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Insurance and the Sociologies of Markets

By José Ossandón

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In 2010, the Constitutional Tribunal of Chile dictated that “the risk table”, which was used to differentiate premiums of insurance policies within the health insurance industry in that country, violated the constitutional right to an equal access to healthcare.¹ The table was not strictly an invention of the insurers. It had been in use since a previous controversy, when regulators and insurance companies agreed that while the price of a similar policy could not change depending on the health condition of the potential user, it could vary depending on socio-demographic variables such as sex and age. The case of 2010, in turn, was based on the claim that charging a higher premium to young children, old people and women was discriminatory. More generally, what the table and the heated controversy initiated after the decision of the Constitutional Court illustrate is that “price” in this particular financial service is not only a matter of supply and demand, but rather the product of the interaction of a much wider range of actors, including regulators, lawyers, policy makers, members of parliament, consumer associations and representatives of the industry.

Economic sociologists are no longer surprised by this kind of story. Since White (1981) declared that markets are social formations and therefore open to the scrutiny of sociologists, sociological research has importantly expanded the range of actors considered in the empirical study of markets. Unlike the traditional neo-classical image of an abstract encounter between isolated suppliers and consumers, markets analyzed by sociologists are populated by a wide array of entities including “interpersonal networks,” “regulators and industry associations,” and even “socio-technical devices and economists.” These different agents, however, rarely feature together in the same stories. The sociology of markets is not an integrated sub-discipline (McFall & Ossandón 2014) and, from each of the main sub-disciplinary perspectives, different kinds of actors tend be highlighted. Institutional sociologists tell stories of symbolic struggles in inter-organizational fields, analysts of social networks focus on interpersonal relations and signaling, and those inspired by science and technology studies

pay more attention to socio-technical instruments and economic knowledge.

This article, instead of choosing one of the main conceptual perspectives of the recent sociology of markets, simultaneously uses three of them in order to observe recent developments in Chile’s health insurance industry. The first section finds inspiration in the work of Harrison White, where special attention is paid to quality and niche differentiation. The second follows the institutional sociology of markets, exemplified by the work of Neil Fligstein, where the focus is on political struggles over market regulation. The third part uses concepts developed by Michel Callon where markets are analyzed as performative accomplishments. The final outcome of this exercise is neither a full picture of insurance in Chile nor an abstract conceptual synthesis that integrates the different sociologies of markets.

The multi-perspective adopted here responds to the particularity of insurance as an empirical object. Insurance is a type of economic good that is normally enacted at very different empirical sites- including sales and marketing, actuarial calculation, regulation and parliamentary debates (Ossandón 2015) – mixing multiple types of agents and logics of actions (Ericson et al. 2003, Zelizer 1978). Available sociologies of markets are well equipped to deal with actions happening in some, but not in all, of these sites. If different sociologies of markets are used together, we gain a multi-perspective observation of insurance open to the different sites and scales where it is practically produced. Certainly, like any panorama or scientific visualization, the general view produced with the superposition of the stories presented here is an artifact (Latour 2005). Following Max Weber’s (1946 [1917]) almost hundred-year-old advice, this academic artefact will be useful only if it makes our understanding of health insurance in Chile clearer.

1 A social and symbolic story

Markets as social formations

Harrison White is probably the most influential author in the sociology of markets. White combines concepts from the sociology of organizations with elements taken from economics, particularly the centrality given to uncertainty

by Frank H. Knight, the notion of “monopolistic competition” developed by Edward Chamberlain, and the role assigned to “signals” by Michael Spence. For White, markets are interfaces where flows circulate upstream and downstream from suppliers to buyers (White 2002). With “interface” White refers to a particular kind of social formation arising from agents which, instead of observing their immediate environment, compare themselves to others in a similar situation (White 2008). Markets are a way of dealing with the inherent uncertainty of any economic activity. A market emerges when producers begin to make decisions according to their observation of how other producers of similar goods are acting. Thus, despite being one of the founders of social network analysis, the work of White differs from the foundational call of the New Economic Sociology (Granovetter 1985) to focus on the social embeddedness of economic life. For White, instead, markets may be surrounded by social networks, but their emergence as new social formation happens when the involved actors actually decouple from their immediate social environment (White 2002).

