Anthropology Matters, Especially in Times of Crisis

Essays and Personal Reflections of
Oxford Medical Anthropology Master's Students

Carlota Solà Marsiñach, Cathryn Klusmeier, Derek Soled, Emma Anderson, Leah Schwartz, Maie Khalil, Mason Alford, Noëlle Rohde, Sarah Grace Black

With an Abridged Version of Frederick Damon's (2003) Article
'What Good are Elections? An Anthropological Analysis of American Elections'

Edited by Elisabeth Hsu and Paola Esposito

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Anthropology Matters: Introduction. Elisabeth Hsu and Paola Esposito

On 9th November 2016, with BBC Radio 4 switched on for breakfast, Donald Trump's voice filled the room. It was a brief speech and it sounded civil. This struck people by surprise after all the indecencies of the previous months and weeks, although some of us had to turn off the radio: 'It was too hypocritical.' Indeed, one could but query the democratic process which limited the US voters' choice to two candidates who both were lacking in stature and decorum. Watching the campaigns on TV had been worrying, to say the least, and in large part distasteful.

At eleven o'clock that Wednesday morning, on their way to the traditional coffee morning offered by the School of Anthropology and Museum Ethnography, Paola and Elisabeth bumped into Tang Yun, an academic visitor from the PR China. The Trump election was the theme of the day. Unlike the Brexit vote, it was not an outright surprise (it had been predicted, for instance, by observers like Michael Moore, known to us through his film '*Sicko*'). However, the Trump victory was somewhat unbelievable, now that it was a reality. We were trying to make sense of how, after all, this outcome was possible. In this context it was the visitor from China who brought up the most convincing explanation based on an article by Frederick Damon published thirteen years earlier in the *Journal of Taiwanese Anthropology*, on the margins of the Anglophone academy.

According to Damon's (2003) illuminating social anthropological analysis, 'What good are elections?' (reproduced in abbreviated form below), Trump's speech could be read not as that of a hypocritical president-elect, but of an American citizen closely following a cultural script. As presidential candidate, Trump had managed to present himself as bestial and brutish, as coming from below, from Nature. By contrast, Hilary Clinton was seen as being stationed at America's cultural and political centre, in D.C., an exponent of Culture. She had already effectively worked in central government, and the statistics suggested that the electorate in Washington who worked in her vicinity had voted overwhelmingly for her (e.g. *The New York Times* 2017).

Damon (2003) provides historical materials, starting with the legendary figures of George Washington and Abraham Lincoln, to show that they had all won the presidential elections by foregrounding their close ties to Nature – one had been employed as a surveyor in Virginia's Wild West, the other was illegitimate. They had managed to style themselves as standing in opposition to Culture, the genteel culture in London and the metropoles of its

former colonies. 'Mud-slinging' was part of the electoral process, which Damon likened to so-called 'joking relations' in African cultures, which in his analysis have a tension-releasing, cathartic effect. According to Damon's structuralist analysis, once the presidential candidates became presidents, they would switch from beast to human, from Nature to Culture.

Damon's analysis ultimately aims to explain how the US educational system that Damon sees as producing social difference and inequality stands in relation to democratic governance. This is an ingenious aspect of his study that will be dealt with only tangentially here. Damon (2003: 51-2) furthermore says in passing that the media do not matter. This may or may not have been the case in 2003. In the recent presidential election, however, the media did matter. It has been pointed out that Facebook and Google have helped spread misinformation, with a definite impact on public opinion (Isaac 2016). The distortion of facts, the manufacturing of fake news and hoaxes with the potential for them to spread virally online, has been seen as a primary factor explaining the electoral outcome (Manjoo 2016; Penny 2017).

In the UK, the Brexit shock and the Trump victory have been seen by some as symptomatic of the growing divide between the working and middle classes. Some intellectuals have accused the middle classes of being completely out of touch with those who are at the bottom of the social hierarchy. Others blame the working classes, now on welfare benefits due to unemployment. However, as the polls have shown, the outcome was less a matter of class than of orientations to the future (with young people voting against Brexit and against Trump) and memories of the past, of solidarity during 'the war' and at work (with rural populations voting for Brexit and the rust belt voting for Trump) (YouGov UK 2016; The Electoral Commission; Huang et al. 2016). Finally, it would appear that (hyper-)mobility rather than social inequality, (excessive) fluidity rather than a consistently reproduced but static social difference, were the main threats that determined the outcome of the elections in both the USA and the UK (Kaufmann 2016).

This *Special Issue* of the *Journal of the Anthropological Society at Oxford* argues that anthropology matters, even as taught in a perceived ivory tower, the University of Oxford, and that it does so especially in times of crisis. Rather than aiming to add yet another publication to the avalanche of social-scientific comments on the Trump election, this *JASO Special Issue*, 'Anthropology matters, especially in times of crisis', presents graduate students' reflections on why they are enrolled in a graduate course to learn about anthropology, which in their case is a master's course in medical anthropology. They were

asked to address the questions why are you reading anthropology, why might anthropology matter, and why does it matter, especially in times of crisis?

In the afternoon on that day the graduate students' educational programme progressed as usual. At five o'clock we held a seminar central to their overall training, as it discussed the notion of 'assemblages'. It critically engaged with processes of globalization and stressed that transnational knowledge regimes do not operate in disembodied fields of power and that re-assembled chunks of their material culture ultimately contribute to their medical efficaciousness. The case study in focus was *sowa rigpa* and the 'Tibetan medical' industrial complex (see Kloos et al. forthcoming). However, attendance at the seminar had plummeted by more than half compared to previous weeks. And in the following days, undergraduate tutorials, as well as supervision meetings with doctoral students, had to be postponed due to underperformance.

Clearly, the body politic, i.e. the Trump election, had affected the individual bodies of the students studying medical anthropology at Oxford. When asked, students would reply that they could not focus and concentrate, and hence could not write the essay of 2500 words they are assigned weekly; that they had to catch up with sleep, having stayed awake through the night(s) of the election; that they had been in bed crying out their eyes in despair; that they had been on Skype and on the phone, trying to overcome their shock by talking to their loved ones overseas. Many students enrolled at Oxford in medical anthropology are North Americans, but not all who underperformed in the week following the Trump election were US citizens. Evidently, US politics had reverberations beyond the USA alone, and even the supposed ivory tower, Oxford, was affected too.

In what follows we present personal statements reflecting on peoples' decisions to read anthropology and what they find they have learnt by thinking through the anthropological lens. Does academic learning have anything to offer 'real' life, particularly in moments when disillusionment, discontinuity and misapprehensions are rife? The personal testimonials are written by way of introduction to already existing essays that the authors themselves had written or a colleague of theirs. These essays were written as part of the training in medical anthropology before the Trump election but discussed in tutorials (consisting of two or three students in discussion with the lecturer) on the day after.

So, in response to the political scientist who claims that the 'broader public' with 'firmly held beliefs' tends to be 'incredibly resilient in the face of conflicting … "evidence"' (Flinders 2016: 15), this *JASO Special Issue* makes no difference between 'the broader public' and 'the academics and experts' who produce 'evidence', 'data' and 'facts'. Rather, it

aims to show that education is an ongoing process, and regardless of whether or not the readers of this volume are enrolled in a programme that is awarded with a university degree, we aim to reach them. Like our potential readership, we conceive of our existence as marginal to world events, yet nevertheless as relevant, as we appeal in everyone not merely to their capacity of intervening, acting and doing, if the necessity arises, but also to their ability to learn, reflect on and refine their ways of analysing events and making sense of the world.

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What Good Are Elections? An Anthropological Analysis of American Elections.

Frederick H. Damon

Devised by anthropologists to look at non-Western societies, this paper uses anthropological ideas about rituals to analyze elections in United States culture. The argument is that elections are a ritual structure deeply embedded in the history and structure of the United States, and its place in the world-system. And, therefore, this is not a ritual practice that can be or should be considered necessarily appropriate for other places. In addition to its ethnographic and theoretical interests, then, the paper is a contribution to applied anthropology. Using data from the earliest years of the country's existence to the present, and focusing on presidential elections, it outlines four different but interrelated schemes. The first follows from the way a Nature/Culture contrast operates. The second employs standard ideas about rites of passage. An analysis of African joking relationships is used to delineate relationships internal to the rites of passage structure. The final model outlines how the entire ritual edifice accomplishes a temporary shift in United States consciousness into an image of mechanical solidarity.

To the memory of Daniel de Coppet

Introduction

This paper analyzes the shape and peculiar character of United States presidential elections, using a complex of ritual models anthropologists have elaborated over the better part of the last century. This kind of ritual analysis was generated in a time when it seemed that anthropology's role was to trade in amazement. 'It has been the office of others to reassure; ours to unsettle. Australopithecenes, Tricksters, Clicks, Megaliths – we hawk the anomalous, peddle the strange. Merchant of astonishment' (Geertz 2000: 64). This paper turns the fruit of that astonishment back onto the dominant culture of the present. It was designed to instruct undergraduates in a course I have been teaching since the late 1970s, and presented in lecture format around the world since the early 1990s.

Michael Panoff (1988), among others, has recalled Lévi-Strauss's suggestion that politics in contemporary society looks like mythology in so-called traditional societies. It is not so much my point to illustrate Lévi-Strauss' comment– and its important implications – as it is to take what we have learned from looking at the myths and rituals of non-western societies and apply them to our present. Born out of fears of ill-thought political action on the part of the United States in the 1980s, the implications of the questions this paper poses are

no less pertinent today as the focus of attention has shifted from Central America and Eastern Europe, all designated by the US to be saved by 'democracy.'

The point to this paper is not that US elections are rituals and therefore they are bad and should, or could, be something else. I do not wish to assert that because these elections are rituals they are sacred and cannot and should not be changed. Recently the attribution of 'culture' to some custom, no matter how bizarre, stupid, or cruel, has led some to give that practice the aura of the sacred, and often untouchable. This sentiment has its reasons when used to protect some group dominated if not overwhelmed by the juggernaut of modern society. Anthropologists, moreover, have no business attempting to modify the customs of other societies in which they do not bear the responsibility of having to live with the consequences of their actions. However, the unequivocal protection of custom is indefensible. Even if we do not know exactly how, we make our culture, are responsible for it, and have to live with its consequences. There is a critical component to this paper.

Over the years this paper was developed and amplified, I had the benefit of being able to juxtapose my understanding of the US by a copy of a lecture Sir Edmund Leach delivered in 1976 called 'Once a Knight is Quite Enough'. Ostensibly about his own knighting, it was in fact a brilliant analysis of the workings of the ritual system and ideology that instils legitimacy in the United Kingdom's social system.

> [M]y lecture is in no way intended as a sideswipe at the British monarchy. Symbolic Heads of State play an important role in modern national and international relations and our British version of that frustrating office has much to be said in its favour as compared with the versions which we encounter elsewhere; the absolute distinction between symbol and reality which the British have achieved in the separation of hereditary Monarchy and elected Prime Minister has a great deal to be said in its favour as compared with, say, your own system of elected Presidents. … (Leach 2000: 194)

Leach believed that the British system distinguished the symbolic, or the ideological, from the practical or pragmatic, whereas in the US these two indispensable aspects of social life are bound up in the same form, at the highest level in the President. I believe this is correct, and it points to peculiar features and constraints of the US system.

Part I: Opposition and Nature and Culture

I begin by employing one of anthropology's most rooted techniques, the degree to which relatively simple oppositions or contrasts structure some of the most basic as well as most abstract and high-level cosmological principles of a culture. It seems to me to be an important fact that so many US Presidents are presented as bastards, products of illegitimate unions, or adopted children. These are all people who in one way or another are seen or see themselves as coming from, or marked by, Nature rather than Culture.

George Bancroft, probably the United States' first great historian, and, like many American significant historians, heavily engaged in political administrations (from Lincoln and Johnson on), told us that George Washington was an 'orphan.' Discussing the virtues that made Washington appropriate as Commander-In-Chief for the Revolutionary Army, Bancroft writes that Washington's

> robust constitution had been tried and invigorated by his early life in the wilderness... At eleven years old left an orphan to the care of an excellent but unlettered mother, he grew up without learning. Of arithmetic and geometry he acquired just enough to be able to practice measuring land; but all his instruction at school taught him not so much as the orthography or rules of grammar of his own tongue. His culture was altogether his own work, and he was in the strictest sense a self-made man; yet from his early life he never seemed uneducated. At sixteen he went into the wilderness as a surveyor, and for three years continued the pursuit, where the forests trained him, in meditative solitude, to freedom and largeness of mind; and nature revealed to him her obedience to serene and silent laws (Bancroft, 1858: 393-394).

Culturally, if not naturally, Bancroft presents Washington as a product of Nature (See Noble 1965: Chapter 2).

In his *The Protestant Establishment* E. Digby Baltzell, one of the truly great US sociologists and historians of 20th century, stressed the fact that Abe Lincoln was the product of a mother who was illegitimate.[1] President Ford's organization subtly introduced into his 1976 campaign that he, Ford, was an adopted child. If Carter's advertisements for the same election could be believed he came from Georgia dirt. Ronald Reagan of course came riding out of the sunset, and it was to his ranch, horse, and wood pile that he regularly retreated while President. Reagan's whole political existence has in fact been an incredible incarnation of the juvenile innocence associated with American culture. George Bush, of course, had

[1] This quality in US leaders was addressed years ago in Jurgen Ruesch and Gregory Bateson (1951).

some difficulties presenting himself as a product of Nature rather than Culture, but, arguably, his Maine vacations, Texas hunting trips, and lack of Eastern eloquence somewhat offset his upper-class background. Being from Arkansas helped Bill Clinton significantly, but probably not as much as having a father who died before he was born and, in the face of Bush, being young and virginal. And it was hardly remarkable that one of Albert Gore's significant biographical details was that he spent his youth shoveling horse manure from his father's rural barn.

In this symbolism Nature is presented as one's scene or background and then, subtly, or not so subtly, turned into a causal determinant of the candidate's virtues. There are and have been many other direct and indirect, successful and unsuccessful, attempts to draw on this symbolism: John Glenn tried to come from the 'final frontier;' Gary Hart from the Colorado mountains. Jesse Jackson borrowed from this rhetoric during the 1988 campaign, but his being carried too much weight from other collective representations for this tactic to be convincing politically. Michael Dukakis employed the form too during his 1988 run as the Democratic Presidential candidate. He had to transcend the cold-hearted, pragmatic, bureaucratic image he projected – and that was projected on him. He played the rhetoric for what it was worth when he stressed his ethnic origins, his Greek heritage. In other times this would have disqualified him because the focus located him in Europe, precisely the place to which Americans usually oppose themselves. But some European identities, especially recently, have been presented as being blood-based rather than time and culture-based. So the tactic was usable.

All these referents draw on American culture's frontier cosmology, the belief that the US is different. This is sometimes referred to as 'American Exceptionalism,' an old version of which underlines the approach to the world in the current Bush Administration– because Nature created the country rather than temporal orders of human devising.

I wish to stress that what is being specified in this Nature symbolism is a kind of person on the one hand and a national identity on the other.

David Schneider (1980) demonstrates that running through many aspects of United States culture is a contrast between the order of nature, or blood, and the order of law, or culture. In the domain of practices most US citizens recognize and refer to as 'kinship,' the central contrast is between blood relatives and 'in-laws.' Relationships between people based on blood are understood as relationships based on something internal to the person, and therefore beyond self-interested action. Such relationships are presented as being incapable of being feigned, or dissolved. Relationships 'in-law' are consciously made, and may be

consciously unmade. People choose to marry one another and many choose to divorce one another, just as they may choose, or be chosen, to work (or not) in a certain relationship. Relationships between in-laws are external to them, and hence necessarily witnessed by the State and usually a church to attempt to add legitimacy to them. Both such institutions are seen, in United States culture, as products of largely human devising, for all intents and purposes artificial.

The two kinds of relationships, in nature and in law, logically generate four kinds of persons. There are those related by blood alone: natural or love, or illegitimate children. Law relates others: spouses, legally adopted children, 'in-laws.' Blood and law relate a set of persons: children born of legally married parents. Finally there are, I believe, people created only in culture, a category of person so far only filled in our science fiction and fantasy life by such moral monsters as Frankenstein, and his modern, cold-hearted, often robotic re-incarnations (e.g. the Terminator).

Although illegitimate children carry a stigma, the political rhetoric that locates candidates, and especially presidential candidates, in Nature attempts to show that the candidate is a pure, essential being, equating him with what is thought to be the essence of America, its Nature. The otherness of the other candidate, however, often comes from a permutation of the relationships in-law, relations in or by culture only. These are variable combinations of individual self-aggrandizing individuals, the pollution of hierarchy, or cold-hearted persons with little depth of feeling.

