online communities, which enable the communication and collaboration of actors who do not share the same physical place. The Internet and related communication technologies provide laypersons with access to information, possibilities for participation, and reception by large audiences, which used to be restricted to experts only. Knowledge collections like encyclopaedias and dictionaries, which used to be compiled by small groups of highly instructed experts, are now written collaboratively online by large numbers of dispersed laypersons. Such collaborative authoring requires explicit and tacit negotiation of shared classifications – a process which sometimes even becomes a goal in itself, for instance in creating meta-information to organize the abundance of information online through social bookmarking (Bruns 2008: 171–178).

The role of laypersons in classification processes is thus becoming one of great interest: empirically because of increasing use of ICT in accessing, manipulating, and sharing information; theoretically because of the consequences for a constructionist view, which include the question of shifts in power between the different actors and the effects of this on hegemonic classifications. It becomes apparent that classifications are not 'natural' since they are themselves the product of negotiation and/or enforcement (Bowker and Star 1999: 44, 131). Therefore the "double hermeneutic" between those who are usually termed 'subjects' and 'objects' has to be revised, mutual dependency between classifications and their objects needs to be highlighted. Thus, the works presented here are not only interested in the way classifications construct their objects, but also in the co-construction of objects and classifications, in the unfolding exercise and unfinished task of mixing force and consent that create and support hegemonies, or challenge them.

The consequences of this stance for health care and online interactions are not obvious. For the health domain, for instance, this means to go beyond the point of arguing that medicine constructs the patients. Rather, we want to ask how and why patients and their environments enter into an active interplay with health delivery services. Undoubtedly the dynamics and power relations of the interaction between laypersons and experts can change considerably.

All the papers of this special issue deal with power and hegemonies in classification processes, but approach this issue from different angles and with different empirical data. CORINNE KIRCHNER looks at online dictionaries, asking whether (and if so how) user involvement in the process of dictionary creation manages to challenge power relations and the role of professional lexicographers. She argues that existing theoretical frameworks on the sociology of dictionaries need to be expanded in order to account for the new characteristics of user-generated online dictionaries, such as Urban Dictionary and Wiktionary. She further presents exploratory research of the user involvement on 10 of the most frequently visited online dictionaries, which contain both user-generated dictionaries as well as online versions of traditional dictionaries (e.g. Cambridge Advanced Learners). Her results suggest that the picture is more complex than expected. While user involvement is unsurprisingly a core value of user-generated dictionaries, there is also more than just moderate value placed on user input on one of the online versions of traditional dictionaries. Moreover, Kirchner argues that user involvement cannot directly be taken to indicate a power shift from professional lexicographers to users, since user information can be used for marketing and content purposes, thus enhancing professional control.

Also DANIELA LANDERT works with online data, analysing the self-classifications through which users of online chats construct their identities. Given that there is no restriction or control of the self-classifications of users and because the anonymity ensures a relative independence of real-life and online identity, online chats have sometimes been identified as the ideal space to overcome hegemonic identity norms. Landert's results suggest however that many users reproduce hegemonic norms online, rather than trying to subvert them. She sees this in relation to the need to construct identities that are intelligible to the other chat participants. Non-normative identities need to be negotiated, which bears the danger of rejection, whereas identities which are in correspondence with hegemonic identity classifications are generally accepted. She therefore concludes that the modalities of power that regulate identity classifications in these chats are not fundamentally different from those that govern identity construction offline.

ROBERTO LUSARDI, finally, studies the reliance on different classification systems by medical professionals on the one hand and patients and their relatives on the other. While the medical professionals interpret a patient's disease based on medical evidence, the patient's relatives interpret his or her illness based on biographical evidence. Lusardi analyzes the relationship between these two systems of interpretation and classification of a patient's condition in interactions between physicians and relatives in an Italian Intensive Care Unit. He thereby distinguishes between situations in which medical evidence and biographical evidence are in congruence and situations in which there is no congruence between to two classification systems. In the first case, this can lead to a standardization of the patient or to the personalization of the treatment; in the second to an integration of the incongruent data into the medical schema or to antagonism. The interaction between medical evidence and biographical evidence are in all cases closely intertwined with the hegemonies that are at work within the Intensive Care Unit's organizational processes.

