

BODIES OF KNOWLEDGE:
MEDICAL ANTHROPOLOGY AND INTERDISCIPLINARITY

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Medical anthropology at Oxford was intended to be a short-term departure from my first degree in chemical engineering, motivated by my desire to understand health and illness in the context of wider society rather than within the confines of the lab. Ultimately Oxford medical anthropology became something much more significant for me: a journey into unknown intellectual waters that led me to redefine both my career path and my academic identity. After being part of the first MSc/MPhil cohort and completing doctoral research within the programme in 2007, I became a postdoctoral research officer within Oxford's Unit for Biocultural Variation and Obesity before serving as Departmental Lecturer in Medical Anthropology from 2008-2014. I now work within the Health Services Research Unit, part of Oxford's Medical Sciences Division, where I hope to contribute the insights of medical anthropology towards interdisciplinary research informing health practice and policy at the national level.

Diverse journeys

Medical anthropology is a broad field that brings together researchers and practitioners from a range of (sometimes competing) intellectual perspectives. Tensions have inevitably arisen as to what, if anything, constitutes medical anthropology's core theory and practice as the field has continued to define itself across the late 20th and early 21st centuries. Some of those debates have been played out within the Oxford medical anthropology programme, with the range of contributions to this volume indicative of the daunting choices that graduates face as they consider what kinds of medical anthropologists they want to be. Will they apply the insights of medical anthropology to their own medical practice (Merle Keck)? Will they undertake applied research in order to improve how the health services work (Olivier Bazin) or to influence the wider directions of health policy (Hannah Graff)? Will they be the intellectual brokers between anthropology and other academic fields such as philosophy

(Katherine Morris) or theology (Daniel Dolley)? Will they engage in global debates about the acceptability of specific therapies (Barbara Gerke)? Or will they concentrate their efforts on furthering the field of medical anthropology itself, either by building on established theory in collaboration with cognate disciplines (Rachel Hall-Clifford), or by contributing to the anthropological record on health and illness through rich, in-depth studies of peoples and places around the world (Kate Nialla Fayers-Kerr, Amy McLennan)? As highlighted in the Introduction and throughout this issue, graduates of the Oxford medical anthropology programme both come from, and subsequently move into, an impressive array of diverse academic fields.

My own journey through the field since 2001 has involved various focal points, which collectively encapsulate the breadth of training experienced by Oxford medical anthropologists. My research profile has been multi-pronged, with constant questions as to whether or not its different elements can meaningfully inform each other. On the one hand, my medical anthropology training grounded me in both the theoretical perspective of phenomenology and the core methodology of social anthropology, which resulted in long-term ethnographic fieldwork with professional dancers-in-training (Potter 2008). On the other hand, the Oxford programme equipped me to understand population-wide trends in biological outcomes such as body mass index and their reciprocal relationships with wider environmental drivers (a biocultural approach), which informed my research into obesity (Potter and Ulijaszek 2013).

Why has the Oxford medical anthropology programme prompted such seemingly disparate strands of my research, and is there any underlying intellectual coherence between the two? Answers will be explored below through a consideration of each project in turn, but one can glean the consistent influence of British social anthropology that emphasizes the social (rather than the cultural) in the sensorial (Hsu 2008), as experienced in bodily

practices. From my broad medical anthropology training, I approached questions of the body from two different perspectives: what we can know about bodies at an intimate, day-to-day level in the present (the social anthropological view), and what we can know about bodies at an aggregate level across space and time (the biocultural/evolutionary view). I conclude by considering whether both of these perspectives may be drawn upon in my most recent pursuit of applied health research within England's National Health Service.

Two bodies

The overarching focus of my research is 'the body' as an intellectual object – the analytical starting point for understanding human and social life. 'The body' as an idea is notoriously ambiguous, and much of my work across the last ten years has been to grapple with the basic question of what the body is and how we analyse it.

The images below capture two very different representations of bodies in their social and cultural contexts:



Figure 1. Dancers in daily training (photo by Stanley Ulijaszek, reproduced with permission).