The essentialism and apparent uniqueness of the symbolic dress, the *masquerade*, of our main political actors often consciously, distinguishes us from other political forms. In some ways the main contrast to the American nature and candidate is England's political-symbolic center, the English monarchy and class system. As noted above in the quote from Leach, that system dresses itself up in time, and increasingly since the 1830s has presented itself as if it was located only in times long ago. As early as 1796 – given that this is the immediate aftermath of the Revolutionary War the point is hardly surprising – the anti-British rhetoric finds its play in the US system. In the 1796 election between Adams and Jefferson 'Republicans called Adams "an avowed friend of monarchy" who plotted to make his sons "Seigneurs or Lords of this country" (Boller 1984: 8). But countries and political forms in addition to England have served this contrastive purpose. The 1840 contest between Martin Van Buren and William Henry Harrison proves an apt illustration. The Whigs had to first democratize Harrison, turning him from 'a well-born, college educated' but ineffective general into a man of the people born in a log cabin. 'But,' in Boller's words:

> [T]he Whigs did more than democratize Harrison; they aristocratized Van Buren. Before they got through, they had turned the President (Van Buren), a dignified and polished but sincerely democratic gentleman, into the effetest of snobs ... In a speech in Congress in April lasting *three days* [Congressman Charles Ogle of Pennsylvania] lashed out against Van Buren for maintaining a 'Royal Establishment' at the nation's expense 'as splendid as that of the Caesars, and as richly adorned as the proudest Asiatic mansion...' The picture of Van Buren as a haughty and somewhat effeminate aristocrat ... was indelibly imprinted in the minds of thousands of Americans during the 1840 contest (Boller 1984: 68-69; my italics).

Ogle's three-day speech should remind us that the cause of our current unease is not the technological ones of our various media, the thirty-second sound bite. Nor is it the 'recent' objectification, commodification, of our political candidates' new(s). For the 1896 campaign Theodore Roosevelt complained that Mark Hanna 'advertised McKinley as if he were a patent medicine' (Boller 1984: 172, footnote omitted). Ideas structuring the U.S. system thus clearly have more consequences than do its means – contemporary media technology.

There are two immediate consequences to these forms of political rhetoric. One is that our politicians cannot seriously debate policies having to do with hierarchy. Another immediate consequence of this set of contrastive collective representations is that relative, real or feigned, ignorance is almost never a liability. This is because such ignorance is opposed to what I mean by 'Culture;' and being so opposed to culture is usually a virtue. For example, not a few people asserted throughout Reagan's Presidential campaigns and administrations that he did not have the intelligence or intellectual background for the job he sought and held. But such accusations probably did more to sustain and buttress Reagan's symbolic hold – he never had any other – on the American imagination. One can hardly commend George W. Bush for using this tactic in the 2000 debates against Gore, for he lost the popular election. Yet it was fairly clear that the pose he struck was designed, and succeeded, to show that Gore was, in American parlance, just a 'know-it-all.' The charge against Reagan, repeated against Bush in 2000, is, more or less, common in our electoral history. For the 1828 election 'When an Adams pamphlet pointed out that Jackson was uneducated and couldn't spell more than one word in four, the Jacksonians retorted that Jackson's natural wisdom and common sense were superior to Adams's book learning and that, fortunately, there were "no Greek quotations" and "no toilsome or painful struggles after eloquence" in him as in the "learned man" in the White House.'

Regarding the 1988 election, it may be suggested that in fact Bush's poor choice of words and relative inarticulateness was his saving grace, for it helped mask the upper-class, crafty, Ivy League background he and his major spokesmen otherwise exuded, espoused, and exhibited.

Part II: Elections as Rituals

Elections as rites of passage[2]

US elections are very large and complex rituals. Elections are installation rites. They move a candidate from being more or less one of the people to that of a person with a different, if not peculiar, status, of the government with very different public responsibilities and obligations. Ever since Van Gennep's original formulation (1909[1960]), it has been recognized that most rituals go through three recognizably different stages. Some kind of *rite of separation* sets the period off from non-ritual times putting the relevant population in the *marginal* or *liminal* time. Some kind of *rite of incorporation* returns the population from the liminal period to more or less normal time.

Rites of separation are often characterized by *masquerade*, whereas incorporation rites frequently exhibit significant *formality*. By masquerade I mean the assumption of an identity that hides another identity. By formality I mean the assumption of an identity that embellishes, accents or otherwise emphasizes only one, hierarchical in this case, feature of an actor's existence.

In the perspective I adopt it is convenient to view a candidate's announcement to run for an office as the rite of separation. This is the moment when the person changes his formal definition from a normal citizen to a candidate for an office, and, of course depending upon how well he – or increasingly she – is known, is given a special status and observed in a new way. Contemporary US culture understands the special focus on the candidate as the necessary judging of his or her character. And the character candidates often assume is that of a 'virtuous person.' By 'virtuous person' I mean the presentation of the person as one apparently unconnected and unbeholden to anyone: he, or she, appears as just principle. This assumption of virtuousness illustrates what I mean by the masquerade of the initial rite of separation.

The nature/culture distinction discussed earlier usually fits in here. In their announcement for office, candidates, especially Presidential ones, often depict themselves as

[2] This analysis draws on and presumes the classic literature on such rites including van Gennep (1960), Turner (1967), Leach (1961), and Beidelman (1966).

coming from or being in the essentialism of American nature; and as not beholden to the artificial entanglements of previous alliances or the hierarchies of culture. This is one reason why many politicians 'run against Washington.' 'Washington' is now the major symbol of embedded hierarchy and complexity in American life – New York and its high culture and banks have previously occupied this role – and either by focusing on it, or one's own derivation from a place far distant, say, the Colorado Rockies in Gary Hart's announcement, one may present one's self as pure and uncorrupted.

The masquerade of the initial announcement, the rite of separation, is contrasted with the formalities presented at the conclusion of the ritual period, the inauguration. The inauguration is a rite of incorporation. In contrast to the initial rite of separation that stressed the candidate's purity, his unalloyed stance in natural principle, the inauguration presents all the candidate's old and new connections. For his inauguration President Jimmy Carter, knowingly or unknowingly modelling his on Andrew Jackson's first inauguration, had common people coming to Washington from all over his personalized and individualized candidacy; Ronald Reagan was famous for bringing to Washington DC the conspicuous wealth of the Republican party, as well as the Frank Sinatra contingent. For his two inaugurations *The Washington Post* was filled with articles about the numbers of privately owned aircraft that flew into Washington for the formalities.

Members of both parties formally view the initiation. So does the neutral State through the Chief Justice of the Supreme Court, who, in his office and by holding the Bible, represents connections beyond the local ones fought over during the election. The newly installed office-holder makes appearances at all the Inaugural Balls. All these connections are displayed significantly through the most formal attire our public dress fashions allow. If the electoral process tends to begin towards the 'Nature' side of our collective life, it definitely ends towards the side of 'Culture.'

There are at least two parts to what I call the election's liminal period. For my purposes the first runs between a candidate's announcement for office and the election. The second runs between the election and the installation of the victor for a new term.

The first part goes up to the election pitting candidates against one another to highlight the choice the people are going to make. In such periods anthropologists expect to find activities that invert the normal order, activities that are often personally exhausting, debilitating, funny, bizarre, and sometimes painful. The lack of compromise, the give and take that in fact makes up political life, is one instance of the inversion of reality, as the candidates publicly appear as virtuous, unconnected persons not swayed by the efforts of

others. The total exhaustion exhibited by both Carter and Ford – both were so hoarse at the end of their 1976 campaigns that they could barely speak – at the end of their campaigns is not untypical of rituals of this kind. More shall be said of this period shortly. But this first period closes with the election, which invests *the moral authority of the people* in the winner.

The election winner does not, however, receive the legal authority of the State; this only comes with the inauguration. Anthropologists recognize that this second half of the liminal period can sometimes be very dangerous. Between the Ford/Carter election and the Carter inauguration Henry Kissinger bitterly criticized the duration of this period. He thought nobody was in charge of the country, and that consequently we were particularly vulnerable to our enemies' attacks. This may seem humorous, but one must not underestimate the structure of opposition, almost paranoid opposition, that lies at the center of US political consciousness. If one obvious understanding of this form locates it with oppositions to Communists *throughout* the 20th century, Anthony Wallace (1978) makes clear in his brilliant historical ethnography *Rockdale*, that this feature of US culture has had virtually a fixed place since the Second Great Awakening (1800-1840). In any case, Kissinger was not the first intellectual to be overtaken by the structures of these ritual forms. In 1916 Woodrow Wilson was sure he was going to lose his re-election bid to his opponent Charles Hughes. Given the momentous events of the War in Europe that had not yet drawn in the U.S., he felt obligated to resign on election night so there could be a swifter resumption of authority:

> 'I feel it would be my duty,' he wrote Secretary of State Robert Lansing, 'to relieve the country of the perils of such a situation at once. The course I have in mind is dependent upon the consent and cooperation of the Vice-President; but if I could gain his consent to the plan, I would ask your permission to invite Mr. Hughes to become Secretary of State and would then join the Vice-President in resigning, and thus open to Mr. Hughes the immediate succession to the presidency' (Boller 1984: 210).[3]

Impending danger is often the mode in liminal periods.

Its false or misleading perceptions aside, this period is crucial in American politics because it moves the election victor from the representative of a party or platform to the representative of the State. Those who lose the election quietly disappear from public view, while the victor publicly assembles the surroundings, cabinet officers etc., which represent all of the positions he has attacked or ignored during the campaign. The previous period's

[3] Boller quotes Links (1965: 153-156).

inversions are inverted. Traditionally, Democrats put Republicans or business representatives in Commerce and Treasury posts; Republicans now put blacks – e.g. Pierce at HUD, Sullivan at HHS, Powell at State – or other Others in appropriate positions.

It is of interest that a similar tactic was employed following the Mondale/Reagan presidential contest of 1984. Although Walter Mondale attempted to raise the question of the need for taxes, there was no serious debate about that requirement during the election. But as soon as the election was over a senior Reagan official, David Stockman, publicly raised the issue, and there was, for some Americans at least, a real debate about the wisdom of paying off, that is, raising taxes, or going into further debt. (The public conclusion was that taxes need not be raised: they were.)

To summarize, as with most rituals, our election process goes through a three-part system. The candidate's announcement separates him from normal times and normal people as it defines an abnormal time during which odd behavior comes from the candidate, and some of his supporters. After the election, when the loser drops out, the victor has the moral authority of the people invested in him. And he must begin to assemble the wherewithal to lead the country not as he imagined it in his campaign, but more or less as it really is. This done, the inauguration formally incorporates him into the office. This rite of incorporation adds to the moral authority conveyed by the election the legal authority of the State. The period between the election and the inauguration, however dangerous it may seem, is the beginning of the return to reality from its long leave the campaign constituted.

Politics as 'joking relations'

In the 1796 Presidential campaign, 'Federalists called Jefferson an atheist, anarchist, demagogue, coward, mountebank, trickster, and Franco-maniac, and said his followers were "cut-throats who walk in rags and sleep amidst filth and vermin"' (p. 8).[4] Wilbur Storey, one-time editor of the Detroit *Free Press,* and then the Chicago *Times*, wrote 'President Lincoln 'evinces his appetite for blood' and called the Republican Party a 'bastard offspring of illicit intercourse, and the faulty amalgamation of incompatible genes' (Wills 1997: 32). These are perhaps different terms than we publicly or privately employ now but they call our attention to practices anthropologists used to experience in other cultures.

Beidelman's 1966 article was one of the early illustrations of structuralist or structuralist-like analyses provided by British Anthropologists in the mid-1960s. Like all such

[4] Boller quotes Burner et al. (1980: 124).

papers of the time, apparently organized by the repetition of dyadic or triadic categories, the paper is a study of ambiguity and the role of the ambiguous in the creation and recreation of social life. As with my discussion of the rites of passage paradigm I shall do no more than demonstrate the relevance of this model of so-called joking relationships.

Beidelman's central thesis is that Kaguru life is organized in terms of sets of binary contrasts. Over the course of various cycles – agricultural, annual, life, etc. – acts of individuals, spirits, or gods confuse these fundamental distinctions. Joking relationships are employed during certain rituals involving births, marriages and deaths, during New Year's rituals, and in other times because, in one way or another, the Kaguru sense of order has become obscured. Joking partners and joking behavior serve to reorder the fundamental distinctions through ritual action. Invariably this ritual involves an actor's joking partner taking on some kind of pollution.

Although in almost every election cycle I have observed citizens have complained about how awful the mudslinging was – perhaps especially during the 1988 election – from very early in the 19th century fantastically brutal forms of insult characterized American Presidential elections. Of the 1824 election Boller writes:

> Newspapers glorified the candidates they were backing in extravagant terms and vilified their opponents in abusive language. They made fun of Adams' slovenly dress and 'English' wife, called Clay a drunkard and gambler, charged Crawford with malfeasance in office, and accused Jackson of being a murderer for having authorized the execution of mutineers in 1813. If one took all these charges seriously, sighed one politician, he would have to conclude that 'our Presidents, Secretaries, and Representatives, are all traitors and pirates, and the government of this people had been committed to the hands of public robbers.' (Boller 1984: 35)

British visitors, it seems, were often appalled at the lack of civility in this rhetoric. Although I do not yet have the facts – or appropriate imaginative ordering of them – to sustain the point, I would suggest that the barbarity of this practice, and the horror with which the English viewed it, followed from the aforementioned nature/culture distinction intervening in this part of the election dynamic. Giving up on civility, our candidates seem to have to show they can be brutish.

Although there clearly are some differences between Kaguru joking relations and our elections, I suggest that there are striking similarities. I realized the fundamental similarity when I thought about the so-called mudslinging our candidates customarily engage in. The Kaguru pollute to purify, and so do we. Towards each election committed community

members align themselves in one of two divisions and attempt to redefine how the society should be organized. Although there is continuing debate on its effectiveness, the contest often involves casting aspersions on the other person or party's position.

As among the Kaguru, the United States periodically redefines itself into two units, selects people to represent those units, and, in the course of the election, pits the two against each other. Nominally organized by formal ideas as to what they will do if elected – Party Platforms – in fact much of their behavior entails mutual insulting. From this 'mudslinging' the country is to emerge renewed and redefined. But the ambiguous nature of this interaction pattern is coupled by the ambiguous nature of the candidates, who, given the contradictory nature of the actual society, must constantly speak out of both sides of their mouths.

Let me close this section with a final observation about this phenomenon: As far as I can recall, from perhaps 1956 or 60 on there have been two Presidential elections which failed to engage serious mudslinging, failed to significantly conform to the tenor of a joking encounter. In each of these cases the dominant party/candidate did not have to engage the other party, did not have to defend himself against the other's accusations. Neither the winning candidate nor its party took the other seriously enough to mount a serious campaign against the other candidate. The two examples are the 1972 election between Nixon and McGovern and the 1984 election between Reagan and Mondale. I would like to suggest that it follows, more or less automatically, that after each of these failed elections the country became engaged in exceedingly complex and public scandals and trials: the Watergate affair that led to Nixon's resignation just before he was impeached, and the host of trials that continued into the early 1990s concerning Reagan's administration.

Part III: What Elections Do

From Difference to Identity (and Vice-versa)

If the paradigms I have briefly sketched capture parts of the experiential structure of American political elections, it is by no means clear that the analysis quite explains what it is that the elections do. My analysis locates elections in specific American cosmological tenets – the nature/culture distinction; as installation rites it shows how the format conforms to ritual orders that are so common that the form would seem to represent a given in the human condition; and mudslinging and the very ambiguous nature of politicians suggest an order like that of Kaguru joking relations. Yet I doubt very much that this analysis at all explains why the elections tend to grab much of the American consciousness. Aside from

demonstrating in numerical terms that the winner is victorious, what is it that U.S. elections accomplish?

I shall try to answer this question and bring this essay to a conclusion by placing at the center of my analysis the educational system. […] The relevant sociological concepts here are mechanical and organic solidarity. In conventional terms, mechanical solidarity refers to a social system, or aspect of a social system, that is governed by the conceived similarities of its constituent units. The organic analogy refers to the body: the whole maintains itself through the complementary functioning of differences.[5] My structuralist insight came from thinking about the implications of one of the ways these models allow us to envision transformations through the U.S. election system.

As is true for many western societies and as is well known, American political consciousness strives towards a mechanical ideal, i.e. a representation of experience such that everyone is, under the law or for voting purposes, equal. By contrast, Americans assume everyone will end up having a different job. At an 'economic' level the forms of association are organic. So, politically Americans think mechanically while economically their reality is decidedly organic.

<table>
<tr><th>Ideological orientation</th><th>Economic model</th><th>Political form</th><th>Education</th><th>Elections</th></tr>
<tr><td>Mechanical</td><td>-</td><td>+</td><td rowspan="2">↓</td><td rowspan="2">↑</td></tr>
<tr><td>Organic</td><td>+</td><td>-</td></tr>
</table>

Figure 1. Elections as Transforming a 'This' to a 'That.'

In elections, of course, much effort goes toward establishing equality, a likeness, between the candidate and the voter, or what the voter should be. This attempt accounts for much of the increasingly personal nature of contemporary campaigns. […]

Now the structuralist insight began to take shape when I realized that one massive institution is predicated on converting U.S. citizens from a mechanical conception of citizenship into a realization of organic differences. This institution is America's educational

[5] The initial impetus for undertaking this paper was inspired while reading a letter in *Man* from Louis Dumont. … (Dumont 1987:747-748). However, this particular section was stimulated long before I read his letter by his much earlier paper of 1986 [originally 1965]; see especially footnote 2 (Dumont 1986: 61).

system. The hope is that all children can start school with an equal chance of rising to the top […] But nobody assumes that youths will graduate from the educational system as adults who are all the same. To the contrary, they should graduate having become different, assuming the occupations to which their educational failures and successes direct them. […]

Thus the American educational system begins with persons mechanically defined and turns them into organic beings. Reversing this process, I propose, is exactly what our political system attempts to do. […] [The] homogenization of economic interest and difference into political equality finds, of course, its ultimate realization on the day of the election as people with identical votes choose between, as we increasingly see, identical candidates. But of course the homogenization of these differences, if arguably part of a commonly found characteristic of many social/ritual systems, also makes the United States pay the price of decreasing its ability to discuss real differences. Because, the differences it faces and must mediate are not the differences between equivalent persons.