White (1981) questions the assumption that the action of suppliers follows demand, suggesting instead that producers act from the observation of traces – such as volume or price – left by the action of their competitors. This continuous observation is consolidated into symbolically delimited quality arrays, or niches, which, in turn, appear as an organized reality against which the different economic agents make decisions. The differentiation of niches has been studied in greater depth by authors of the French “Economy of Conventions,” who analyzed them as delimited spaces of comparison which that are associated with particular competition and valuation principles (Favereau et al. 2002). This emphasis on markets as outcomes of a process whereby actors produce symbolically delimited niches under conditions of uncertainty, in turn, has been expanded by Joel Podolny (2001). Podolny emphasized the need to study how the organization of firms in scales of quality limit or facilitate trade relations.

So, to put it more generally, from this first perspective, markets are conceived as a particular type of social formation that emerges out economic actors that deal with uncertainty by observing and comparing each other. In this context, besides understanding self-referential interactions between producers, it becomes central to study the social process that connects multiple agents under a common horizon that makes them comparable, and how from this process further subdivisions, or market sub-niches,

occur. A market can be understood as a one-way mirror where the mutual observation between producers is reflected, but at the same time it becomes a screen when it is observed by consumers and providers.

Imitation and niches in private health insurance

It is easy to apply the idea of upstream and downstream flows highlighted by White while observing Chile’s health insurance industry. *Providers* are all the institutions that supply health care: hospitals, clinics, and so on. Potential patients of these providers are the customers. Customers “buy” an insurance policy that establish a set of potential medical events and the type of coverage they will receive should these events happen. Suppliers, on the other hand deliver infrastructure and medical services. Health insurers, known in Chile as *Isapres*, mediate between patients and providers by negotiating with health care institutions the conditions of future medical provisions and controlling and managing the actuarial cost of their pool of users. In traditional economics terms, this scheme would imply two supply / demand relationships: between insurers and users on the one hand and between insurers and medical providers on the other, all of them acting as atomized agents reacting to market prices. However, a number of elements make this situation slightly more complex.

When you talk with actors involved in this industry, it quickly becomes clear that there is a fierce competition aiming to add users to each insurer’s pool. This transaction involves potential customers and the “sale force” of insurance companies. Both usually meet at the work place of the potential user, where a salesman or saleswoman will try to convince new customers about one of the policies that their company provides. The sale becomes difficult when potential customers are already insured and the sales person cannot offer a better alternative of what they already have. Sellers cannot simply create a better insurance policy *in situ*, however, the information they collect may become important for the production of new policies. Indeed, a key concern for marketing departments of firms in this industry is to always be aware (for example, through the information their sales force collect or more directly using “fictitious consumers”) of the policies currently offered by their competitors. The collected information is used to design new policies that will be offered to new customers.

The imitation practice in the insurance industry has to do with the practical process needed to “manufacture” a new

policy. A “health plan”, the name for insurance policies in Chile, is a contract that guarantees a specific combination of conditions for potential medical provisions of each insured. Generally, policies include a particular type of coverage, for instance 70% for outpatient events and 90% for events requiring hospitalization; special coverage for catastrophic illness; and a series of specific conditions (such as limits or co-payments) depending on the medical provider where the medical attention will be carried out. Each “plan” has a proper name, for example the name of a mountain, which cannot be copied by another insurer. However, the contract itself and its conditions are not copyrighted and are freely imitated. The specific challenge in this process is to make the final price of the imitated product competitive, which implies a balance between the calculation of the new policy’s actuarial risk and a good negotiation of the future costs associated with the new policy with potential medical providers. In other words, insurers deal with the uncertainty associated with the potential demand not necessarily trying to “understand” their consumers, but rather, as White pointed out, by observing what other firms do. However, observation here is not concentrated only on what White (1981) calls “observables”, traces such as volume of sales and profits of other firms, but on the available information regarding the product structure (premium schedule, benefits attached and so on) of the goods offered by competitors which is directly imitated.