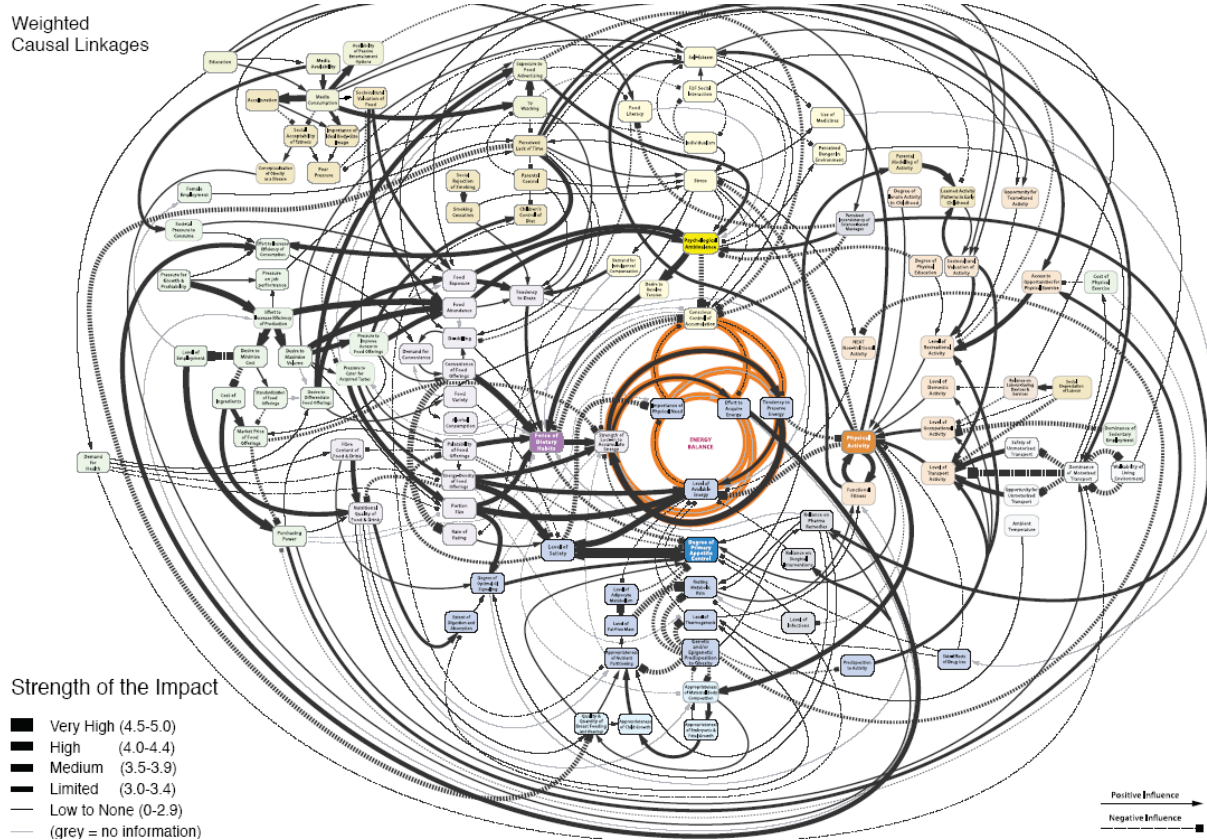


Figure 2. Foresight Obesity System Map (available at: <https://www.gov.uk/government/publications/reducing-obesity-obesity-system-map>)

The first image, taken at a well-known school for professional contemporary dance training in London, takes an up-close and detailed perspective on bodies as they go about their daily lives. This perspective lends itself to a phenomenological analysis, which emphasizes the ways in which people as active agents perceive and act upon their world in relation to other living bodies. This analysis is context-rich and sheds light on people’s experiences from their particular orientations within society; however, it is limited when it comes to drawing generalized conclusions about population-wide phenomena.

The second image instead captures a top-level analysis of bodies across society as a whole. The Foresight Obesity System Map (FOSM) is to date the only systems view of obesity as a national phenomenon, and its development prompted multidisciplinary conversations amongst Oxford researchers that ultimately fostered the Unit for Biocultural

Variation and Obesity within anthropology. The FOSM represents multiple bodies: a body of intellectual knowledge (the boxes within the image represent the 108 factors that were thought to influence population-level obesity within the UK when the map was constructed in 2007), a body of experts (the 200 people who collectively assessed the evidence base for obesity emergence in the UK and suggested the content of the boxes), and the bodies of people within the UK population (who are subject to the factors and forces represented in the map). While living bodies and their daily practices underpin the emergence of obesity as a national-level phenomenon, the FOSM is a highly abstracted version of the body as a social construct, taking a distant population-level view, rather than confronting living bodies through up-close encounters.