So, if it is asked what our elections do, an answer is this: They convert, temporarily, the facts of a convoluted and disparate order into an imaginary semblance of mechanical solidarity and unity.

Conclusion

In this paper I have looked at our elections through the lens of four analytical constructs: The place of Nature/Culture distinctions in American culture; Patterns commonly found in rites of passage throughout the world; The play of ambiguity as found modelled in joking relationships; and in the reciprocal movements between mechanical and organic forms in our educational and electoral systems.

I am an anthropologist committed to analyzing and making known the diversity of human existence. So this is not just an issue of the analytical power of several theoretical perspectives in contemporary anthropology. In a rather profound way the issue is one of applied anthropology. For the apparent failures of the US system are not my only concern. When I began the efforts that have resulted in this paper, it was becoming increasingly obvious that our elections were vacuous charades incapable of addressing mounting social problems.

By the late 1980s the US was very sure its own system, 'democracy,' was all that Eastern Europe, the Soviet Union, China, and elsewhere, needed to be saved. Examples are legion, and a new endeavour is under way as I complete this work. In fact, the words 'liberty,' 'democracy' and 'freedom' are used with reckless abandon by many leading

political and intellectual spokespersons. One is inclined not so much to become cynical about these words' meanings as to think that, perhaps, our politicians are consciously trying to mystify the body politic. In any case, much care needs to be taken so that the spread of what some call ‘democracy’ does not become the uncritical spreading of masked imperialism by another name.

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Personal Reflection: On Relationality and Illness Narratives in Times of Crisis. Maie Khalil

The post-Brexit and post-Trump climate has been overwhelmingly characterized as 'troubling', 'startling' and a 'time of crisis' by journalists and academics alike (Forte 2016). Analysts, American as well as foreign, and scholars display their bewildered shock, distress and disappointment in light of the results. *How could this have happened?* they ask. Brexit and Trump opponents' faith in humanity and hopes for the future, it seems, have been shattered into a fracture simultaneously constituting a personal and public crisis of global magnitude. In an effort to understand why supporters voted the way they did, some analysts resort to an essentializing of 'the other', a discourse of 'alterity' in which the differences in the identities of the individuals are reduced and bound to the demographics of the communities in which they reside (Schiller 2012: 521). It is in these efforts that we see painted a monochromic picture of the supporters as rural, uneducated, predominantly white working-class individuals. Not only are supporters who are located within disparate demographics (such as immigrants, ethnic minorities and the wealthy) conveniently neglected in this exercise, but the portrayed individuals' 'relationalities are obscured through the presumption of given (racialized, cultural, gendered, or religious) differences' (Eckert 2016: 245). Categorical classifications like 'working class' impute assumed attributes to the individuals assigned as such, and citizenship within one such category thus becomes identity; magically and immediately, all individuals within a given category are assumed to share the same interests, values, and behaviours (Somers 1994). In opposition to this reductionist portrayal, the narrative approach seeks to understand people as guided by 'the structural and cultural relationships in which they are embedded and by the stories through which they constitute their identities' (ibid.: 624), rather than by the interests that analysts ascribe to them. Somers eloquently captures the importance of relationality in the narrative approach:

> The 'narrative' dimension of identity there and elsewhere thus presumes that action can only be intelligible if we recognize the various ontological and public narratives in which actors are emplotted. Narrative identities are constituted by a person's temporally and spatially variable place in culturally constructed stories composed of (break-able) rules, (variable) practices, binding (and unbinding) institutions, and the multiple plots of family, nation, or economic life. Most important, however, narratives are not incorporated into the self in any direct way; rather they are mediated through the enormous spectrum of social and political institutions and practices that constitute our social world. People's experiences as workers, for example, are inextricably interconnected with the larger matrix of relations that shaped their lives – their regional location, the practical workings of the legal system, family patterns – as well as the

> particular stories (of honor, of ethnicity, of gender, of local community, of greed, etc.) used to account for the events happening to them. (Somers 1994: 625)

An excellent example of the narrative approach is found in Arlie Hochschild's (2016) book *Strangers in Their Own Land: Anger and Mourning on the American Right*, which ethnographically documents how Tea Partiers in Louisiana form shared narratives that embody and situate their identity, values and perceived role in society, all things which may affect political views and behaviour. Journalist Nathaniel Rich recounts the 'deep story' that Hochschild uncovers:

> The deep story that Hochschild creates for the Tea Party is a parable of the white American Dream. It begins with an image of a long line of people marching across a vast landscape. The Tea Partiers—white, older, Christian, predominantly male, many lacking college degrees—are somewhere in the middle of the line. They trudge wearily, but with resolve, up a hill. Ahead, beyond the ridge, lies wealth, success, dignity. Far behind them the line is composed of people of color, women, immigrants, refugees. As pensions are reduced and layoffs absorbed, the line slows, then stalls. An even greater indignity follows: people begin cutting them in line. Many are those who had long stood behind them—blacks, women, immigrants, even Syrian refugees, all now aided by the federal government. Next an even more astonishing figure jumps ahead of them: a brown pelican, the Louisiana state bird, 'fluttering its long, oil-drenched wings.' Thanks to environmental protections, it is granted higher social status than, say, an oil rig worker […] Meanwhile the Tea Partiers are made to feel less than human. They find themselves reviled for their Christian morality and the 'traditional' values they have been taught to honor from birth. Many speak of 'sympathy fatigue,' the sense that every demographic group but theirs receives sympathy from liberals. (Rich 2016)

While the book's subject community is not representative of all Trump supporters, the narrative it espouses is heavily exploited by Trump (Rich 2016). It is useful in understanding how people perceive their individual role and their community's role in society through narratives of relationality that contextualize the local within the global. We can begin to understand how economic despair largely fuels people's fears, anger, disdain and victimhood in a time of crisis. We can begin to offer more nuanced and accurate theories of identity and its influence on political behaviour. We can refuse to accept generalized, reductionist media narratives that vilify 'the other' as a homogenous, monolithic entity and as inherently representative of everything repulsive contained in the person or policy they voted for. For instance, in the case of Trump voters, an astonishing degree of personalization occurs in which '…Trump is magnified to the point where he stands in for all those who supported him' (Forte 2016). Yet, Forte argues, it is wholly possible and indeed happens that

individuals can find a politician personally and politically vile in their behaviour but agree on a central issue of importance (ibid.). Most crucially, Forte argues that we can ask which crisis in particular the media, analysts, academics and laypeople should be focused on: the political and cultural crisis of not seeing Brexit and Trump as formidable, substantial possibilities, or the raging economic and social crisis faced by local communities most impacted by the 'brutalities of neoliberal globalization'? (ibid.).

The two essays that follow, authored by Cathryn Klusmeier and Derek Soled, elucidate the ways in which illness narratives both construct identity and reveal social values by transforming meaningless suffering into meaningful stories. Klusmeier explores how seemingly individual stories actually operate on the collective level to transform events into congruent meaning. She further illuminates how shared authorship erodes the boundary between the individual self and the societal self, and how an individual narrator's experience can be constructed as meaningful collective knowledge that shapes a group's identity. Soled looks at how illness cannot be represented from a single vantage point, but rather must be contextualized in a network of perspectives; he further explicates what narratives reveal about an individual's social relations and cultural values. Most significantly, Soled delineates how illness narratives divulge an individual's emplotment, or how the individual perceives their role and level of control in a relational context with those around them, as well as with respect to what the future holds. In these relational ways, the study of illness narratives by anthropology offers a useful parallel to understanding the experiences and motives of supporting voters – voters who construct, contest and negotiate with deeply embedded sociocultural narratives just as powerful and complex as those of their opponent counterparts.

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Essay 1. Interlaced Illness Narratives. Cathryn Klusmeier

Essay prompt: 'What can illness narratives and medical case histories tell about society?'

One of the first Alcoholics Anonymous groups in Denmark began with a glass of water. A Danish man named Jens, who grew up in Jutland in the years after WWII, was having dinner with an American business companion. Since his late twenties, Jens had a drinking problem. Though he was known as a 'jolly fellow' in his friendships, he often felt that he 'had to drink to feel normal and was scared to expose his real character, if he did not drink' (Steffen 1997: 104). Despite the drinking, Jens had managed to maintain a family, a house, a dog and a swimming pool. For fifteen years, however, he had been in and out of hospitals for 'detox, periods of medication with antabuse, aversion therapy, psychiatric treatment, and so on, until he broke his leg after a binge ending in a blackout' (ibid.: 104). Going to the hospital yet again, he experienced a 'spiritual awakening' that made him 'feel free,' sensing a 'strange overall meaning of life' (ibid.: 104). 'From that moment he intuitively knew that he would never drink alcohol again' (ibid.). Which led him to said glass of water. He ordered it during dinner with an American businessman, only to discover that the American had also ordered water, and by explanation, said the words: 'I'm an alcoholic' without hesitation (ibid.:104). These were revelatory words for Jens, who asked the American about it, only to discover that this man came from an Alcoholics Anonymous (AA) group, and he then went on to tell Jens his life story. Jens, in turn, reciprocated by telling *his* life story. Soon afterwards, Jens started a new AA group in Denmark and opened the first Minnesota Model treatment centre there five years later (Steffen 1997).

Here, it is important to deconstruct this scene and look at the parts. On the surface, it seems like a very simple story. One man, an alcoholic, who has decided that he will no longer be an alcoholic, meets another man with the same desire, though neither realizes it at the time. They both order water with their meal, and it is this moment that signifies to the American—who is familiar with the AA model—that this is the space in which he can tell his 'life story' to the man in front of him. This process of 'telling the narrative' is central to the AA model. It is the process by which the (sometimes tattered) narrative threads that tie one life together become the very mechanism for healing and community.

In this paper, I intend to flesh out this notion of 'telling the narrative' and further examine the ways in which narrative constructs meaning and potentially allows for healing. I

argue that, while narratives often seem to operate on an individual level, with each person having their own ‘life story’ that interacts with others, in fact, as shown through descriptions of alcoholism and Alzheimer’s stories, many illness narratives are *shared* narratives, expanding the scope of illness narratives including both the individual *and* the collective experiences of illness and disease.

‘We tell ourselves stories in order to live,’ writes Joan Didion in the opening sentence to her seminal essay, ‘The White Album’ (Didion 1979: 11). The importance of telling stories and paying attention to narratives *as a way to live* is not simply delegated to the realm of writers: medical practitioners and medical anthropologists such as Byron Good and Arthur Kleinman have also emphasized the importance of patient narratives and personal stories in their work. This was not always the case, however. As Lars-Christer Hyden, in his article ‘Illness and Narrative,’ describes it:

> Doctors from the turn of the century onwards have been inclined to treat the reports of their patients with considerable skepticism. The clinical gaze of the medical profession was focused on the inner bodily world of the patients. How patients spoke about their ills, symptoms and problems was regarded at best as a pale reflection of the language of the organs and tissues and their pathological changes. (Hyden 1997: 49)

This turn in roughly the last forty years towards incorporating a narrative perspective into medicine pushes against that strictly biomedical model which saw a patient’s narrative as that ‘pale reflection’ compared to the language of malfunctioning tissues and organs. Narrative inherently resists Michel Foucault’s notion of the ‘clinical gaze’ and instead places the emphasis on story, context, and ultimately the possibility of meaning:

> Narrative provides a medium whereby one can articulate and transform the symptoms and disruptions of illness into meaningful events and thus relate them to our lives and life courses. Through the narrative, the experience of illness is articulated, especially the suffering associated with illness. By arranging the illness symptoms and events in temporal order and relating them to other events in our lives, a unified context is constructed and coherence is established. (Hyden 1997: 56)

It is the establishment of this ‘unified context’ and ‘coherence’ which is the real strength of the narrative medium. It is not meant to completely deny the biomedical, nor the language of tissues and organs, necessarily; rather, it provides the context upon which the biomedical rests. ‘In this sense, the illness narrative creates something new—it does not

merely reflect a self-perpetuating pathological process. What is new is that suffering is given a form. The narrative transforms symptoms and events into a meaningful whole, thereby creating the world of illness' (ibid.: 56).

This is what AA aims for in their work: the transcendence of the strictly individual narrative towards a collective narrative that engenders meaning.

The telling of life stories in AA shows that personal narratives are neither mere reflections of life as lived nor made-up fiction. Personal narratives are products of complex interactive social processes, and they constitute powerful and dynamic means of communication (Steffen 1997: 110).

As Steffen furthermore writes, 'The illness account becomes a narrative of lived experience to the benefit of everybody, and the narrator's experience of pain and suffering loses its meaninglessness and gains value as collective knowledge' (ibid.: 106). Narrative is about constructing meaning through this performative structure. In AA, the narrative structure offers a mechanism for creating meaning out of pain and suffering. The exchange takes place on multiple levels, affecting both parties in turn:

> Thus the illness narrative fulfils the purpose of helping both the narrator and the listener, whose experience becomes the object of renewed reflections resulting in reconsiderations and a revised memory. Telling your story in AA brings thoughts and emotions into form in a process where listening and performing goes hand in hand. (Steffen 1997: 106)

In AA, whether you are the person telling the story or the person who has a story told to them, you are nevertheless *intersubjectively* involved in this dynamic activity, which in turn creates a *new* story, one where there are multiple actors. The act of telling and retelling life stories in the context of AA provides all the actors with a mechanism for being involved in a new story, one that is not singular, but a tapestry of multiple stories. Drawing on Byron Good's work, Steffen writes:

> Both narrator and listener engage in the creation of synthesis through which the story gradually comes into being, and both contribute to the 'emplotting' of illness, through which an ordered story is sought and authored. Thus, the plot of the story may both be seen as an underlying structure and a dynamic activity unfolding in the process of making sense of the story, providing it with narrative intentionality and direction. (Steffen 1997: 106)

This particular example of AA is important to our understandings of illness narratives because of its ability to work on the individual and interpersonal scale simultaneously, while also taking place outside some of the more traditional 'medical' constructs. You can only come to the meetings if you are also an alcoholic or specifically invited. It is not necessarily a medicalized space, nor does it necessarily want to be. It is a performative space for the telling of stories and for the making of *new* stories by interactions with the collective through the back and forth dynamic of narrating and listening in turn:

> Expressing experience in a narrative form apparently implies a process in the individual, where feelings of fragmentation and alienation are overcome and replaced by congruence and direction. Confusing personal experiences become coherent and well-structured narratives. Partly this is an introspective process, where individual meaning is created as experience is forced into verbal expression. But on the other hand it is important to remember that these experiences are expressed in groups of listeners—that is, in a context of interpersonal relationships between fellow-sufferers. This interplay between individual self-reflection and community response is captured in an AA slogan: You alone can do it, but you can't do it alone. (Steffen 1997: 105)

In the context of AA, narrative allows for people to share experiences. Together, in the group, the 'confusing personal experiences become coherent and well-structured narratives' (ibid.: 105). For Didion, this is an excellent example of her notion. In order to live, we tell ourselves stories. Her notion works on the group level, as well as on that of the individual. For an alcoholic, in order to live, you must tell your story: you cannot do it alone. We share stories so that we can become a part of one another's stories and then make sense of our own again.

But what happens when the person suffering from the illness – to go back to Didion – in fact cannot tell themselves stories anymore? What happens when illness narratives can no longer be articulated by the individual who is sick? Who, then, tells their story? Byron Good says: 'An "illness" has a narrative structure; although it is not a closed text, it is composed as a corpus of stories' (Good 1994: 164). But what happens when the person with the illness seems to be a 'closed text' and unable to create new stories?

Leslie Burke (2014), in her paper 'Oneself as Another: Intersubjectivity and Ethics in Alzheimer's Illness Narratives', pulls from the ever-growing body of literature that details the 'Alzheimer's epidemic' as told by those closest to the person with the disease. Like AA, the literature on Alzheimer's involves discussions of intersubjective, shared narration. And although aspects of modern medicine such as the impetus to speak of individual 'symptoms'

seem to isolate individuals based on their illness, Kleinman notes that the experience of illness itself is often shared, reaching 'beyond the bodies of ill persons to saturate the lifeworld of those around them' (Kleinman 1988: 186, quoted in Burke 2014: 30).

Burke notes that, 'Alzheimer's raises inescapable questions about the way we conceptualize the boundaries between self and other and about the ethical dimensions of memorial practices' (Burke 2014: 30). She points out that in this growing body of literature, with books such as Michael Ignatieff's (1994) *Scar Tissue*, 'the narrator's relationship to the disease, and to the ill person, is experienced as a kind of trauma that disrupts his or her own sense of identity' (ibid.: 31). In Sue Miller's account of her father's disease, she describes herself as 'altered … in some of the very same ways' as her father is by his illness: 'made bland and callous, reduced' (Miller 2004: 137). Burke addresses the inherent complexities involved in writing about narrative through the lens of Alzheimer's disease:

> Lives and selves become entangled in these Alzheimer's memoirs—to write of another is necessarily to write of oneself. And this is an ambivalent undertaking: less an act of healing than a form of mourning, less an act of self-realization than an elegiac reflection upon the fragility of all identity and its undoing (Burke 2014: 32).