A consequence of the imitation dynamic just described is that the health insurance industry in Chile has become immensely complex. It has been estimated that there are more than 16.000 types of insurance policies for sale. The situation becomes even more difficult to grasp because the regulation of this industry prohibits the existence of insurance brokers that could simplify the information available for final consumers. Consumers, however, do not face this complexity directly. What usually happens with insurance (Chan 2009; McFall 2009), sales persons are key mediators. As one of them explained to me, their mission is precisely to avoid making consumers “dizzy” with too many options. Based on the new customer’s profile they try to limit the amount of alternatives they display. For instance: they only offer policies that are close to the one potential users already have or by guessing the medical providers customers would like to be attended by.

The complexity at the level of the insurance policies contrasts with how simple the industry is at the level of companies. After a volatile start (see next section), the health

insurance industry in Chile stabilized itself around a small number of big companies that concentrate a large percentage of users. Furthermore, some of these companies have specialized in socioeconomically defined niches. Industry actors recognize a clear cut between the following: two companies mostly oriented toward a high-income population, a firm that targets the population of relatively fewer resources, and finally, two insurers with a socioeconomically spread pool. At this level, a very complex market in terms of the thousands of available goods becomes an interface, closer to the industries studied by White (1981) in his seminal piece, with a clearly delimited amount of actors demarcated in niches that are identified by both industry insiders and consumers.

The situation, nevertheless, is complicated again if the particular relationship between insurers and health care providers is considered. At least in densely populated areas, private clinics have varied levels of medical, technological, and accommodation infrastructures and are located in different socio-economic areas of cities. Like the universities in the US – used as example by Podolny (2001) – medical institutions are clearly organized in terms of status hierarchies, which not only limit possible trade among them, but also the way in which they are observed by potential consumers. In order to ensure competition between health providers, existing regulation prohibits vertical integration between health insurers and medical institutions. This regulation, however, has not prevented insurers to become part of wider business conglomerates that also include health care providers. This dynamic, besides opening question marks about the particular way in which the regulation has been interpreted (Superintendencia de Salud 2013), has produced a strong integration in terms of brands between insurance and health providers.

Not unlike the way in which airports and airlines are sometimes associated, it is easy to relate most of the private medical infrastructure in Chile with the “colors” of certain insurers. At the level of sales, this relationship becomes particularly relevant because consumers, as seen from the point of view of the sellers interviewed for this research project, orient their choice of insurance according to the type of medical institution where they would like to be attended. In this sense, one of the key characteristics that distinguish different health plans is the medical provider with who they have a “preferential deal” (normally defined in terms of pre-delimited co-payments associated to particular kinds of events). Thus, the insurance industry in Chile is not only a complex social formation, but it works

at the juncture between two different interfaces, health care providers and insurers, both – perhaps like the fashion industry studied by White et al. (2007) – segmented in terms of status and connected through business holdings.

2 A political story

Markets as political fields

A second very influential stream in the sociology of markets arises from the neo-institutionalist approach to organizations (DiMaggio / Powell 1991). As in White's work, in this literature attention is paid to the tools used by social economic agents to deal with uncertainty. Two factors have been particularly emphasized: organizations act according to socially constructed myths and institutions (Meyer / Rowan 1977), and their action is guided by the observation of the "social field" in which they are inserted (DiMaggio / Powell 1983). Firms' development should not be understood, therefore, only as a process of increasing efficiency but rather as an increasing "isomorphism" between organizations and the multiple institutions that populate their fields, including regulators, standards, professions and experts (Meyer / Rowan 1977, DiMaggio / Powell 1983).

In relation to markets, the formulation of Neil Fligstein (1996) has become particularly influential. As in the work of Podolny, Fligstein conceives markets as fields composed by hierarchically organized actors. More specifically, Fligstein analyzes the ways in which market stabilization is the outcome of *political* processes. Not only political because institutions that can be identified with the political world – such as regulatory bodies – play a central role in shaping the particular characteristic of markets, but political also because economic actors, such as entrepreneurs or business associations, frequently become political agents themselves in trying to influence regulation and the definition of the entry barriers to participate in their industries. Thus, markets can be understood as the crystallization of "regulatory styles" (Dobbin, quoted by Fligstein, 1996), which in turn result from the particular history of struggle in each field.