While data and topic of all three papers differ, they all share a concern for implicit classifications that non-professionals deal with. In the research by Kirchner and Lusardi, these classifications of lay persons are in direct competition with or even in opposition to more formal classifications used by professionals. In Landert's paper the interest lies in the relation between established power structures and informal (self-)classifications in non-professional interaction. The three papers give original hints at the large field of potential further research that might shed more light on the hegemonies in formal and non-formal classification processes in all areas of life.

We conclude this introduction by sketching other possible research topics that we would have liked to discuss more extensively. A first example comes from an ethnographic study conducted two years ago in Kerala, a Southern state of India, known in the West for traditional Ayurvedic treatments. In one of the hospitals of the capital the findings showed that the state health care system produces aggregated data about its activities according to the International Classification of Diseases (ICD) as required by the World Health Organization. The surprise came by seeing that health delivery practices did not implement such a classification system. Physicians were trained to diagnose and treat without relying on the ICD. Nurses and supporting staff did not have knowledge, entitlement and intention to change the status quo. So, health care practices implemented their own classifications. At the end of each patient's treatment, an officer without medical skills, sitting in a corner office and apart from core activities, translated diagnoses and treatments into ICD compliant labels for national and international organizations.

The ICD has been criticized for being Euro-centric by representatives of tropical medicine, who saw tropical diseases underrepresented. Recently, a new version of the ICD has been 'crowdsourced' to respond to such criticisms. We are curious to see if this develops towards increased inclusion. The Kerala example shows mutual accommodation of different classification systems when they are hegemonic in different settings, local and global, and they co-exist in the same place, since the Kerala health personnel did not seem very interested in changing their own classification, nor the international.

Another anecdote comes from an ethnographic research project in the Upper Amazon. Natives there use to apply mud to the skin of their children in order to hide them – as they explain – from mosquitos at night (malaria is endemic). Physicians trained in capital universities laughed at their practice as being "primitive" and "non-scientific". Later on a US pharmaceutical company found an active principle in that mud. It is now patented and used for repellents sold all over the world. These two examples aim at showing that the encounter of different classification systems in so-called "developing contexts", legitimized differently, can be of invaluable interest.

We also see a rich potential for further research on classification processes at the intersection of health and identity. On the one hand, formal classifications such as the ICD have the power to define, for instance, which sex/gender identities are "normal" and which are considered to be a "disorder". The consequences of such a classification for individuals do not only include effects on their self-perception, but they also have implications for medical practices and financial support, for example in the case of sex-reassignment surgeries. On the other hand, there is an increasing number of online forums for self-help groups, which provide medical information for laypersons and the possibility for an exchange of experiences with other (directly or indirectly) affected users. In these forums users typically adopt an identity based on the specifics of their disease. Thus, classifications of diseases through medical experts become the basis for the identity of users within the forum, while at the same time the knowledge acquired in the forum is often used to challenge the authority of medical experts and their classifications. These are just two cases of which we think that they provide interesting starting points for investigations into the dynamics of health classifications, identity and power. Undoubtedly, there are many more.

As a further, non-health-related topic we would like to mention social bookmarking and similar forms of tagging of online resources. In contrast to traditional formal classifications, tagging can be done by a large and mostly anonymous dispersed group and the categories assigned to specific items neither form a closed set, nor are they mutually exclusive. Furthermore, there are usually no binding rules about how categories are applied or how new categories are created. The knowledge structures that result from such tagging by the masses are consequently very different from the organization of knowledge through formal typologies and classifications. We think that the effects of these new forms of knowledge organization on larger social processes deserve further attention.

Last but not least, the political dimension of classifications is worth to be explored more thoroughly. Classifications are often subservient to problem definition in political processes and decision making. Indeed, defining problems is not simply a matter of defining goals and measuring the distance from them. The representation of situations is strategic in building alliances even before an issue becomes a recognized problem on which to take action.

We therefore see this special issue as an attempt to point out directions in which the study of hegemonies and classification processes could proceed and we are looking forward to further research in this field.

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