Because 'the impact of dementia upon memory, cognition, mood and behavior makes an engagement with questions of the meaning and definition of personhood unavoidable' (ibid.: 39), Alzheimer's narratives are tricky to define individually. While these narratives, which are oftentimes taken up by family members, tend towards the collective as well, they do so in different ways than the AA narratives. In AA, the focus on narrative allows individual stories to interact with one another to construct new stories and provide meaning – it's constructive. However, in the face of Alzheimer's narratives, it is not a case of interacting stories so much as entangled, complicated narratives, with unclear understandings of what these narratives are constructing. In *Scar Tissue*, Michael Ignatieff's wife at one point asks: 'Why do you think that writing about it [his mother's disease] will make any difference?' He replies: Because 'I need to do something, anything' (Ignatieff 1994: 8). His need is to pick up the threads of her narrative when she can't tell her story anymore, yet in doing so he begins to feel sick himself, at one point totally convinced that he, too, was getting dementia. He takes on her story as a co-author. 'Like her, he becomes increasingly isolated, lost in the fracturing logic of her cognitive decline' (Burke 2014: 40). The narrative traces the dismantling of both his and his mother's lives as a consequence of her disease. As her story starts to erode, so does his:

> This is a very common story in Alzheimer's narratives. Burke argues that in dementia stories, there is an underlying 'shared authorship' of life narratives. This 'shared authorship' allows one to envisage the construction of life narratives as a shared enterprise rather than as the province of a monadic entity. It also erodes the distinction between inner and outer selves pointing to a far leakier or permeable relationship between the two' (Burke 2014: 36).

One could argue that this theme of 'permeable relationships' is also the case in the interpersonal narratives surrounding AA. In the group setting, do the barriers between the 'selves' start to erode as well in these narratives as they create 'new' narratives together? However, in Alzheimer's narratives, 'one of the difficulties that resonates through Alzheimer's life writing is the collapse of mutual recognition wherein the identities of both parties are thrown into crisis by the failure of one to recognize the other' (ibid.: 38). In the context of AA, the intersubjective stories are told with recognition of one another as a distinct, yet interacting part of the group's narration. However, where Alzheimer's narratives depart is in the moment when there is a collapse of the mutual recognition of each party involved. Instead of an interaction *between* life narratives creating an atmosphere of collective storytelling, in Alzheimer's narratives that space *between* individuals seemingly collapses, causing individuals to 'co-author life narratives of those no longer able to do so themselves' (ibid.: 37). In both of these cases, however, there is still a tendency towards a *shared* narration of these illnesses—towards an interpersonal experience. In both of them too, this understanding of largely individualized medicine and narratives is challenged. In AA, the storytelling in the group provides a space for the creation of new, shared narratives that provide meaning for the individual as a member of a strictly demarcated group. In Alzheimer's studies, there is a similar tendency towards shared experience, with the erosion of barriers between individual narratives. Not only has the propagation of illness narratives begun to move the conversation away from the 'language of organs and tissues' (Hyden 1997: 48), but going still further, I argue that illness narratives further widen the lens of our understanding of the scope of illness beyond individual narratives alone into the realm of the social.

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Essay 2. Illness Narrative as a Lens into Societal Understanding. Derek Soled

Essay prompt, same as for essay 1: 'What can illness narratives and medical case histories tell about society?'

A severe illness is a gaping rift in one's life story, one with significant effects on the sufferer, whose experience is forever etched in memory. In medical anthropology, scholars often use illness narratives to explore how individuals stitch this gap. Such narratives embody the memory of an illness experience. This is a contrast to traditional medical case histories that present patients' illnesses as generalized diseases with a focus on the characteristic symptoms and relevant pathological processes. Illness narratives differ from medical case histories because narratives specifically focus on the patient's subjective experience and understanding of the illness, and they can highlight the social and cultural factors that may have influenced the symptoms (and their interpretations). Indeed, illness narratives are 'performed' by patients who are characters in their ongoing stories, actors constantly influenced by their social environments. Thus, studying illness narratives and medical histories can provide insights into a patient's society, specifically 1) how group experience moulds individual experiences, 2) how cultural values and social relations shape the body's illness experience, 3) how societal influences may trigger the body's memory of an illness, and 4) how the society helped create illness. Together, these narratives offer a lens into a patient's sociality, as well as providing a more holistic understanding of a patient's condition, illustrating the ultimate causes of suffering and helping determine more productive ways to help the patient.

First, illness narratives can reveal how a collective, societal experience moulds individual experiences. Consider the ethnographic work of Vieda Skultans (1997) concerning the health of the Latvian people after the collapse of the Soviet Union. As Skultans notes, 'These accounts of the Soviet invasion and its long aftermath constitute a hybrid genre which unites personal and collective experience' (ibid.: 761). While studying neurasthenia (an ill-defined medical condition characterized by lassitude, fatigue and emotional disturbance), Skultans observed that the narratives she heard were intended by their authors to provide a literal representation of the past, but the stories were actually potent carriers of literary and cultural meanings, which confirmed personal identities and national loyalties; in other words, the illness narratives brought together the past, present and future. Skultans describes how her encounters with life stories in Latvia encompassed violent and terrible events that occurred

half a century ago, which the Latvians use as foundations to construct their life stories, functioning as a catalyst for their anxieties about and hopes for the future. Narrators drew upon stories and fragments of stories to translate their brutal tales into a meaningful story, and Skultans could identify cultural values and knowledge of identity through individual accounts. Moreover, the narratives functioned as testimonies to both personal and social memory. Informants wanted to speak about their arrests, imprisonments and deportations, and when they felt they could not offer greater insights, they would send Skultans to someone who could. Skultans was 'taken aback by the power and fluency with which many people spoke and sustained literary quality of their narratives' (ibid.: 763). Testimonies came from witnessing awful events, but in doing so, the informants speak from solitary experience and yet 'paradoxically, also speak for others' (ibid.: 766). As Arthur Kleinman (1988) repeatedly implies throughout his book on illness narratives, it is as though there is sedimentation of socio-political-historical realities in the experiencing body. The fault lines of societal trauma are commemorated in the lived experiences of individuals who are suffering.

Most of the narratives that Skultans heard involved the informants framing themselves as heroes or heroines in a romantic quest, and they relied on literary traditions to do so. As Skultans comments, 'Many Latvian narratives appear to be underpinned by medieval paradigms of romance and quest which would be familiar to all my informants through collections of fairy tales' (1997: 768). For instance, Milda, a country woman from north Vidzeme, used a biblical paradigm to hold her narrative together: 'We travelled forty days and nights in cattle trucks…we were hungry the first day, we were hungry the second day, on the third day we were no longer hungry, only thirsty' (ibid.: 771). The Israelites were forty years in the desert, Jesus was forty days in the wilderness, and the three days of hunger recall the three days between Christ's crucifixion and his resurrection. In another story, there was an element of fantasy and quest. Sent to Siberia in exile, Regina describes how 'somewhere in the distance I could see a little light shining… And I walk some more and run after that woman [by the light] […] Suddenly someone screams 'Regina!' and as I go inside the light falls on me and she [the woman] recognizes me' (ibid.: 774). These tales become almost interchangeable in their form, as they follow the same pattern. In the stories, the Latvian people approach and move away 'from the desired goal state [of independence out of past suffering] …to achieving a sense of directionality' (ibid.: 768). It is through these common narrative forms that one can better understand the personal and social memory of a given people within a society, as well as their collective experience.

Secondly, illness narratives and medical histories reveal how cultural values and social relations may manifest themselves in the sick body. As Kleinman notes, 'embodied memory emerges through the interaction of culture, structure, and the body, realised through "'sociosomatic processes" that shape everyday embodied experience' (Kleinman 1988: 36) and can be learned through narrative representations of illness. For instance, consider Byron Good's ethnographic accounts (1994) of people suffering from seizure disorder in Turkey. The study was initially designed to look at the prevalence of epilepsy and the social disability associated with it, yet, through the stories he heard, Good learned much more about the sufferers. He conducted one interview with a lady named Meliha Hanim. When asked how her illness ('fainting' spells) began, she said that when she was a young woman, she had resisted her father's wish for her to marry a specific man and instead chose another husband far away. When 'she saw her father with a knife in his hand, she received a "shock," she was frightened, and from that day until today, she has been fainting'' (ibid.: 136). This woman's story revealed more than a traditional biomedical diagnosis. Questions arose as to whether the woman's 'fainting' was caused by epilepsy or some culturally specific form of the disease that biomedical models label epilepsy, or whether her episodes stemmed from the initial psychological trauma or some other medical condition. Note that Meliha never even used the word 'epilepsy' in her narrative. Her use of the word 'fainting' instead of 'epilepsy' reveals something about the society in which she lives, as 'fainting is associated with a more general semantic domain that includes fainting occurring in ties of acute distress or in the context of a life of suffering, and is less stigmatized than the term "epilepsy"' (ibid.: 136).

The narratives heard would also frequently take a common form like that of Meliha's, as narrators would 'emplot' themselves in a distinctive cultural form rooted in Turkish popular medical culture in which there was a major emotional trauma that produced future fainting. From this study of seizures in Turkey, other ethnographies reveal more of the society's traditional folklore and beliefs. For instance, a man by the name of Kerim shared his fainting stories with obvious spiritual influences (*jinn*s) that he credited to his illness: 'A sound came from the cat, like a new born baby was crying … Before, one of our friends had gone to that place [with the cat] … as a joke they told him there is a *jinn* there … soon after I fell down [in a seizure] …which saved me from a hot stove nearby where I would have burned myself' (ibid.: 157). This story illustrates how a society's conventional and traditional beliefs may shape perceptions of how a condition began.

The way an illness narrative is told can also reveal power relations, as exemplified in some of the ethnographies from the same seizure study in Turkey. One instance concerned a

woman named Emine, a low-class female whose illness narrative was told by her more powerful sister-in-law. As Good notes, 'Emine's voice was appropriated by the family. She was not allowed to tell her story, perhaps even to have a story. She was the daughter-in-law, an outsider in a powerful family, only a year past being the youngest bride. Her story evoked a previous husband. She was fat. She had pain' (ibid.: 160). Such a story, and many like it, informed the listener of local power relations, and how relations of power and gender are expressed not only in the story's structure but in its point of view as well. Good's main argument is that illness cannot be represented all at once or from a single vantage point, as illness is a 'network of perspectives' (ibid.: 157). Listening to these narratives and the common themes of how one 'emplots' oneself in a given narrative and questions the future is indicative of the social and institutional relationships and practical activities in that society. It makes one question what the true relationship is between a story and actual illness, showing how experience is cultural to the core and influenced by societal networks, beliefs and traditions.

Thirdly, illness narratives and case histories may reveal not only how suffering is situated in an individual's world, but also how it might be triggered by broader societal influences. Those who were severely ill at one point in their lives will struggle to be fully 'healed,' as a severe illness will leave an experience that is hard to shake. There is a memory (revealed by illness narratives) that is etched in the present (and embedded in current experiences), and the past comes into the present through forms of 'sensation' learned during the illness. For example, consider Eli's ethnographic work (2016) examining Israeli women who had recovered from eating disorders. Eli notes how one of her subjects, Grace, had to eat every five or six hours, or else her body would give her a terrible malaise, with shivering, sudden hypoglycaemia and a sense of almost fainting. It was as though her body 'remembered' the pain of her former anorexia even in the moments when she consciously did not. In this instance the drive for food was internal rather than external, but in other cases, external societal influences are the drivers of body remembrance. In the case of Tamar, a recovered anorexic, social pressure to exercise caused her body to remember her troubled past. She and her partner started a new training programme, years after she was classified as 'recovered,' until one day she realized what she was doing to her body: 'I said, like, where did you bring yourself? What are you doing? Run away; this is fire. And that moment I just quit … And then the central tenet of my life occurred to me – you have the virus, be careful not to trigger it' (ibid.: 75). Embodied memories of an illness, like an eating disorder,

constitute a mode of dynamic integration, bridging the past disorder with present-day recovery and vigilance.

Many severe disorders can in fact operate like a virus, such as Tamar describes. While one may be ‘healed,’ the sickness is simply dormant until the right societal influences ignite it again. What illness narratives thus reveal are not only how a disease manifests itself in one’s own world (such as Grace and the need to eat at set time intervals), but the societal-*cum*-sensory pressures that may activate it. Of all the women interviewed, there was a salience of the social milieu in which their eating disorders developed, namely the Western ideal of thinness. The more women were exposed to this ideal (watching movies, shopping, etc.), the greater tendency there was for the body to ‘remember’ the past eating disorder and for the individual to relapse. There was also a commonality with how the women remained vigilant against their disorders reoccurring when other positive societal values (like motherhood) were placed before them; in Israel the mark of ‘responsible’ citizenship for expectant mothers is extensive engagement with foetal genetic testing, measuring and continuous monitoring of the body. Thus, ‘since motherhood is constructed as the path to ‘good’ feminine citizenship in Israel, such discourses and practices shape girls’ attention to and interpretation of embodied experience’ (ibid.: 80-1). What these narratives inform us as listeners are the societal and social pressures that trigger the body to remember and react. They also reveal ways in which the body may respond outside of conscious control, thus having significant implications for how society may influence individual agency for those who were previously ill.

Finally, when they are shared with others in society, illness narratives can provide a way for individuals to find meaning in a disorder and gain insight into how society may have helped create the sickness. The key ethnography that drives this point is that by Steffen (1997). Through various interviews with members of a Danish organization of Alcoholics Anonymous (AA), one can see the purpose of illness narratives in merging individual and group experiences in a therapeutic process that gives meaning to the individual sufferers’ lives. As Steffen notes, ‘The telling of life stories in AA illustrates that personal narratives are neither mere reflections of life as lived nor made-up fiction. Personal narratives are products of complex interactive social processes, and they constitute powerful and dynamic means of communication’ (ibid.: 110). In this work, Steffen recounts short summaries of several individuals who lost part of their lives due to excessive drinking. After each narrative, together they would recite the prayer: ‘G-d grant me serenity, to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference’ (ibid.: 103). Telling a story helps an individual process what happened, processing events being the first

step towards recovery; such openness is a therapeutic necessity as well as a moral duty for members, who find solace in knowing that their story is quite similar to the stories of those around them.

Moreover, the AA narratives reveal that the same social experiences of loneliness and worthlessness (regardless of an addict's class and background) affected their illnesses and their views of themselves. Implicit in the narratives is the idea that society does not prioritize 'openness,' and thus the AA setting highlights a major cultural value about what information deserves to be made public and what kept private. Accordingly, illness narratives provide an opportunity to see the common thread in situations that are all the result of having the same feelings of being shunned by society (exemplified through the homogeneity of most stories), thus revealing the societal tensions and ailments that may indirectly cause suffering. Stories 'begin in the experience of one person, but others make it related to themselves and give it new uses and interpretations' (ibid.: 103). Illness narratives reveal what people in a given society see as within their control (and what is out of their control, such as the AA members described), and how they might find meaning in their lives through collective suffering and controlling what they can.

Illness narratives are performative acts in which individuals present their stories and experiences surrounding their condition. The narrative 'emplots' human action in a story with (often) no conclusion. By contextualizing meaningful events, illness narratives contribute to the understanding of individual experience by showcasing social relations and cultural values. In this regard, they offer much more than a brief medical history of a patient; instead, they offer patient perspectives not only about the illness but about the patient's perceived role in society. They also allow for a better understanding of the ultimate causes of a disease that cannot be boiled down to mere pathological description. Finally, they demonstrate how society becomes embodied in illness, and which societal values may outweigh others in the shaping of an illness experience. Narratives show how collective societal experiences mould individual experiences, how values may embed themselves in the body in periods of sickness, and how suffering is tied to larger societal triggers.

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Personal Reflection: Metrics, Memories, and Relational Thinking. Derek Soled

Our society likes numbers. Numbers and equations can be used to prove things. They can show whether a certain disease is being cured, whether unemployment is being lowered, or whether climate change is real. Numerical data serve as the foundation for the abstract classification of performance in areas such as The Economy, Healthcare and Immigration. It would only make sense that the underpinnings for these categories are digits. Numbers provide people with a direction and serve as a foundation for the functioning of our society. Or, so many of us believe. While numbers may be insightful in terms of revealing general trends, some of the most important questions regarding why we think and behave in certain ways cannot be quantified. Turn instead to the domain of anthropological writing and ethnographies, in which words and faces are placed behind the numbers that are so frequently used to justify beliefs and practices.

In this volume, we present essays that discuss three core themes of medical anthropology: illness narratives, notions of efficacy, and pain. We learn that pain and efficacy are not static categories, but rather depend on expectations and context. Perceptions of each are shaped by the environment and vary immensely based on the person's cultural background, (inter-) personal experiences and social networks – in short, their 'meshworks'. Anthropology dissects the points of influence between the supposedly distinct spheres that shape these perceptions and tries to make sense of which stimuli may carry greater weight for different people. Illness narratives – and narratives in general – are a study technique by which anthropologists can analyse these overlapping circles. The stories told, and the ways in which they are told, offer a lens on to societal understanding. They allow the listener to step into the actor's shoes and contextualize the surroundings that gave that individual his or her own beliefs, perceptions and behaviour. It is this ethnographic tool that anthropologists find most helpful in interpreting and uncovering the multi-directional relationships that are inherent in all exchange.