More specifically, Fligstein (1996) suggests that markets can be characterized by the particular ways in which "property rights", "governance structures" (in particular anti-trust regulation), and "exchange roles" (who can exchange with whom) are delimited. In temporal terms, Fligstein distinguishes three stages in the stabilization of

markets as fields: "emergence" (characterized by high uncertainty and volatility), "stability" (where the role of agents and their status are defined and known), and "crisis" (which can be triggered by a radical legal change or the disruptive cross-field action of firms). Special attention in this context should be paid to the institutional means used by economic agents to avoid the uncertainty associated with open competition. Particularly, Fligstein (see also Dobbin / Dowd 2000), has studied how agents develop, at the level of the firm, strategies such as vertical integration and diversification, and, at the field level organized collective actors impose a particular "conception of control" to evaluate and regulate what happens in the industry in which they participate.

The politics of insurance

The health insurance industry in Chile has a precise historical origin: it was made possible when the Political Constitution enacted in 1980 declared that the part of the salary withheld monthly for pension and health care was going to be understood as each worker's private property. Workers started to be seen as investors that could freely choose among competing organizations to manage *their* resources (Ossandón 2014a). Like in many welfare systems, the new regulation established that a fixed percentage of each worker's salary (originally 4%, later 7%) had to be compulsorily spent on health insurance. But, consistently with the set of social and economic reforms initiated in the context of the military dictatorship that ruled the country between 1973 and 1990, it was assumed that consumer choice and competition among different providers would increase the quality and efficiency of the whole health care system. In the particular case of health, users could choose whether to spend their fixed monthly contribution on either the existing public insurance or on some of the new for profit insurance companies created since 1981. In Fligstein's terms, the new market was made possible with the delimitation of a new property right (monthly contribution) and an institutionally defined context of competition and exchange. However, the political and institutional history of the health insurance industry in Chile does not stop in its constitutive moment. Continuing with Fligstein's terms, this story can be organized in moments of "emergence" and "stabilization".

Isapres (health insurers in Chile, see above) were created in the early eighties. Around the same time, the Chilean economy experienced one of its worst crises, so the newly created industry faced a very unfavorable economic envi-

ronment, worsened by the fact that several of the first firms entering this industry were part of business groups organized around banks fully in crisis. In this context, as if they were protecting an underweight newborn, the government authorities implemented a series of measures – such as increasing the percentage of compulsory contribution, subsidies, and state coverage of costs associated with maternity leave (González- Rossetti et al. 2000) – in order to support the development of the newly created industry. Thus, the private health insurance sector, whose growth has since then been highly correlated to variation in GDP, expanded even during the years of economic recession (1981-1985). As explained by an industry insider:

“The second year (1982) we broke even, but we also experimented adverse selection with pregnant women. We went to knock the door of the government to have the maternity leave payments funded by the State. The main interlocutors were at the Ministry of Finance. We had access to Kast, Büchi, and De Castro [all economists that occupied very influential governmental posts during the military dictatorship]. Also at the seminars we met economists who were part of the team. They were technocrats so they understood the problem immediately. We discussed the issues and arrived at quick solutions” (interview quoted in González-Rossetti et al. 2000: 54).

The landscape markedly changed with the phase of “stabilization,” which coincided with the change of government, from the military dictatorship to a center-left coalition elected in the first presidential elections held in the country since 1970. By 1990, the private health insurance industry was no longer in its infancy. It was a profitable business based on the administration of monthly contributions by more than 1.5 million users. Most of them came from the richer segments of the Chilean population. It was in this context, too, that regulators and experts started to question whether private companies were effectively protecting their beneficiaries (Celedón / Oyarzo 1998; Oyarzo et al. 1998; Quesney 2000). Accordingly, a regulatory agency was created (The Superintendence of Isapres, which would later become the Superintendence of Health) tasked with ensuring the “correct” operation of this industry. Subsequently, during the next governments of the same coalition, a series of reforms were adopted. The reforms did not change the basic principle on which the sector’s creation was based, namely, that private and public insurers compete to attract users who choose where to *invest* their compulsory monthly health contribution. But they have significantly changed the characteristics of the market. Insurance policies became increasingly standardized

through regulations, defining some of their key features (for instance, terms under which contracts can be terminated, common conditions and prices for the treatment of a pre-defined list of medical events, ban of policies that exclude women in childbearing age, and so on). The industry is, at large, still highly profitable.