The tensions between these perspectives on the human body capture tensions within the wider field of medical anthropology, which is an umbrella term for multiple theoretical and methodological approaches that do not always co-exist easily. Multiple binaries are at play: social versus biological, theoretical versus applied, in-depth qualitative versus generalizing quantitative approaches. The two projects I present below highlight the latter and suggest that medical anthropology does not yet offer one overarching method for approaching these competing perspectives on the body simultaneously.

Up-close encounters: the phenomenological body

My starting point for an ethnographic exploration of bodily learning amongst dancers was the so-called ‘mind–body problem’. In spite of an overt dialogue about mind–body interaction, dancers wrestle with seeing themselves as creative agents, responding to and reinterpreting the world around them through artistic practice, while also acknowledging themselves as material bodies subject to objectification, that is, being observed by others, and being physically manipulated by themselves and others through training exercises and occasionally

through therapies for injury management. The ambiguous language around ‘the dancer’s body’ reflects this tension in self-perception, sometimes foregrounding the body as an anatomical, biomechanical entity to be acted upon, while at other times projecting the primacy of creative intention.

The mind–body problem is a philosophical question, which prompted my exploration of the ethnographic material. Analysis was grounded in the phenomenology of Maurice Merleau-Ponty (presented in detail by Katherine Morris, this issue). Working from this stance means starting with the basic assumption that the body is the seat of perception and being at an individual level, and that the body is the ground-spring of culture at the social level. The body is not merely a receptacle or blank tableau onto which an external existing culture is inscribed and predictably reproduced; instead it is through the intersubjective encounters between bodies that social life and cultural knowledge is continually re-enacted and reconfigured.

Taking the phenomenological body as one’s focal point has methodological implications. It fosters an analysis that is descriptive and that highlights the orientations and intersubjective relationships between living bodies. Even experiences that are seemingly individualized are in fact relational, only taking form and becoming meaningful within the intersubjective realm. This is ‘embodiment’ as medical anthropologist Thomas Csordas (2002) has elaborated the term: human bodies are constantly in the business of culture-making, even when engaging in seemingly personal acts.

As an example, consider how dancers co-create knowledge of their own bodies, and ‘the body’ in general, through mundane exercises in the studio. At an early point during my fieldwork an exploratory exercise in touch was employed, one in which an ‘active’ partner experimented with touching a ‘passive’ partner with various qualities. The passive dancer lay on the ground with eyes closed, while the active dancer was encouraged verbally by our

session leader to press, lift, caress, shift, shake or otherwise make physical contact with the partner's body and to quietly observe the results. In the first instance this exercise presented dancers with an opportunity to explore directly, through one's own sensory experience, the human body's biomechanical properties and the wide potential for variation between individual bodies. I recall two moments of surprise during my role as the active dancer, once on seeing how easily I could make my partner's head wiggle from side to side with the gentlest shaking of her feet, and again when I discovered how relatively soft and pliable her thigh muscles felt in comparison to my own. The very possibilities of what and how a human body could be were being recast for me in those moments of up-close tactile encounter.

A broader consideration of the social interpretation of bodies was then prompted by the session leader through discussion at the end of the exercise. The teacher remarked that dancers were required to utilize touch more extensively than non-dancers, often breaking conventions and sending strong messages to audiences as they touched someone else. She commented, 'You can *feel* this by watching it', as she stroked the side of a female student's face, further noting that 'This has a very different meaning if I do this to a man versus a woman'. Through this exercise some boundaries of everyday physical interaction were crossed. Rather than reserving the sense of touch for more intimate interactions with close acquaintances, in the studio we were encouraged to touch the outside of the hips, the thighs, the feet, the faces, and at times the buttocks of people we did not know particularly well. All interactions were explicitly labelled as non-sexual, although most students took care nonetheless to actively avoid more sexualized body parts such as the breasts. In the closed space of the studio, we could come to know bodies in new ways.

Through a phenomenological assessment of exercises such as these, the social underpinnings of taken-for-granted personal practice are brought to light. As a dancing

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ethnographer, I encountered and understood human bodies as active agents who respond to, and continually shape, the immediacy of their social landscapes.