What we have is a case of number versus narrative, of objective truth versus subjective experiences. This is the way, at least, that most politicians and public figures speak. Narratives are thought to have no truth value when indeed they do. Consider this with regard to analysing efficacy: are numbers or stories more insightful in determining whether something is efficacious? Life is a process, as is illness and healing. Everything that politicians do – whether it is discrediting the media, abandoning a trade deal or changing the landscape of healthcare – is a process. Medical anthropology, in contrast to clinical

experimentation, offers us a way to study efficacy as processual, thereby capturing the value and truth from human experiences and social relationships that would otherwise evade an investigation into any single moment in time. Below, Leah Schwartz discusses a concept from the anthropological literature, 'social efficacy,' which is intended to account for the ways in which a given therapeutic mediates the social relationships of its consumer. With this in mind, it is possible to imagine a number of more holistic interventions that account for such complexity. Ideally, we might employ them to judge the efficacy of a new policy and thus go far beyond faceless statistical measures. Indeed, the qualitative component that anthropology adds to studies of efficacy is vital to achieving a holistic understanding of socio-political crises.

Essay 3. RCTs and Relational Efficacy. Leah Schwartz

Essay prompt: 'What kind of efficacies evade Randomised Controlled Trials (RCTs)?'

Drawing upon her three decades of ethnographic research in Tibet, medical anthropologist Vincanne Adams writes, 'From the perspective of practitioners of Tibetan medicine, the standard of the randomized controlled trial is both seductive and problematic. Seductive, because desires for approval by Western medical scientists sometimes belie the ability for these practitioners to see how uneven the epistemological playing field really is. Problematic, because placing a bet that their treatments will win in this game – and submitting to the logic that unbiased science will offer definitive truths about treatment efficacy – also renders them vulnerable' (Adams 2002: 669). In her research on a bourgeoning Tibetan pharmaceutical industry, Adams presents a particularly illuminating narrative, that of Fei Fei Li, a Chinese-born engineering student who ran a clinical study of Tibetan therapeutics for *Helicobactor pylori* (HP) infection:

> After one year of research on a total of 60 patients, Li found that in all cases, the Tibetan medicines eradicated the symptoms that biomedicine has typically associated with HP. That is, by the Tibetan definitions of the diseases and the symptoms used to determine these diseases, two kinds of Tibetan medicine worked well to cure all of the patients. In the cases that were pursued in a five-month follow-up, all symptoms were still eliminated. However, using biomedical measures showed that in no case was Tibetan medicine able to eradicate HP. Rather than interpreting these results as an opportunity to question the associations being made by biomedical researchers between the defined symptoms and HP bacteria, the Tibetan doctors involved in Li's study interpreted the results as evidence of the failure of Tibetan medicine, because it could not eradicate the HP infection… A year later, she returned to do a long-term follow-up study of her patients, and learned that a majority of the patients were still symptom-free. However, the hospital refused to support a full project to document the extent of these outcomes on grounds that, as the head of the digestive unit told her, 'The research had already proven to be unsuccessful in demonstrating the efficacy of Tibetan medicine'. (Adams 2002: 663)

Adams' detailed account of Li's brief foray into Tibetan medicine underscores what is at stake for various parties in the evaluation of efficacy. For biomedical researchers, such as Li, the utilization of imported research methodologies – in this case the randomized controlled trial (RCT) and associated notions of efficacy – perpetuates and instantiates the hegemonic role of biomedicine in non-Western contexts; in Li's case, this resulted in her expressing remorse for having introduced notions of efficacy that she believes would not

have been employed had she not introduced them herself. For practitioners of indigenous medicine, in this case Tibetan doctors, the use of an RCT to evaluate their work resulted in an 'extraordinary loss of confidence' in their professional abilities, which, in turn, resulted in a devaluation of their therapeutic arsenal (ibid.). Perhaps those who have the most to lose, though, are the patients; indeed, despite the fact that all the patients enrolled in the clinical trial remained symptom-free after a year, future patients who might similarly benefit from the therapy under investigation are prevented from doing so because biomedical measures deemed the therapy to be ineffective. Regardless of the nature of their individual contributions, each stakeholder plays a role in constructing and legitimizing a certain understanding of efficacy that has real, and potentially harmful, implications.

In this paper, I will argue that RCTs employ a narrow conception of pharmacological efficacy, one that is deeply rooted in biomedicine and that is often taken for granted by researchers who conduct and analyse RCTs. As a result, other, equally important notions of efficacy are left unattended. First, I will suggest that RCTs fail to measure any notion of efficacy that is conceived within a body of medical knowledge that understands healing as processual (e.g. Etkin 1988; Waldram 2000; Barry 2006). Finally, I will argue that 'relational efficacy', which encompasses Susan Whyte et al.'s (2003) concept of 'social efficacy', similarly evades the measures of RCTs.

The Randomized Controlled Trial: An Imperfect Tool

The RCT has been considered the 'gold standard' for clinical experimentation for at least the last century. Briefly, the RCT involves the random assignment of subjects to experimental and control groups; the ideal RCT also involves a process of 'double-blinding' in which neither the patients nor the researchers possess knowledge of whether the experimental therapeutic or a placebo has been given/taken. Christine Barry (2006: 2648) astutely points out a common criticism of the tool, namely that the real-world clinical context is very different from the trial laboratory. Furthermore, she contends that even the most elegant RCTs only measure a small subset of symptoms and therapeutic effects, typically those that are short term and easiest to measure. In this way, Barry, along with many other critics, asserts that the RCT is an 'imperfect tool' and that therefore to imbue it with the legitimacy to establish objective medical truth is fundamentally misguided (ibid.). Indeed, she also writes that 'the production of scientific evidence is a social as well as a scientific process. There is no such thing as The Evidence, just competing bodies of evidence' (ibid.).

In highlighting the shortcomings of the RCT as a tool for establishing medical truth, it becomes possible to understand just how problematic the utilization of such a tool in non-Western contexts might be. Indeed, if we are to accept that RCTs are an imperfect tool even for evaluating biomedical interventions, which share the same epistemological underpinnings as the tool itself, what are we to make of cases in which RCTs are employed to assess the efficacy of therapeutic interventions borne from a divergent epistemology? On this, Barry writes that 'RCTs usually omit the measurement of important elements of "what works" in alternative medicine, which often acts in a different way to biomedical drugs,' arguing that 'evidence, when seen from the perspectives of the users and practitioners of alternative medicine, hinges on a very different notion of therapeutic efficacy' (ibid.: 2647). Glyn Adams takes Barry's critique one step further, suggesting that, even when the same diagnostic instruments are used to make claims about the efficacy of biomedical and other medicines, the empirical evidence may be understood differently (Adams 2002: 672).

Accounting for the Processual Nature of Healing

In 'Cultural Constructions of Efficacy,' Nina Etkin observes,

> One of the most formidable obstacles to full comprehension of efficacy and other characteristics of indigenous medical systems is the failure to understand healing as *process*. In its totality, medical treatment should be understood as a complex and processual ordering of biological and behavioral expectations which can to varying degrees be differentiated from one another. Thus, efficacy might mean a number of things, ranging from full symptom remission to some physical sign (e.g., fever, salivation, emesis, etc.) which is interpreted as a requisite *proximate* effect that indicates that the curing/healing *process* is under way and can be expected to proceed to the *ultimate* outcome—i.e., restoration of health with, perhaps, other proximate effects anticipated along the way. (Etkin 1988: 302, original emphasis)

James Waldram draws an important contrast between Etkin's description of indigenous medical systems and conventional practice in biomedicine, noting that, whereas the former may view linear time as irrelevant, biomedicine sets out temporal benchmarks, at which point the absence of disease pathology becomes equated with cure (Waldram 2000: 611). This distinction raises two practical issues with regard to the pharmacological efficacy that RCTs take as their object of inquiry, each of which I will describe using an illustrative ethnography.

In her work with the Hausa of northern Nigeria, Etkin describes the Hausa treatment for eye and skin inflammation, as well as for cough. In the case of eye and skin inflammation,

the Hausa first treat wounds with plants intended to cause irritation and induce bleeding, followed by plants intended to reduce swelling and maintain hemostasis. In the case of treatment for cough, Hausa therapies include the burning of plants and the inhalation of smoke (Etkin, 1988:308). In both of these cases, the various phases of the treatment process have different expected outcomes. For example, the Hausa believe that the inhalation of smoke, which may initially cause further irritation, will later produce decongestant and antitussive effects. Similarly, in the treatment of eye and skin inflammation, the initial use of caustic plants, which are intended to expel dirt from the wound, are but one step in the process of healing the wound, though outsiders might judge their use as only exacerbating the problem. Etkin's ethnography thus brings to light a key aspect of the efficacy of many indigenous treatments that evade RCTs, namely that, logistically and theoretically, the notion of efficacy must be borne of the same epistemological foundations as those of the therapy under investigation. If we are to understand Hausa treatment as processual, it follows that the evaluation of its efficacy will include the evaluation of a series of outcomes over a long period of time rather than a single outcome investigated at an arbitrary point in time, as is the case with an RCT. On this last point, Waldram notes that biomedicine seems to propose 'a logical point in time after treatment at which efficacy can be determined […] Just how that point is established never seems to be addressed, but this sometimes appears rather opportunistic on the part of researchers' (ibid.: 612).

Barry similarly takes issue with this aspect of RCTs in her work centred on claims of efficacy in homeopathy. Perhaps too simplistically, Barry argues that, because homeopathy views treatment for chronic illnesses as extending over long timescales (in some cases, as long as a lifetime), the utilization of RCTs to assess the efficacy of RCTs makes no sense on either a practical or theoretical level. Using this same logic, she notes that a similar argument can be made for the treatment of individuals through Alcoholics Anonymous, which is founded upon the notion that individuals are never fully cured of alcoholism, but that healing is instead a life-long process (Barry 2006: 2651). From this perspective, it would seem that the use of an RCT to assess the efficacy of Alcoholics Anonymous would necessarily ignore a fundamental aspect of the treatment under investigation. Ultimately, Barry's and Etkin's ethnographies clearly highlight how a conception of efficacy produced within a framework that understands healing as processual evades RCTs. At the same time, these works also draw attention to the problematic use of RCTs to evaluate the efficacy of treatment regimes with which they do not share a common epistemology.

'Relational Efficacy' and the RCT

Another important efficacy that evades RCTs is 'relational efficacy', a term I propose to use to describe a type of efficacy that is produced through the relational nature of actors within a particular social context. This intimately linked to Whyte et al.'s (2002) notion of 'social efficacy', which 'draws attention to the way medicine works through suggesting something about the people involved' (ibid.: 23). However, I use the term 'relational efficacy' to refer to a broader set of social relations that include not only those between patients, providers, families and communities, but also the relations that each of these actors has with the medicine itself. Furthermore, 'relational efficacy' is meant to attend to the ways in which the pharmacological effects of medicines mediate the social relations in question. Still, 'relational efficacy' is very much related to notions of 'social efficacy' and the 'meaning response', as well as to Helman's concept (2000) of a 'total drug effect', first introduced by Claridge (1970). To further explore 'relational efficacy', I will first describe the related terms mentioned above before referencing three ethnographic accounts, each detailing distinct sets of social relations: between patients and doctors, between patients and their families, and between patients and medicines.

Importantly, Whyte et al. embrace the notion that multiple efficacies contribute to the 'total drug effect' (2003: 30):

> the total drug effect depends on a number of elements *in addition* to its pharmacological properties. These are: The attributes of the drug itself (such as taste, shape, colour, name). The attributes of the patient receiving the drug (such as experience, education, personality, sociocultural background). The attributes of the person prescribing or dispensing the drug (such as personality, professional status or sense of authority). The setting in which the drug is administered—the 'drug situation' (such as a doctor's office, laboratory or social occasion) [...] All of these aspects can play a role in generating the 'meaning response' because they can determine the confidence the patient has in the treatment and the expected outcome. (Helman 2000: 170, quoted in Whyte et al. 2003: 172, original emphasis)

Indeed, Helman proposes that the variation in individuals' responses to the same medication can be understood as the result of a difference in the mixing of the various influences he describes. Both Helman's notion of a 'total drug effect' and Whyte et al.'s notion of 'social efficacy' underscore the recognition that, despite attempts to do so by designers of RCTs, it is impossible to fully untangle the pharmacological effects of a drug from the social context in which it is given/taken. For this reason, we must embrace a notion of efficacy that is co-produced by these additional influences.

Several authors have attended to the importance of the relationship between patients and their providers in studies of efficacy. Waldram observes how

> the view of the patient is not necessarily distinct or neatly separable from the view of the practitioner in any treatment encounter. These views often interact and affect each other. The physician/healer may ask how the patient is doing, and the response may help form the practitioner' s determination of the success of the treatment. Similarly, the physician/healer may inform the patient about the success any particular procedure or ceremony or the results of a test, which will factor in the patient's assessment of his or her condition. (Waldram 2000: 607)

In light of this dynamic, Waldram argues that efficacy is negotiated in each clinical encounter, lending further evidence to support his claim that it evolves over the course of a sickness episode. Another way in which the relationship between doctor and patient contributes to a drug's 'relational' efficacy is through patient perceptions of medical authority, which lend varying degrees of legitimacy to the drug in question. Anita Hardon's ethnography of cough treatment in the Philippines provides a complementary account of the way in which social relations between patients and their families contribute to the 'total drug effect':

> Medicines provide women the reassurance that something can be done about the illness (a sense of agency if you like) and children with the recognition that they are ill and entitled to good care. They also show others in the community that the child is being looked after—obviating judgments of parental negligence. Social and pharmacological efficacies are co-produced in the therapeutic process […] The 'calming' down of the cough is desirable socially—the sound of the cough signals poor care. It not only irritates the child's lungs, it also irritates others, like fathers and mothers-in-law, potentially leading to social distresses that go beyond the illness condition of the child. (in Whyte, van der Geest and Hardon 2003: 30)

Hardon's ethnography is particularly illuminating because it describes how multiple efficacies are co-produced during the course of an illness. Moreover, Hardon carefully locates the effects of the medicine in each of the social relations in which they are manifested. By doing so, she suggests that the taking of medicine is not only a medical act, but also a social one (ibid.: 171).

Finally, Hardon and Etkin both write about another relational aspect that is important in defining efficacy: that between the patient and the medicine. In Hardon's work, she describes the lay notion of *hiyang*, which literally means 'compatibility' and which

underscores the individual ways in which medicines work upon illness (ibid.: 28). More specifically, Hardon observes, ‘Efficacy depends on the suitability of a drug for a particular person. *Hiyang* explains why the drug works for one patient, and not for another’ (ibid.). Etkin describes a similar concept employed by the Hausa to understand failures in therapeutic efforts; rather than locating the failure in *either* the individual *or* the medicine, the Hausa take it ‘as a sign that the medicine and the individual were not “right” (suited) in that particular instance’ (Etkin 1988: 301).

Whereas biomedical protocols assume that a given drug exerts the same effects on every patient, this is clearly not so the case in other medical systems. As Hardon writes, ‘*hiyang*-like concepts emphasize individual differences in efficacy: bodies are not the same and pharmacological efficacy is relational—it depends on the compatibility between the pharmaceutical and the individual taking the drug’ (in Whyte, van der Geest and Hardon 2003: 32–3). This final example contributes to the concept of ‘relational efficacy’ in perhaps the most direct way by highlighting how efficacy is influenced by variations in individual biologies, as well as by the interaction of these biologies with individuals’ social contexts. This efficacy is certainly evaded by RCTs, which take drugs as the sole site of efficacy-production.

Conclusion

In this paper, I have focused on what I believe to be two critical types of efficacy that evade RCTs: an efficacy that understands healing as processual, and what I have called ‘relational efficacy’. In both of these cases, however, I hoped to draw attention to the fact that, while we may discuss various efficacies individually, they are in fact mutually constitutive, which Claridge explained best through his concept of the ‘total drug effect’. As the authors of *The Social Lives of Medicines* write, a double-blinded randomized controlled trial ‘is designed to isolate for purposes of analysis (to dissolve a whole into parts). But life is lived as a synthesis (a putting together of parts into wholes). Not only do efficacies tend to combine, but the acts of giving/taking medicine and looking to effects are integrated into larger processes of dealing with problems and living life’ (Whyte et al. 2003: 36). One obvious implication of this analysis is that we should situate studies of efficacy within their proper contexts, rather than in the laboratory.

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Personal Reflection. From Pills to Presidents: Understanding Efficacy from an Anthropological Perspective. Mason Alford and Carlota Solà Marsiñach

Anthropology matters, especially in times of socio-political crisis, not only in helping us better comprehend the world we live in, but also in creating shared spaces between seemingly irreconcilable worlds and world views. When evaluating the efficacy of political leadership, our minds and our media often jump to abstract classifications of performance: the Economy, Healthcare, Immigration. These monolithic categories become guiding frameworks through which we draft policy, structure government and organize political discourse. But to what extent do these sweeping taxonomies of presidential performance, such as The Economy, evade the lived experiences of individual citizens and non-citizens? To what extent are policy buckets such as Healthcare and Immigration unfitting (and even harmful) ways of organizing leadership agendas?