The political history of private health insurance in Chile has taken place in different institutional contexts. Particularly important are the national parliament, where most of the regulatory reforms have been discussed, but also the Superintendence (which is in charge of both steering the normal functioning of the industry and of implementing new regulations); the Court in charge of antitrust cases; and, as mentioned at the beginning of this article, the Constitutional Court, which in 2010 declared the “risk table” discriminatory. Each of these fora and its discussions makes insurance a service that could easily be assumed as a very opaque and technical, eminently controversial and political issue. Political in the sense that the positions regarding insurance have tended to reflect the different ideological visions present in the spectrum of parties represented in the Chilean political system. Politicians from the center-left critically associate Isapres with the privatization reforms initiated during the dictatorship, centrist liberals and Christian democrats aimed a “balance” between a strong private sector and better-funded public hospitals, and more openly “pro-market” right wing politicians would have liked to extend the private system even further (Boeninger 2005).

But political also because the business association, the Asociación de Isapres, founded in 1984 – through many different initiatives such as conferences and workshops, letters to newspapers, or more directly hiring companies to lobby – has become a very active player in the discussion of every big controversy in this industry. Indeed, as if they were advised by institutionalist sociologists, leaders in this industry seem to know that when competition at the level of sales is fierce but relatively established around a small set of consolidated actors, profitability is found mostly in regulatory struggles. In insurance, business means politics.

3 A performative story

Markets as calculative devices

A third sociology of markets has been driven by work conducted by researchers coming from Science and Technology Studies. From this perspective, as in the work of White,

it is central to understand the practical decoupling from where markets arise, but instead of on networks of producers, attention is focused on the production of “calculability” (Callon / Muniesa 2005). As in Fligstein’s approach, stable markets are not only seen as the product of social interactions but as the outcome of active work. But, from this perspective, market creation does not only consist of institutional struggles, rather it is primarily socio-technical. Central in this context is the work needed to turn things into economic objects, or goods (Callon et al. 2002), which is accomplished through “socio-technical frames” (Callon 1998). These may be material like grocery aisles (Cochoy 2007) or virtual, such as formulae that enable the valuation of sophisticated financial assets (MacKenzie / Millo 2003). Calculability therefore is not an inherent property of agents interacting in markets, but it is made possible as they are equipped with calculative devices (Callon / Law 2005).

The studies inspired by Callon’s conceptual framework have focused especially on analyzing technical devices (such as formulas, rankings, algorithms, or screens), which enable the emergence of exchange as a situation composed of calculable goods and calculative agents (Çalışkan / Callon 2010). Of the many possible devices affecting market creation, the one that has received the most attention is “economic knowledge” itself. This especially since Callon argued in his very influential 1998 piece that economics is not only confined to the academic world, but it is a key tool in building practical markets. Economics works not like an ideology that is disseminated among economic agents, but rather as knowledge that is inscribed in tools used by economic actors to produce a calculable environment. Famously, Callon borrowed the term “performativity” from the philosophy of language to name this particular phenomenon. Economics does not describe what it observes but performs it (Callon 1998, 2007).

In what became the paradigmatic empirical study of the performativity of economics, Donald MacKenzie (2007) distinguished between two types of performativity: “generic performativity,” where economic knowledge does not only observe a given market but changes it, and, a stronger version, or “Barnesian performativity,” where the observed economic situation gets closer to the reality described by the model used to observe it. Timothy Mitchell, finally, has argued that economics is performative when it helps to constitute the border between what counts as economic and what does not. In his words:

“To argue that the power of economics is performative is not to argue that its power necessarily lies in getting people to adopt its (mis) representations; rather, in helping, to constitute the apparent border between the market and the non-market, economics contributes to the work of socio-technical mechanism that reorganize how people live, the political claims they can make, and the assets they can control” (Mitchell 2007:248).