Abstracting the body: a biocultural perspective

In contrast, my postdoctoral work within the multidisciplinary Unit for Biocultural Variation and Obesity (www.oxfordobesity.org) required a more abstracted and system-wide view of bodies.

Focusing analysis at the geographical (often national) rather than intersubjective level, population health models tend to group bodies, classify them, and assign them certain attributes. For example, the Developmental Origins of Health and Disease (DOHaD) hypothesis emphasizes the importance of birth weight and relates this single metric of life experience to others, for example, the risk of chronic disease in later life (Barker 1994). The problematic aspects of standardized health metrics – for example, the body mass index (BMI) used to define obesity – are widely recognized. From a phenomenological perspective, BMI masks the ongoing life processes of relational bodies in motion, instead capturing measurable states of ‘isolated’ individuals at specific moments in time. Mass compilation of individual-level data is not an inherently bad strategy; this aggregate perspective on bodies may be appropriate for population-level problems, such as how to distribute resources most effectively to address the most common future health conditions. However, what is lost is an understanding of daily process, the *how* of body size manifestation that could be the crucial causal explanation. Once we start thinking about human bodies in the aggregate as ‘the body’ at the population or species-wide level, we abstract further and further away from the bodies of active agents living in their social worlds.

Even coming as I did to obesity research from a phenomenological perspective, I was not immune to this tendency towards abstraction. My early aim within UBVO was to secure

funding for ethnographic projects focused on experiences of body size, which led to many stimulating conversations with researchers from far afield. But as these potential collaborations slowly developed, I was eagerly drawn into a project that awakened the quantitative side of my brain. With encouragement from Stanley Ulijaszek and other UBVO colleagues (chiefly economic historians), I began to delve into large datasets of British birth cohorts spanning back some fifty years. The data were anonymised – I would never know the people behind the serial ID numbers – but the potential scale of the analysis excited me. These studies involved tens of thousands of people. So many glimpses, even if terribly partial, of lives led in Britain decades before I lived here myself. So many questions to ask of the data: Were most obese adults also overweight as children? What role do parents play in their children's future body size, and can this be measured in a large-scale survey? Which are more influential on body size: past events that cannot be changed, or current practices that are subject to intervention? And of course there was the challenge of meaningfully answering these questions through numerical representations of the study populations. The possibilities of the insights that might be gained through quantitative analysis awakened fresh curiosity in me. Moreover, my training within Oxford medical anthropology had prepared me to probe these large-scale datasets in search of answers, just as it had prepared me for my up-close encounters with dancing bodies.

Thus it may seem quite a rupture to shift from the experience-near description of bodies sharing my own life world to an abstracted presentation of bodies over time in terms of obesity risk classification:

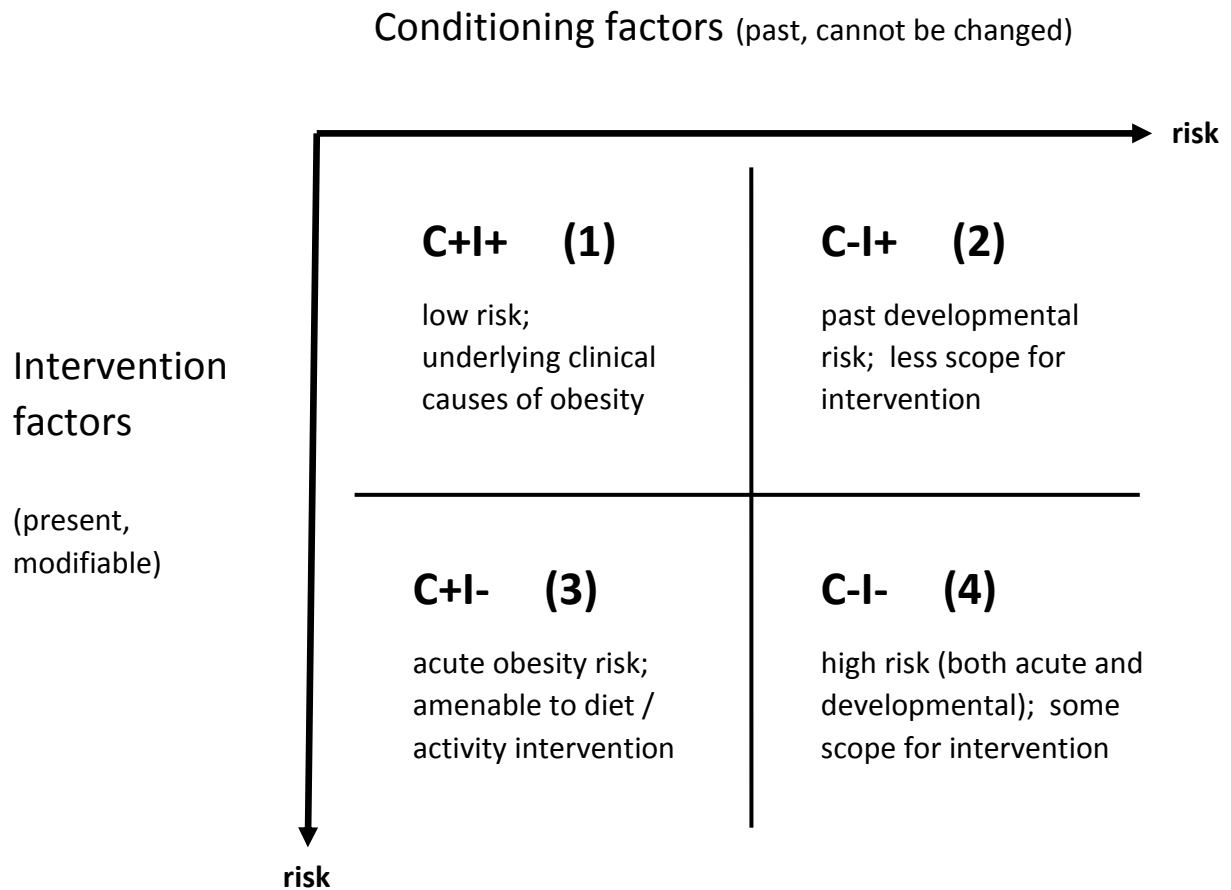


Figure 3. Obesity risk classifications capturing past and present risk factors (Potter and Ulijaszek 2013).

The very fact of my ability to shift between these two perspectives on human bodies reflects Oxford medical anthropology’s success in creating ‘polyglot’ graduates, a stated aim of the programme, as outlined in the Introduction to this issue. During the early phase of my career, I have continued to think, teach and undertake research in the multiple ‘languages’ of medical anthropology. At times this has been exhilarating, opening up the possibilities of truly interdisciplinary work that requires a certain degree of academic multi-lingualism. At times it has been deeply frustrating, particularly with my growing realization that wider institutional and funding structures remain strongly in favour of specialist experts rather than interdisciplinary translators. But my continual engagement with Oxford medical anthropology

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across more than ten years – first as student, and later as professional – has only reinforced my perception of medical anthropology as an intellectual meeting point with a real potential for changing lives.

Where bodies meet? An anthropological foundation for health research

This issue has highlighted a network of trajectories, diverse paths into and out of Oxford medical anthropology. For myself, I recently migrated ‘up the hill’ to Oxford’s Medical Sciences Division in order to undertake NHS-focused research. The Health Services Research Unit where I now work is a well-established multidisciplinary unit, in which I am currently the only medical anthropologist. The research entails mixed methods, drawing first on in-depth qualitative interviews with people who are experiencing a range of long-term conditions, ahead of developing and piloting a questionnaire for use amongst a wider population. The project’s overall aim is to improve measurable outcomes of health service intervention, that is, the extent to which people feel able to meaningfully influence their health status, while maintaining what is most important to them in their wider lives. I was drawn to this work precisely because it draws fully on the broad skills and outlook with which the Oxford medical anthropology programme has equipped me. Ideally it will allow me to continue working between two bodies of medical anthropology knowledge, keeping the day-to-day lives of people firmly in view, but also shifting when appropriate to the macro-perspective.

There is a balance to be struck when trying to work within interdisciplinarity. One sometimes needs to be an expert in one’s own field, but there is also great value in understanding a little about a lot of things – at the very least, in order to appreciate how other experts think. Medical anthropology at Oxford has given me the tools with which to wade into this interdisciplinary space, the wide range of contributions to this issue being a

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testament to the breadth of expertise that the programme has fostered in its first ten years and beyond.

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