Anthropological research matters in times of crisis, as it traces the constellations of influence between supposedly distinct spheres of policy. Furthermore, it sheds light upon the ritual aspects of the election process and, most importantly, it elucidates the links between political discourses and the lived experiences of voters by critically examining the notion of efficacy. The measurement of efficacy, for everything from pills to presidents, comes as a social negotiation among multiple actors, a multivalent process more than the effect of a single magic bullet. Anthropological fieldwork demonstrates that 'efficacy' is not a static category. The following papers will discuss that, on the contrary, perceptions of efficacy pivot on expectations and context, which are socio-culturally constructed and diverse. There is a bidirectional influence that stands between doctor and patient, mother and child, politician and trade unionist. Anthropological thinking introduces nuance to the blanketed terminology that pervades the Oval Office. It recasts phrases such as The Economy as more than the objects of one political program, but also as subjects of broader neoliberal structures within which they exist. Today, more than ever, we must leverage the fruits of anthropological theory when evaluating political efficacy and acknowledge the interconnected web that links health care to immigration, economies to environments, and president to citizen.

Essay 4. What kinds of efficacies evade Randomised Controlled Trials (RCTs)? Mason Alford

Essay prompt: same as in essay title

In his 1976 paper, Allan Young defines efficacy as 'the ability to purposively affect the real world in some observable way, to bring about the kinds of results the actors anticipate will be brought about' (Young 1976: 7). The first step in any understanding of efficacy, therefore, is to specify those relevant actors involved in its construction. Efficacy, within Young's framework, lies in the eye of the beholder, and it follows that the measurement of efficacy pivots on the crucial definition of 'beholder'. Within the sphere of the randomized controlled trial (RCT), efficacy is confined to a largely biomedical and quantitative understanding. This leaves 'little room for the role of the patient in assessing efficacy' (Waldram 2000: 606). Efficacy in these terms is reduced to a decontextualized, biochemical and pharmacological phenomenon, divorced from the hopes and fears of the social actors pertinent to the sickness episode. Mark Nichter distinguishes this reductionist 'curative efficacy' from 'healing efficacy,' which 'involves the perception of positive qualitative change in the condition of the afflicted and/or concerned other' (Nichter 1992: 226). While the curative approach frames efficacy as a discrete and static entity, healing efficacy is fluid and shifting, intimately linked to the perceptions and expectations of social actors. RCTs fail to account for efficacy as a subjective outcome embedded within a relational and therapeutic context. They remain confined to a curative framework that celebrates efficacy as a discrete, isolated episode; it is unable to reframe 'healing as process' (Etkin 1992: 102), or allow for an understanding of 'incremental efficacy' (Csordas 1996: 106). Indeed, as James Waldram notes, 'assessments of efficacy are shifting, often building on one another over time' (Waldram 2000: 611). This paper contends that randomized controlled trials fail to account for therapeutic efficacy as a dynamic and negotiated process among social actors, thereby neglecting overarching efficacies – social, material and symbolic.

The effect of medicine on the relationship between those enacting illness and treatment lies outside the analysis of double-blind experimentation. Social efficacy evades the scope of RCTs because the latter methodology recklessly privileges pharmacologists alone with the accolade of objectivity; solely biomedical researchers are granted access to legitimate knowledge claims. The expectations and hopes of the broader social network

participating in the sickness episode are dismissed within RCTs, as 'concealed history augments the appearance of an obvious transcendent truth' (Kaptchuk 1998: 432). In order to fabricate a decontextualized and universal reality, RCTs must dismantle that which is locally alive and culturally specific. Susan Whyte, Sjaak van der Geest and Anita Hardon flag the limitations of the RCT approach by countering that 'in real life efficacies are assessed not by pharmacologists but by social actors, who have their own criteria and expectations' (Whyte et al. 2003: 23). Efficacy is necessarily situated in the perceptions of the patient, who is 'not Rational Man looking for medical efficacy; but more often is looking for efficacy through meaning in a socio-political and economic context' (Crandon-Malamud 1991: 33). Efficacy is thus embedded in a web of dynamic social actors, whose judgments on the efficacy of treatment influence perceptions across the social network. Social interactions are overlooked by the randomized controlled trial; the 'beholders' of efficacy are too narrowly defined by the RCT.

The social efficacy of medicine overlooked by randomized controlled trials becomes apparent in Anita Hardon's ethnographic portrayal of children's coughs and colds in Manila. The significance of a child's cough extends beyond the pharmacological deviance purported by RCTs and extends into social politics and a geography of blame. A young Filipino mother's description underscores this social significance of illness: 'If the cough is continuous, the child's father is disturbed. Because I am the mother, if the child is sick, I am blamed' (Whyte et al. 2003: 25). From the perspective of the young Filipino mother in this context, efficacy is not limited to the potential cure of a biological malady, but also the restoration of social harmony within the family. In this account, medicine for the child carries with it the social efficacy of positively confirming the young Filipino mother in her maternal role, both in her own eyes and in those of her husband. In this way, 'social and pharmacological efficacies are co-produced in the therapeutic process' (ibid.: 30). This ethnographic account highlights the limitations of RCTs in not operating under any positivist notion of health, opting instead for a concentration on the remediation of divergence and irregularity. Such negativist orientation renders the RCT unable to incorporate the social efficacy of medicine into its analytical framework, given that 'for patients, the most important thing is not objective measures of anything, but whether or not they can climb stairs, lift their grandchildren, or mow the lawn"' (Moerman 2002: 63). Social efficacies defined by harmony in social relationships and the fulfilment of self-potential fundamentally evade the RCT's measuring capacity.

The scope of the RCT also neglects the 'meaning response' derived from the material and symbolic efficacy of medicine. The materiality of medicine—its colour, shape, form and medium of administration—is embedded within a semantic network that carries influence in the assessment of efficacy. Among American medical students, warm-coloured capsules (pink) serve as more effective stimulants, while cold-coloured ones (blue) function as superior depressants (Moerman 2002: 48). Notably, this 'meaning response' is fluid, shifting with corresponding changes in locally embedded semantic networks. For example, among men in Italy, for whom blue is associated with the excitement and thrill of the Italian national soccer team, the blue capsules serve as superior *stimulants*. In this context, blue means 'success, powerful movement, strength and grace on the field' (ibid.: 49). Such locally embedded symbolic efficacies evade the enterprise of RCTs, which measure efficacy in the narrow terms of pharmacological potency and biochemical predictability.

In discussing the symbolic efficacy of medicine, it is important to distinguish 'meaning response' from the notion of 'placebo.' Far from being limited to inert treatments which lack an active pharmacological ingredient, the 'meaning response' 'effects showed up not only when people took placebos, but also when they took real drugs' (Moerman 2002: 50). Independent of its biochemical reactivity, the effect of medicine could be heightened or lowered, expanded or constricted, by the associated expectations and meanings linked to the treatment. This 'meaning response' can help explain the differential assessments of efficacy associated with various mediums of drug administration—'it is widely recognized,' explains Moerman (ibid.: 51), 'that tablets are weak, capsules are preferable, and injections possess the greatest potency.' These associations remain intact regardless of the underlying pharmacological activity of the medication, and it is 'this symbolic value of medicines that evokes the meaning response' (Whyte et al. 2003: 28) with consequences for health outcomes and incremental assessments of efficacy.

This symbolic efficacy of medical treatment is made clear in the 1960 Kansas City experiment testing a surgical procedure designed to relieve symptoms of heart angina. Based on a functionalist theory envisioning heart arteries as rusty pipes, the complex surgery involved ligating arteries to redirect blood flow and ease heart pain. Half of the participants in the Kansas City study received the surgery, while the other half received a 'sham surgery,' in which the entire procedure was done except for the critical step of ligating the arteries. Six months after the surgery, patients were assessed by cardiologists who were unaware of which patients had received ligations and which had not. One patient in the Kansas City study (whom I will refer to as Richard), when asked if he felt better, said 'Yes. Practically

immediately I felt better. I felt I could take a deep breath […] I figure I'm about 95 percent better' (Moerman 2002: 59). Richard's arteries had not been ligated; he had received the 'sham surgery.' It is important to note that, although Richard had not received the technical intervention, he had still been given 'all the elements of meaning he needed' (ibid.) to move forward in the healing process. The very act of surgical treatment—including the associated acts of signing into the clinic, lingering in the waiting room and receiving anaesthesia—served to validate his pathology, engage his expectations and kindle his hope. The functionalist explanations of the surgeons, portraying the heart as a fixable machine, had provided Richard with a symbolic framework within which he could situate his healing process, given that 'the notion that we can, by shutting off the flow of blood down one pipe, enhance the flow into another pipe—sort of like what happens in the bathroom sink when you turn off the shower—makes very good sense' (ibid.). Medical technologies have meaning, which create expectations, which lead to physiological effects—'we all know that surgery is *really* powerful' (Moerman 2002: 53). Such symbolic efficacy of surgical treatment is evaded by the randomized controlled trial, which posits that therapeutic efficacy lies not in the perceptions of the patients, those social 'beholders' of efficacy, but in the decontextualized biomedical repercussions of the intervention.

Richard's case also bespeaks the overlooked social efficacy of surgical treatment. In the assessment of 'incremental efficacy' (Csordas 1996: 106) by the cardiologists in the months following the surgery, there is a social exchange between patients and providers who together negotiate the observed efficacy of the operation, which always occurs within a field charged with symbolic and social efficacies. Efficacy is borne from this mutual interaction, this bi-directional influence between social actors that together converge upon common (or discordant) judgments of efficacy. The effectiveness of intervention is mediated between mutually concerned parties: 'patient and practitioner exchange views in a treatment encounter so that their assessments influence each other; the patient's expressions about the efficacy of a treatment affect the practitioner's judgment of it too' (Waldram 2000: 607). It is not only the retrospective reaction of patients and practitioners that mutually reinforce each other in negotiating efficacy, but also prospective expectations before the treatment that also influence its assessment. The novelty and excitement surrounding Richard's treatment—the bilateral internal mammary artery ligation—serve to frame the expectations and enthusiasm of both his cardiologists and himself, and 'it is known that the providers of drugs are affected by their meanings too: physician enthusiasm enhances the 'meaning response' of the patient' (ibid.).

This is the crux of the RCT's shortcomings: that efficacy is framed as a dehumanized biochemical event, and not a fundamentally social one.

The de-contextualization of efficacy in the randomized controlled trial also gives rise to problematic notions of the 'primary' and 'side' effects of medication. Underlying the biomedical designation of a 'primary' effect of medicine lies an epistemological claim of intended purpose, meaning and effect, all of which may or may not be shared by the social actors engaging with that therapy. In this way, randomized controlled trials neglect the efficacy of 'side' effects in constructing meaning for their users, instead dismissing them as extraneous nuisances that detract from the drug's supposedly prevailing benefit. Such reasoning neglects the social and cultural context within which the healing process develops, given that 'the appropriation and expropriation of pharmaceuticals outside of biomedical contexts are fraught with meanings beyond what is simply and empirically observed, including complex constructions of primary and side effects' (Etkin 1992: 108). Pharmacological repercussions of therapy are interwoven with locally based illness etiologies, and the 'issues of primacy of action are further obscured when the less superficial contextualized aspects of therapeutic encounter are brought to bear' (ibid.: 102). Much more than an auxiliary annoyance, 'side effects' often carry functions and meanings that evade the randomized controlled trial. Nina Etkin's ethnographic work in Nigeria documents how the 'Hausa consider bitter medicines to be dangerous for pregnant women because of gastro- and uterotropic effects, and they expropriate and initialize this "secondary" effect when abortion is the desired outcome' (ibid.: 104). Efficacy in this case is constructed by both culture and condition—underlying semantic networks link the taste of medication (bitterness) with some secondary effect (gastrointestinal disruption and/or uterine contractions), and this effect is leveraged when the therapeutic context demands uterine disturbance. Other practices of the Hausa underscore the semantically charged nature of 'side effects: 'Among signs of disease regress, dermal manifestations such as rash and urticarial assure Hausa that, in one direction, disease agents do not breach the corporeal and metaphorical barriers to the more vulnerable interior (*ciki*)' (ibid.). The side effect of skin rash, disregarded in RCTs as an unfortunate component of some beneficial drugs, is locally transformed into an important indicator of the regression of disease; skin rash becomes a measure of efficacy and a sign of 'healing [which] may or may not entail curing' but is defined in terms of the 'symbolic aspects of treatment' (Nichter 1992: 226). The limited scope of the randomized controlled trial is once again manifested in its non-distinction between curative and healing efficacies. 'Clearly, then, the primacy or subordination of effects depends on why a medicine is administered, the

intentions of the user and prescriber, and the anticipated outcome—in short, its cultural context' (Etkin 1992: 102). These efficacies of so-called 'side effects' evade the analysis of RCTs.

The RCT is thus fundamentally a reductionist enterprise, aiming to isolate a whole into observable parts. This is the first and fatal step, for 'life is lived as a synthesis, a putting together of parts into wholes' (Whyte et al. 2003: 36). The individual does not experience any one of the efficacies separately (Hsu 2012), but integrates social efficacy, symbolic efficacy and indeed pharmacological efficacy. There is a dialogue and interaction between these various forms of efficacy among social actors, who continually blend and co-evaluate their expectations and responses to therapy to produce shifting assessments of 'incremental efficacy' (Csordas 1996: 106). This integration of the social, symbolic, and biochemical is evaded by randomized controlled trials, which strive to parse and sequester efficacies that are experienced as an interrelated whole. By privileging biomedical pharmacology with the accolade of objectivity and neglecting to acknowledge efficacy as a multi-directional social negotiation, RCTs fail to situate the act of giving and taking medicine 'into larger processes of dealing with problems and living life' (Whyte et al. 2003: 36).

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Personal Reflection: Finding a World of 'Us' Through Chronic Pain and Fear. Emma Anderson and Sarah Grace Black

Anthropological approaches to chronic pain can be used to bridge the fear immigrants face with the fear others have of immigrants. By understanding that individuals, populations and the entire human race have the capacity to fear, we can hope to overcome it in times of distress. Although people fear for different reasons, they all experience it vividly. Anthropology contextualizes people's imaginations, their dreams and their reality. Fear, like chronic pain, can be a product of embodied cultural, political and social dimensions in which the body, inclusive of the mind, is situated. Anthropological approaches can not only uncover where moments of fear stem from and why people feel the way they do, they can also highlight the very foundations of fear. Chronic pain, like fear, can be shaped by social, political and historical events in which the body bears witness.

Interestingly, in a study conducted by the Pew Research Center (Gramlich 2016), the majority of those identified as 'Trump supporters' were in favour of building a wall. However, when asked if undocumented immigrants are honest and hardworking individuals and if immigrants fill the jobs Americans *do not* want to do, half of Trump supporters agreed with these statements. Why then, if half of Trump supporters believe that immigrants are 'honest,' 'hard-working' and are taking the undesirable jobs, do they still want to build a wall? Where is this fear coming from?

Equally, fear is experienced by immigrants. It is also a fear of the unknown. Since the November 8th election in the US, clinicians serving undocumented immigrants have seen a rise in the number of children experiencing anxiety over a fear that their undocumented parents will be deported. Marielena Hincapié, of the National Immigration Law Center, states, 'People worry their families will be broken up, that parents will be deported and children will end up in foster care, on a scale that we've never seen before. The feeling out there is one of great fear' (Gumbel 2016). Similarly, 'dreamers,' or young people who were brought to the US illegally by their parents, have grown up in the US and have obtained temporary citizenship or 'conditional status' in order to go to university or join the military, are frightened (Flores 2016).

Fear, like chronic pain, is created and influenced by a web of cultural, political and social factors that manifest themselves within the bodies and minds of individuals. Whether they are an immigrant or a supporter, they imagine their futures, they imagine what their future could be like, and they imagine what they are afraid of. This imagination is their

reality. Rohde (this volume) explains that the anthropological perspective, "aims to investigate how objective and subjective reality inform each other to create what we call lived experience." When we begin to uncover another person's lived experience, we take the first steps toward empathy, the first steps toward a more unified and understanding world. It is not a world of 'us' and 'them'; it is a world simply of 'us'.

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Essay 5. What insights about the body can be gained through anthropological approaches to pain? Noëlle Rohde

Essay prompt: same as in essay title

Studying pain in the realm of biomedicine paints a very clear picture: nociception or pain reception is caused by a nerve ending sensing a mechanical stimulus and sending the information to the brain in order to invite a reaction (Freudenrich 2007). If the stimulus disappears, so should the pain response. If the pain persists, we are presented with chronic pain which the British Pain Society characterizes as serving 'no useful purpose' and 'just annoying' (British Pain Society 2016) – in short, a simple fault in the system that we call the body. While it is nowadays acknowledged in biomedical science that pain instantiation is shaped by our emotions, these are characterized solely in terms of the activity of 'good' and 'bad' neurotransmitters (ibid.). This not only puts in place a strong mind–body dualism but also reduces both components of the dichotomy to mere matter.

Such a strictly physicalist view is both overly simplistic and woefully inadequate for capturing the lived experience of pain. Anthropological approaches to the latter help gain a more fine-grained picture that does justice to a concept so fleeting and multi-faceted. Moving away from generalized biological claims about all bodies, the study of pain narratives and corresponding ethnographies challenges some of the conceptions that are at the very heart of biomedical pain research. It fundamentally questions the mind–body dualism without lapsing into psychophysical reductionism, problematizes our understanding of the body as a tool, challenges the social, cultural and political dimensions of the body, and overthrows common conceptions of personhood, self and identity.

While acute pain can be explained effectively by biomedicine, chronic pain seems to defy its very logic. As was mentioned above, the British Society of Pain seeks to describe it by employing the metaphor of a very powerful computer in which the 'messages get confused' (British Pain Society 2016), leaving the brain incapable of understanding the signals properly. Studying the narratives of those affected by chronic pain highlights the fact that such a description fails to correspond to its embodiment and uncovers a variety of insights about the body that would not have been gained by employing a biomedical view.