The economics of insurance

The idea that markets are more than just the object of analysis of economics suggested by Callon is also easily applicable to the case of health insurance in Chile. Economists and economics are key ingredients in the development of this industry. As in the previous section, the story can be divided into two main moments (Ossandón 2011): “prehistory and birth” and “critical evaluation.”

It is difficult to say where the idea originated that a public problem such as the population’s health care could be solved with the introduction of an insurance market. Overall, however, it is clear that this has to do with the impact of a group of economists, generally known as the Chicago Boys, on the social and economic policies initiated during the military dictatorship (Valdés 1995). El Ladrillo [The Brick] was the name of the document prepared in the early 70s by the Chicago economists, and it became the main antecedent in the reforms carried out during the military dictatorship. The Brick already highlighted the need to increase the role of private actors in public health. In practical terms, the introduction of a new market in health care was part of the second wave of socio-economic reforms conducted during the dictatorships, which were oriented to “modernize” the social services of the country.

The dissemination of the reforms travelled together with the placement of young economists (Huneus 2000) into key positions in each of the policy sectors (such as pension, health care, education and so on) which were subsequently heavily reformed. But neither in El Ladrillo nor in later documents has it been possible to find records of research analyzing the ways in which privatized health care would produce a more efficient and better health care system. In other words, despite the “technical” character usually associated with the social reforms of the eighties in Chile, they don’t seem to be the product of “scientific research” (at least in the sense of a process of prior experimentation or academic deliberation). On the contrary, these reforms were guided by a more general assumption, which a minis-

ter of that time called “basic economic theory,” namely that competition and consumer choice would necessarily outperform the inefficient and non-competitive state system (Ossandón 2014b).

It would not be until several years later, in particular during the regulatory controversies of the nineties mentioned in the previous section, that a properly academic discussion about the operation of the health insurance industry was developed (Ossandón / Ureta unpublished manuscript). In this context, economists reconstructed ex-post the assumption of the radical policy experiment conducted since the early 80s. The assumption had been that this industry would work properly if three conditions were fulfilled: consumers rationally choose among available insurance policies; insurers reduce prices of health care by making medical providers compete; and insurers themselves are in competition. Economic research conducted since the 90s, however, found problems in each of these areas: the large number of insurance policies available in the market makes an informed decision difficult and a large proportion of insurance users are “captive” (they cannot really choose because they have pre-existing medical conditions that won’t be covered by new insurers) (Fischer 2008); insurers and medical providers are integrated (Superintendencia de Salud 2013); and insurance companies would, at least on certain occasions, act as cartels (Agostini et al. 2008).

In terms of performativity, it is relevant to mention that the economic assessment of the health insurance market has not been strictly confined to academia. In fact, it has influenced the way the sector is evaluated and regulated. For instance, the Health Superintendent announced, in 1997, the introduction of a particular market device called “Selección de Prestaciones Valorizadas,” a table that should help to organize health plans in terms of their coverage. Each plan would be summarized in a table composed of three columns: medical events (for instance “normal birth” “or cesarean”), co-payments (i.e. 20% or 30% of the total coverage), and “tope” (ceiling or limit of coverage in terms of Chilean pesos) for each event. In the words of the superintendent:

“Higher transparency and comparability between the alternatives in this system will improve a rational and informed choice among its users and it will redefine competition orienting it towards better quality. It is our intention that the newly released Selección Valorizada de Prestaciones significantly contributes toward this aim” (Ferreiro 1998, 270).

The influence of economists’ academic discussion in the industry is no coincidence, as the same economists who wrote academic papers were often involved in think tanks, were invited as experts at industry conventions and discussions in parliament, or they directly worked as regulators (Ossandón 2011). Indeed, most of the reforms initiated in this area during the last four governments have directly been oriented to solve the problems identified in discussions led by economists. Remarkably, these reforms have changed the shape of the insurance market. It moved from an arrangement funded on the idea that competition would produce or find the most efficient good, to the current one where firms compete in a market continuously evaluated and managed by economic expertise (Ossandón and Ureta Unpublished Manuscript). Not unlike the ideas that inspired the reforms initiated during the dictatorship, today it is still assumed that a competitive arrangement is the most efficient way to organize health protection in Chile. But competition and choice are no longer seen as natural; they have turned them into a political goal that is technically steered with the help of economic knowledge. Health policy in this context is increasingly oriented to produce the conditions that will enable the desired well-functioning market which, like the horizon, always seems to be moving away.

4 Conclusion: a multi-perspective sociology of markets and insurance

The three previous sections used conceptual tools provided by different sociologies of markets to construct three stories of private health insurance in Chile. This article does not aim to advance a new theory. Instead, it uses conceptual frameworks that are already well known by readers of this newsletter. Neither does it aim to build a new conceptual synthesis or to add a new comparison between the different sociologies of markets (Fourcade 2007, Fligstein / Dauter 2007, McFall / Ossandón 2014). The piece has two different goals.

For those interested in the recent history of health insurance in Chile, the exercise here attempted can be useful in at least two directions. First, each story can be read in search of *hypotheses* to be tested in future research. For instance: the interaction of medical providers and health insurance in Chile combines dynamics studied by Podolny and White – or, as in issues studied by Fligstein (or Dobbin / Dowd 2000) the business model of health insurers was re-oriented toward regulation, following change in the political landscape since 1990. Second, the three stories

provide three different ways of challenging the view of experts in social sciences currently in charge of regulating and steering this industry, namely economists. The first story pays attention to social dynamics, such as imitation and niche differentiation, not included in existing economic evaluations of this industry. In the second, economic knowledge becomes an active player in the sets of discourses used to stabilize the field, or what Fligstein (1996) calls “conception of control”. In the third story, economics is not only part of regulation, but it is a source of devices and theories that actively transform this market.

For economic sociologists at large, this short article could be seen as an illustration of the value of a “multi-perspective” sociology of markets. One of the most difficult challenges economic sociologists face is that empirical markets are defined in many ways and by many actors (Frankel 2015). However, existing sociologies tend to limit their focus to single definitions and their associated set of actors (i.e. “markets are self-enforcing observation cliques,” “markets are fields,” or “markets are calculable economic encounters”). What this article has tried to illustrate is that different theoretical approaches do not need to be seen as perspectives in competition, but they can be used together. The variety of conceptions of markets and market actors assumed by different sociologies of markets can be turned into an advantage, if they are taken together as a methodological device in which different conceptual perspectives are iteratively used, in order to widen the angles of observation of the same empirical case.

José Ossandón is Assistant Professor in the Department of Organization, Copenhagen Business School and received his PhD from Goldsmiths, University of London. His main areas of research are the enactment of finance objects, how markets are organized, evaluated and tamed, and broad contemporary social theory. José coordinates the collective academic blog <https://estudiosdelaeconomia.wordpress.com/>, has recently co-edited the book *Adaptación. La empresa chilena después de Friedman and Disturbios Culturales* and some of his recent articles appeared in the *Journal of Cultural Economy*, *Consumption Markets and Culture*, *Revue Française de Socio-Economie* and the edited collection *Making Things Valuable*.

Endnotes

1An earlier and longer version of this paper was published in Spanish as a book chapter entitled ‘¿Cómo se hace un mercado?... Agregue: formaciones sociales, conflictos políticos y economistas’ included in Tomás Ariztia (eds.), *Produciendo lo Social:*

usos de las Ciencias Sociales en el Chile Reciente, Santiago de Chile: Ediciones Universidad Diego Portales, 285-310. The chapter, in turn, contains more extensive empirical material (in-depth interviews with experts, industry insiders and regulators and an analysis of secondary sources such as press, regulation reports and parliamentary controversies) collected for the author’s PhD dissertation (Ossandón 2009). I would like to thank to Tomás Ariztia, Felipe González, Keith Hart, Scott Lash, Celia Lury, David Stark and Zsuzsanna Vargha for their help and criticism.

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