Anthropological perspectives on pain can help us gain understandings of the political and social dimensions of the body. In her anthropological perspective on contemporary India,

Veena Das (1995) focuses particularly on the body becoming a site of both criticism and remembrance through pain. She argues that, by carrying the signs of mutilation, bodies become testimonials of injustice done to individuals and, drawing on Kleinman and Kleinman (1991), states that bodies can thus offer a critique of historical wrongs where speech cannot or may not do so. An interesting observation in this context is that of agency.

By acknowledging that bodies can recount tales of injustice, we can easily conceive of cases where this is done without explicit motivation on the part of the individual. Bodies speak of both past and physically present pain, even if their owners do not want them to do so. An area where this becomes very apparent is that of domestic abuse and violence. It is often the case that victims, because of deeply rooted feelings of shame or responsibility, decide to keep their stories to themselves. However, they cannot prevent their bodies from telling the story, especially in contexts where the ability to conceal the bruises of domestic violence is limited (e.g. for children in physical education or swimming lessons). Whether the body's role as a witness and its independence from the person's own will plays itself out in favour of or against its owner crucially hinges on both the socio-cultural and individual circumstances.[6]

As mentioned above, Das also conceives of the bodily remnants of pain as a means of remembering one's belonging to a community. Her ideas are centred on the account of Pierre Clastres (1974) which focuses on ritual practices of torture in 'primitive societies' and describes them from a structural-functionalist point of view. Clastres is convinced that many of the outright violent initiation practices in such societies serve to test the young men's physical qualities and, accordingly, the quality of their community as a whole, thus inscribing the laws of society on to the bodies of each and every young man.

Bearing the signs of such physically painful initiation rites therefore becomes not only a sign of the individual's belonging to society, but also an obstacle to forgetting this fact. As Clastres puts it, through pain the initiation establishes a triangular link between the individual, the law and the body. In a similar vein, Emile Durkheim adds that totemic expressions are often to be found both on houses and tools, as well as on individual bodies in order to pledge their allegiance to a certain group. Durkheim states that 'the best way of

[6] An interesting example to pursue further would be that of rape. It is a common recommendation, especially to women, to carefully document (i.e. photograph) the bruises and to present their bodies to the police immediately. This brings up interesting implications for the idea of trustworthiness: it seems as if the body is given more credibility than the spoken word. However, in its role as a 'witness for the prosecution', the body's credibility is often challenged by drawing attention to the fact that, much like traditional witnesses, it can be manipulated to support the case.

proving to oneself and to others that one is a member of a certain group is to place a distinctive mark on the body' (Durkheim 2012 [1915]: 294, quoted in Das 1995: 180). Combining this idea with the notion of the body as a witness, we are able to perceive the body's double role in remembering, working both on the individual and on others.

As already hinted at by Clastres, pain plays an important role in exhibiting braveness and heroism. Although these notions are commonly applied to young men, as in the initiation rites cited above, Megan Biesele (1997) effectively illustrates that it is by no means limited to this group. In reporting on the ideal of unassisted birth for Ju/'hoan (San) women in Botswana and Namibia, she highlights that women in these cultures are very concerned about pursuing the ideal of giving birth alone in the bush and enduring the pain that goes with it. What is more, it is culturally enforced not to exhibit fear during birth, as the following statement by one of the female participants illustrates: 'If you give birth alone, you receive praise, and gifts of beads, and cooked food. But if you fear, and surround yourself with people, and give birth inside a house, people will laugh at you and scold you and call you fearful' (ibid.: 479). Biesele's ethnography clearly stresses that being brave and enduring pain are highly praised qualities, and not only for men.

Translating this idea into modernity and connecting it to the idea of group membership brings up interesting implications for the contemporary role of tattoos and their connection to braveness and social belonging. Although such claims call for substantial ethnographic work, one can imagine modern tattoos as an external reflection, proving to oneself and others that one has undergone pain – a modern kind of initiation and heroism at a time when other opportunities to display these are rare. What is more, the particular tattoo that an individual chooses is almost always dependent on the meaning a person finds in the symbol. Popular slogans such as '*carpe diem*' or '*je ne regrette rien*' can be thought of as symbolizing an individual's adherence to a particular way of life, and thus, essentially, to a given group of people. In short, the painful marking of bodies should not be thought of as confined to so-called primitive societies but has been translated into modernity and evades everyday life.

Anthropological approaches to pain can not only help to overcome the mind–body or individual–group distinctions, but also seem to fundamentally disrupt the self–other relationship. As Alfred Leder (1990) argues, there is no individual ownership of pain. His example focuses on helping a sick friend by putting one's own body at their service. Leder conceives of actions such as bringing them water or food, fixing their bedclothes or offering

bodily support, if they are weak, as the giving over of one's motoric abilities to be guided by the sick friend's desires, arguably creating a single body (ibid.: 161).

I believe that this view cannot be upheld under close scrutiny when drawing on pain narratives. While it may be true that the person who is not in pain can lend their body to the one affected, there are crucial aspects on both sides of the interaction which cannot be acquired by the respective other. On the side of the sufferer, it seems impossible to give up their sense of identity and form a 'single body' when they are in pain. Byron Good (1994) discusses the example of Brian who suffers from severe TMJ. As Good puts it, Brian's 'attention and preoccupations are absorbed by his pain' (ibid.: 125). In all of Brian's reports, the word 'I' appears very frequently, which suggests that he is acutely aware of his own identity and is far from feeling one with the people, such as his father, who actively support him in dealing with his pain.

On the side of those helping the sick, I argue that it is the inextricable link between pain and emotion which makes it impossible for an outsider to fully experience the sufferer's situation. Two parallels can be used to illustrate this point: nightmares, and memories of past pain. When we wake from being plagued by a horribly vivid nightmare, we are still full of the emotions it evoked in us. Whether these are fear, deep sorrow or feeling out of touch with reality, these emotions are very real to us and only wear off after a while. However, when we tell someone else about our nightmare, it is the very fact that they did not experience these emotions – that they were in a sense not real to them – that will make it impossible for them to feel what we felt. In recounting a nightmare, we are made acutely aware that the felt sense of it simply cannot be transferred and that there is a fundamental divide between self and other. The same divide also exists between the present and past self. Remembering past pain is, in a way, like being told someone else's nightmare. While we can do our best to reimagine what the pain felt like, we can only ever have access to a faint shadow of the actual sensation. This, I am convinced, is because we cannot recreate the emotional involvement we had at the time. We can remember where the pain was located and perhaps even some of its characteristics (e.g. throbbing, stinging, etc.), but it is impossible to bring up the desperation, the feeling of helplessness, the fear, etc. that accompanied it at the time. Thus, while pain may blur the self/other or the present self / past self-distinction, it can never fully eradicate it. After all, our very definition of 'the self' hinges on the concept of 'the other' (Jackson 1989), and even prolonged episodes of chronic pain cannot make people lose their sense of self completely.

The latter point is well documented in Marja-Liisa Honkasalo's report on chronic pain patients in Finland. Honkasalo argues that the self is embodied, i.e. that body and self are integrated into what she calls a 'me' (Honkasalo 2001: 327). It is this embodied self that, although it is not dissolved in a feeling of oneness with others, undergoes significant changes in chronic pain. Rather than incorporating other individuals into their perceptions of self, the chronic pain patients interviewed by Honkasalo formed a temporal self-representational allegiance with their pain. That is, they discussed pain in terms of social relationships, at times being hostile towards their pain, at times cooperating with it and accepting their diagnosis as part of themselves. Especially with chronic pain, which is hardly understood in biomedicine and which in its entire existence is questioned at times, patients are led to form ambiguous senses of the self that reflect the status of chronic pain. According to Honkasalo, 'chronic pain sufferers become in-between creatures' (ibid.: 340) and constantly find themselves in a phase of 'liminality', a term recalling the work of Victor Turner (1967). Especially in Finland, where people are encouraged not to talk about their suffering, this can become an extremely isolating experience. Here we thus have an interesting reflection on how pain can drastically alter senses of identity without eradicating the distinction between self and other.

Above all, the ethnographic examples discussed above serve to highlight the fact that anthropological approaches to pain can help us realize that there is more to it than what biomedicine has us think. By problematizing the body and putting it into focus, pain has both disruptive and constructive powers. It can force people to compromise their autonomy and thus give up on a fundamental part of themselves. However, it also has the ability to reinforce and strengthen interpersonal relationships, precisely by bringing about a dependence on who is usually thought of as an alien 'other'. What is more, pain can create social belonging by bearing the signs of protest and injustice and becoming the site of bravery and heroism.

In sum, the above examples offer a small window on to how pain forms an integral part of human life and how adopting an anthropological viewpoint may help avoid strictly practical biomedical frameworks on the one hand and solely theoretical philosophical agendas on the other. Instead, anthropology, including but not limited to pain narratives, aims to investigate how objective and subjective reality inform each other to create what we call 'lived experience'.

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Essay 6. Anthropological approaches to pain demonstrate how the body uses creativity, imagination and language to reformulate the sense of self and to create social connections. Sarah Grace Black

Essay prompt, same as for essay 5: 'What insights about the body can be gained through anthropological approaches to pain?'

In Western biomedicine, pain classification is often arbitrary. Sub-acute or ongoing pain is commonly reclassified as chronic after six months. Often, this does not correlate with tissue damage (Morris 1991). Despite advances in imaging techniques and chemical testing, most efforts to source the site of chronic pain are fruitless. Moreover, almost all surgical attempts to alter neurological pain pathways are undone by the body's efficient generation of alternate routes which reinstate the suffering (Good 1992: 39). Chronic pain is genuine and takes over the sufferer's entire world, even though it might not be flagged up by biomedical markers. Such a powerful human experience enlightens much about the body. Many ethnographic case studies, linguistic interpretations and alternative narratives within anthropology have stepped in to provide insights about the body where biology and medicine fall short.

By reflecting on selected anthropological studies by Elaine Scarry (1985), Byron Good (1992) and Jason Throop (2008), this essay will demonstrate how the body uses imagination as a tool to formulate the sense of self and maintain social connections. Each of these works, influenced by the Harvard school of phenomenology,[7] come to divergent conclusions and employ different research methodologies, yet each link pain to imagination and creativity. The connection between body, mind and pain is obvious, but the link between imagination, pain and sociability is less so. The body transforms suffering from a preverbal, physically bounded and isolating experience into one in which the human capacity for connection and belonging gives it language, physiological metaphors and often transformational frameworks with a moral component.

In *The Body in Pain* (1985), a literary discussion of the nature of pain and torture, Scarry argues that the experience of pain resists language. The sufferer feels pain through 'presymbolic shrieks'. Intense pain is 'worlds destroying' because it cannot be encompassed with language. She locates pain as a universal experience which is resistant to cultural

[7] All these studies are heavily influenced by the earlier work of Alfred Schütz. In *The Phenomenology of the Social World* (1967). His themes of intersubjectivity and social time are clear within the selected works and provide the framework within which to understand the interaction between the body, sociality, creativity and pain.

interpretation because so primitively experienced. A few years later, Byron Good (1992) challenged Scarry's conclusions in his ethnography *A Body in Pain: The Making of a World in Chronic Pain*. He argued that pain may initially come out in shrieks, 'but such deconstruction is countered by a human response to find meaning…' (ibid.: 29). Good reviews the aetiology of a chronic TMJ patient named Brian to conclude that pain is very verbal (ibid.: 35). Patients use language to manage and ground the 'de-objectifying' experience of pain.

Both Good and Scarry show that pain is traumatic because it isolates the sufferer from their experiences and the connected social world. Humans are social creatures, and the human body is a social instrument. In C. Jason Throop's (2008) *From Pain to Virtue: Dysphoric Sensations and Moral Sensibilities in Yap (Waqab), Federated States of Micronesia*, he demonstrates how the body can accommodate both states. In his ethnographic analysis of Yapalese back pain, he argues that, when people experience a functional transformation of suffering to the more socially valuable 'suffering for', the entire experience is rendered bearable.

These studies are essentially facets of the same anthropological piece. Each explore how creativity is used to frame pain and construct meaningful social connections. Scarry examines the individual and wider political and societal impacts of pain through a philosophic lens. Good uses a more intimate perspective within the narrative arc of the case study of Brian. Throop explores a larger cultural context with his ethnographic examination of Yapalese back pain. They all explore how emotional suffering adds to physical distress as pain isolates the sufferer socially from 'normal' shared experiences. Each emphasizes the 'worlds' encompassing the effect of pain; how the body in pain's experience shifts in the perception of time, language and even self. However, these authors only touch on concepts of creativity and pain, rather than using it as their central argument. This essay creates a narrative progression between their themes to explore the use of creativity and imagination by the body in pain. The essay ends by presenting the hypothesis that the body uses creativity to form bridges and fulfil its social needs.

Scarry's *The Body in Pain: The Making and Unmaking of the World* (1985) establishes the conceptual framework which Good (1992) and Throop (2008) later populate. She says: '[Pain and imagination] are each other's missing intentional counterpart, and … they together provide a framing identity of man.' (Scarry 1985: 169) She explores the individual and cultural frameworks of pain, considering the effect pain has on the individual, as well as expanding her reasoning to macro, philosophical and cultural constructs. Scarry

repeatedly asserts that pain defies language and serves as a destructive force which ‘unmakes’ an individual. Importantly for the argument, she also posits the need for factors which drive a ‘remaking’ of the world to produce language and culture.

After exploring the socially destructive powers of pain, Scarry discusses the actions that re-‘make’ the world, namely creativity and imagination. She sees physical pain and imagination as opposing forces, however closely linked. This objectlessness (of pain), the complete absence of referential content, almost prevents it from being rendered in language: objectless, it cannot easily be objectified in any form, material or verbal. This objectlessness may give rise to 'imagining ' or to a creative linking of interior states with companion objects in the outside world (Scarry 1985: 162).

She proposes that pain has neither object nor creativity nor imagination, but requires symbols and objects to express it. Creativity is needed, argues Scarry, because pain disrupts the connection of the body’s internal state to the external world. She identifies the human urge to ‘bind’ its internal psyche to objects in the outside world (1985:162). By grounding with shared experiences, images and objects, humans can share experiences. Pain is detrimental because it disrupts this process. Imagination acts as a ‘ground of last resort’ for a body in pain to ground itself in the physical, relatable social world (ibid.: 166).

Imagination further transforms a body’s experience of pain because it alters the framing:

> In isolation, pain intends nothing, it is wholly passive, it is suffered rather than willed or directed. Pain only becomes an intentional state once it is brought into relation with the objectifying power of the imagination. Pain is transformed from a wholly passive and helpless occurrence into a self modifying one. (ibid.: 164)

She asserts that ‘Pain and imagining are ‘framing events’ within whose boundaries all other perceptual, somatic, and emotional events occur; ‘thus between the two extremes can be mapped the whole terrain of the human psyche’ (ibid.: 165).

Although Scarry highlights the crucial connections between imagination, pain and bodily framing experiences, she polarises the constructs of pain and imagination, choosing to define them as opposites. By doing so, she misses the chance to explore a more organic relationship between these and the ways in which the individual may use their connections to interact with others. In the next selected work, Byron Good develops the body’s use of imagination as a tool to remake social connections and self-framing.

Good mines Scarry’s model to new purposes in his ‘A Body in Pain’ (1992). For Good, creativity serves as the only way a body in pain can bridge internal experiences to form social connections. A body in pain uses language to explain pain creatively, make social connections and create meaning. To demonstrate this, Good uses an ethnography of a chronic pain patient to argue that creativity in both language and art can be used to connect to others. He interprets a four-hour conversation with a young man, ‘Brian’, with chronic pain caused by TMJ. Unlike Scarry, he argues that pain is highly verbal. Pain shaped Brian’s world (Good 1992: 36), so there is none of Scarry’s 'shattering of language through pain'. Good observed: ‘For many patients, language is anything but shattered in this literal sense. Brian was wonderfully and frighteningly articulate’ (Good 1992: 35). By using creative idioms and language, Brain is able to connect socially with the world around him.

Brian uses multiple narratives and symbolism to frame the pain conceptually, or as Scarry puts it, to ‘objectify’ it. At the start of the interview Brian gave a specific diagnosis for his chronic pain (TMJ), but the description of his pain and its history ‘quickly eluded ordered characterisation, spilling out into his own life’ (Good 1992: 162). Imagination allows Brian to explore the connection between his emotional state, his psyche and his body. This is demonstrated through the cyclical framing of the question ‘Is it my body? Is it my thinking process that activates physical stresses?...Or is it the other way around?’ (ibid.: 35) Brian uses creative narratives to understand his own pain. Objectifying the pain created some relief for Brian: ‘...I actually had some clear image ... I knew what it was. I wasn't groping in the dark. It wasn't ambiguous anymore. It wasn't a whole lot of things’ (ibid.: 34). However, Brian often failed in his attempts to objectify the pain. He created many possible alternatives, which ranged from dizzy spells to depression, nausea, anxiety attacks, heart palpitations and sensations of weakness. This uncertainty ‘threatened the objective structure of the everyday world in which Brian participates’ (ibid.: 36). Similarly, Good identifies this search in many chronic pain sufferers. ‘Chronic pain sufferers ... constantly seek a name for their suffering, an image that will name its source and allow it to be set off from the self, an image that will provide the symbolic structure for the remaking of the world’ (ibid.: 43). He goes on to ask, ‘Is the pain an essential part of the self, or merely a part of the body?’ (ibid.: 45).

As well as finding a way to frame the pain creatively for himself, Brian uses creative language and imagery to describe the pain to others and to form social connections. This shows how the body is social and uses imagination to share the experience of pain. In the interview, Brian uses creative language and images in an attempt to explain the slippery world of pain to Good. Brian used imagery: ‘...it would seem as though there, there, there's a,

ah, ama, a demon, a monster, something horrible lurking around banging the insides of my body, ripping it apart' (Good 1992: 36). He noted: 'pain streaks throughout the body like lightening' (ibid.: 38).

Brian is an artist who uses painting as a form of creativity to express and communicate his pain. However, he is hesitant to share his works for fear of social rejection. This supports the body's social need: 'yeah...I have to know if they will be accepted...if I reveal something about myself...it will be likely to be met with scepticism or mockery. I can't show ordinary people…' (Good 1992: 47). Brian's creativity is a way to mediate interactions between his experience of pain and others who cannot feel it. Brian uses his imagination to provide a small point of access to a world of pain which cannot be measured through biological markers or lesions.

Throop's (2008) *From Pain to Virtue: Dysphoric Sensations and Moral Sensibilities in Yap* offers the platform whereby Good's connection of creativity, pain and sociality is expanded into a cultural context. By objectifying pain through the imagination, the Yapese are able to form meaningful socio-cultural connections from pain. For Throop, the body is social and craves individual, intrapersonal and cultural connections. Pain is creatively viewed as culturally embodied experience influenced by the sufferer's moral framework. Thus pain is transformed from an isolating experience, as described by Scarry and Good, into a socially integrating one.

Throop, who conducted an ethnographic analysis of the people of the Micronesian island of Yap, was able to demonstrate that pain is influenced by creative moral and cultural framing. Many people suffer from a local illness categorized as *maath'keenil'* ('Severed Spine'). This covers a broad range of illnesses and symptoms, linked to hard physical labour. Individuals refer to their pain with the personified phrase, 'pain came to me'. The pain is objectified, made tangible, separable, from the self who suffers. Yapese social theory and ethics are interconnected models of ethical subjectivity and virtuous comportment which alter the meaning of pain (Throop 2008: 264). The personal experience of pain cannot be separated from Yapese cultural logics and moral sensibilities. When asked where his pain came from, a 64-year-old man suffering from *maath'keenil'* attributed his pain to '...hard work I put in long ago when I was a child.' Through this social framing of pain, the Yapese turn pain from a sign of dysfunction or disability into a sign of merit earned by working hard for family members and the wider group. Pain is transformed from suffering to a symbol of dedication and love.

Discussion

Unlike easily identified sources of pain, like a severed arm or a sore tooth, not all forms of pain necessarily have an identifiable internal or external tissue marker. Biology does not provide all the answers to the questions surrounding the body; anthropology weaves a valuable conceptual web and provides creative insights to the inner workings of the body. Chronic pain is bounded by sensation, resistant to documentation by biomedicine, which makes its study by anthropologists valuable because their examination can capture its sensations, affect and social effects. This essay has used anthropological approaches to pain to demonstrate that the body is social. The body in pain uses imagination and creativity to frame the psyche, form social connections and make meaning. It further shows that the body can create meaning that transforms pain from being an isolating experience, laden with shame, depression and fear, into a source of pride. Thus pain is transformed from affliction to purpose.

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Personal Reflection: What is the Role of Anthropology in Crisis? Cathryn Klusmeier and Leah Schwartz

On the morning of November 9th, 2016, I did a lot of walking. Oxford, with its winding, crumbling streets and endlessly intricate buildings, lends itself to this sort of thing. Surely, I thought, if I walk long enough surrounded by these old stones that seem to contain a kind of wisdom in itself, the right response to this election would suddenly appear? In the face of what I knew would come following the election in my home country: change, pain, confusion, surely a place so seemingly bound by logic and reason would provide some insight into how one might proceed. To no one's surprise, the old buildings didn't provide any solace, and the longer I walked the more those crumbling streets just seemed like ordinary concrete that needed some work. And the question I had been wrestling with just kept coming back to me: how do I respond? What is the appropriate response of a medical anthropologist to this collective pain that so many seem to feel? Often, in moments of collective crisis, we are moved to action: to organize, to respond, to intervene. The recent election of Donald Trump has been no exception. Where does academia fit in with this propensity for action that so many feel?

I was not trained as an anthropologist in the traditional sense. Rather, my work has always been rooted in writing, in storytelling itself. Part of what drew me into academic anthropology in the first place was to explore another side of storytelling. Indeed, medical anthropologists are not tasked with necessarily identifying solutions but with unearthing complexity. Often operating comfortably at the fringe, they observe intensely and ultimately attempt to explicate what it is they have witnessed; by engaging in work that not only affords but also demands time and space for deep reflection, they are able to offer a degree of nuance most others do not. It's a narrative that occupies a different written space than I'm used to, with often different audiences. I constantly wrestle with anthropology's penchant for operating within the channels of academia. In times of crisis the movement to act sometimes seems at odds with this proclivity to stay within these channels. Is it a strength of anthropology that it embodies the role of the observer? Is this the anthropologist's role in crisis? Or is this notion of 'the anthropologist' as a neutral observer problematic in itself? So many of my classmates bring different backgrounds to anthropology, like myself. And thus their responses to this pain pull from both anthropology and other myriad disciplines.

For one classmate who aspires to practice one day as a physician-anthropologist, this election provided fertile ground for reflection upon what she had always understood to be complementary pursuits. In contrast to anthropology, she explained, biomedicine carves out little space for critical reflection. It is messy and it is improvised, and it is often myopic in its understanding of the human body. And yet she remains convinced that, unlike medical anthropologists, physicians possess the essential capacity to intervene in moments of crisis. Like me, she remains sceptical of a strictly anthropological point of view in a moment like this one. But, we wonder, can anthropology operate at the intersection of these disciplines? Can it continue to operate within the traditional channels, yet simultaneously inform the work of individuals increasingly invested in interdisciplinary studies? We wonder if this could be the role of anthropology in crisis: to inform, to couple with other disciplines so as to create a more complex, nuanced response.

Above, Noëlle Rohde's and Sarah Grace Black's essays explore anthropological insights into chronic pain. In particular, they address those aspects of chronic pain where biomedicine has failed to offer meaningful help to sufferers. Indeed, their articulations of these multivalent insights serve as a testament to those areas of inquiry where medical anthropology does offer unique and relevant contributions.

To be sure, these reflections leave more questions than answers, and like all complex issues, the way forward is not a path at all, but a mosaic of interlocking questions. *How does anthropology respond in crisis? Can one operate as both an anthropologist and a medical doctor, simultaneously?* As a new student in anthropology, I continue to wrestle with what my role – and the collective role of anthropologists – is in these moments. Ultimately, I recognize, this may demand a response speaking primarily as an engaged citizen and not necessarily as an anthropologist. However, as I grow within the discipline, I am convinced that there may be utility in recognizing anthropology's capacity for being an interdisciplinary field. In recognizing that an 'anthropologist' could take many forms – medical doctor, writer, academic – anthropology could prove to be a much more fluid discipline than might initially seem. And because of that fluidity, anthropology's strengths – its constant engagement with complexity and an attunement to nuance – can become implicit in the work of other disciplines as well.

Outlook: Anthropology Matters. Paola Esposito and Elisabeth Hsu

The volume started with the individual's plight, the feeling of 'loss of control', and narrative as an empowering antidote that caused coherence. This in turn gave rise to more extended reflections on efficacy, both medical and political. By focusing on pain in essays emphasizing its trans-individuality, the potential of pain as a medium that causes coalescence within a group was highlighted. Such visceral relationality entangled in social, economic and political conflict is world-shattering, yet it contains the potential for transformation beyond the afflicted themselves.

This issue aims to demonstrate that anthropology matters, especially in times of crisis, as it emerged from a process of nesting texts inside other texts that introduce them. The mutual reading of and responding to each other's writing became a process that created a space for reflexive and fine-tuned reciprocal engagement, and this in the light of political events beyond our control referred to in essays that frame the volume at both the beginning and the end.

'Loss of control' over one's life is one of core dimensions of illness. People who are ill are no longer able to do what they used to when they were in good health. They might not be able to perform their usual tasks and pursue the same old habits unthinkingly. Everyday life tasks require additional focus and concern. As patterns of daily doings are undermined, the future appears even more uncertain than it generally is. There is a sense of the disruption of life's usual course, of disorientation and powerlessness. Medical anthropology is concerned with the strategies and expedients that people develop in such situations. In a way, it is about the creativity of being alive, despite disruption and crisis.

The essays in this volume show that narrative is one strategy that people adopt when confronted with the disruptions caused by sickness and illness. If illness is destructive, narrative is creative. If illness brings uncertainty, narrative restores some sense of wholeness. Cathryn Klusmeier (this volume), quoting Hyden (1997: 56), reminds us that narrative establishes a 'coherence' which allows one to get a grip on life's ruptures.

Narratives are never about one single person. Rather, '[p]ersonal narratives are products of complex interactive social processes, and they constitute powerful and dynamic means of communication' (Steffen 1997: 110). Narrative always implies a listener. It can become a performance which engages multiple actors – all participating in the creative act of storytelling. In Alcoholic Anonymous meetings, 'a story notches up to another, to become a tapestry of multiple stories' (Klusmeier, this volume). Stories do not simply generate

coherence and meaning, but can also challenge the boundaries of self and other. Vice versa, as boundaries between individuals are eroded, narrative can establish the 'permeating relationships' of those who are willing to engage with and attune themselves to it.

In a complex world, narrative is an important tool for orientation and navigation, and in the interconnected worlds we live in there are no self-contained stories or myths. Today, the navigation of narratives is like walking in a hall of mirrors, where everything reflects everything else and the perspectives multiply indefinitely. Choosing to come to terms with the multiplicity of this refraction may well be the only way to escape the dangerous tendency to recoil into isolation. Yet we should not allow divisiveness to rule our lives. In their personal reflection on fear and its potential for manipulation, Sarah Grace Black and Emma Anderson invoke the need to reintegrate our scattered selves through recognition of the other as part of our own selves. This involves accepting that 'reality' is more nuanced than some of us may believe or want to believe.

Accordingly, we should be wary of generalizing portraits of the 'other', as well as of those who claim to have easy answers to complex problems. Maie Khalil's personal reflection indirectly brings to the fore how analyses regarding past US elections have their striking clarity only thanks to an analytically warranted (over-) simplification when she comments on the monochromic picture of Trump supporters as being 'bound to demographics and presumptions of given (racialized, cultural, gendered, or religious) differences and which inevitably simplify reality' (Khalil, this volume). To this she opposes the narrative approach that highlights relations and relatedness. She explains how narrative, whose particular trait is that of collapsing the 'real' and the 'imaginary', can help us understand how people experience their lives.

Stories need not appear in a discursive form to engage us: they can also come as images. This is obvious in the case of a Western ideal of 'thinness', which, filtered through aspects of popular culture, such as films and adverts, interferes with the recovery of women with eating disorders, leading them into relapse. Experience arises through a kind of 'sedimentation of socio-political-historical realities in the lived body' (Soled, this volume). Normative, sanctioned or idealized models can be disseminated in more than one medium, and in more than one form.

Narrative tends to be opposed to numbers, Derek Soled tells us in his personal reflection on multiple efficacies. Numbers are part of the language that politicians and other 'professionals' of public life use. However, instead of opposing the two, one may want to ask whether numbers are also a kind of narrative. While illness narratives hinge on direct

personal contact, relationality and empathy, the numerical narrative of statistics is based on abstraction, separation and distinction**.** These different approaches to knowing and organizing experience entail a different kind of power.

In her discussion of 'efficacy' in randomized controlled trials (RCTs) vis-à-vis non-Western, indigenous treatments, Leah Schwartz effectively deals with this different kind of power as grounded in different relationalities. She observes, for instance, that in the case of non-Western indigenous medicines, treatments tend to focus on process, rather than on magic-bullet effects. In contrast, 'biomedicine sets out temporal benchmarks, at which point the absence of disease pathology becomes equated with cure' (Schwartz, this volume). In Hausa treatment, for instance, 'the evaluation of … efficacy will include the evaluation of a series of outcomes over a long period of time rather than a single outcome investigated at an arbitrary point in time, as is the case with an RCT' (Schwartz, this volume). This turns time into a dynamic process, experienced as inseparable from contextual variations. The efficaciousness of treatment is processual and relational.

In contrast, the RCT lacks what Schwartz calls 'relational efficacy' located in the sufferer's social and ecological environment and encompassing 'a broader set of social relations that include not only those between patients, providers, families and communities, but also the relations that each of these actors have with the medicine itself' (Schwartz, this volume). Whereas an RCT is double-blinded and designed to isolate – for the sake of eliminating the factors that might influence the outcome – indigenous treatments rely on a different kind of assumption, namely that life, and illness as an aspect of life, can only be dealt with as a whole. Any sort of efficacy relies on this relationality.

Mason Alford and Carlota Solà Marsiñach extend their reflections on efficacy from medical treatment to 'political leadership'. The move here is from RCTs as a tool which establishes efficacy by way of an arbitrary selection of significant events from the treatment procedure to the language of politics as a logic of abstraction that parallels the RCT: 'The Economy', 'Healthcare', 'Immigration' and the like work as the significant places of interventions that, abstracted from the actual lives of millions, and thereby rendered faceless, are seen as the target of intervention through appropriate policies – or 'pills'. These 'impersonal truths' are built into a political narrative that, as in a self-fulfilling prophecy, presents them as 'objective realities', feeding back into the myth of its own legitimacy. Anthropological fieldwork and theory furnish us with a means to query such myths and the building blocks of their very foundations.

Reasoning along similar lines, in his essay on the sorts of efficacies left unaccounted for by the RCT, Mason Alford suggests that the types of efficacies proposed by those in power in the form of taxonomies objectifying and managing life may be incongruous with the type of efficacy that matters to ordinary citizens. While these taxonomies work as reassuringly comprehensive grand designs, they in fact simplify and overgeneralize. When misused, they risk making things better for a few at the expense of many others.

Moving away from the discursive, Noëlle Rohde's essay takes us into the domain of the body. Here, as Rohde tells us, anthropology is especially valuable because anthropological approaches differ from the biomedical in that they locate chronic pain not merely in the physical body, but in a body comprehended as the intersection of the person and the world. Experiences of chronic pain sufferers teach us that pain has not only disruptive but also creative powers. Pain can lead to deeply felt transformations in the person. For instance, the submission of one's autonomy that is often a consequence of being in excruciating pain means that interpersonal relationships may be strengthened. As an expression of a person's endurance as a member of a community, 'pain can create social belonging by bearing the signs of protest and injustice and becoming the site of bravery and heroism' (Rohde, this volume). Pain hence ceases to be a mere obstacle to be overcome, an unnecessary disturbance, and becomes a fundamental, even vital, source to life.

Sarah Grace Black takes the exploration of the creative side of chronic pain further with her essay on 'how the body uses imagination as a tool to formulate the sense of self and maintain social connections' (Black, this volume). She also starts from the observation, grounded in ethnography, that chronic pain is an isolating experience. This is not only because of the incommunicability of pain that the Harvard medical anthropologists, following Elaine Scarry (1985), have powerfully demonstrated in their work, but also because pain creates a world of its own kind. The self-referential world that pain creates is especially striking in the case of Good's interlocutor, Brian. Despite his social world being out of sync with that of the others and shattered by constant, excruciating pain, Brian was 'wonderfully and frighteningly articulate' (Good 1992: 35, cited in Black this volume) when it came to *his own* world of pain. Through figurative language and images, Brian was able to connect temporarily with the interviewer – a person who was interested in this world. While Good's ethnography shows that the world of chronic pain can be inherently creative – for Brian is constantly engaged in a process of meaning making and remaking by means of language and art – the extent to which this creativity can be used to connect with others is doubtful. Brian, in fact, 'is hesitant to share his works for fear of social rejection' (Black, this volume).'[I]f I

reveal something about myself ... it will be likely to be met with scepticism or mockery. I can't show ordinary people …' (Good 1992: 47, in Black, this volume). Isolation, however, can be overcome if pain is transformed by a society's moral worlds. Turning to Throop's (2008) ethnography, Black describes how the Yapese turn back pain from a disability into a 'merit, earned by working hard for family members and the wider group' (Black, this volume). Through the inherently creative social act of transforming pain from 'suffering from' into the socially valuable 'suffering for', suffering and affliction are made into a highly prized social value, 'a source of pride'.

Leah Schwartz and Cathryn Klusmeier take the reflection back to the starting point, that is, the questions posed by this *Special Issue* as a whole: does anthropology matter in times of crisis, and if so, in what ways? By combining their respective reflections and sensitivities into the voice of a single author, Klusmeier and Schwartz's personal reflection takes us straight to the heart of what anthropology is or can be today. While anthropology's primary characteristic is that of 'unearthing complexity' it is also well known that anthropologists can 'operate at the intersection of [different] disciplines' (Klusmeier and Schwartz, this volume.) – including creative writing, or practising medicine. This, for the authors, can be the source of anthropology's value, its transitivity to different disciplinary approaches which, in turn, can gain from anthropology's nuanced approach to the world.

So, in times of crisis, can anthropology still matter? Crisis is the thread running through the contributions to this *Special Issue*, in its various inflections as health, social and political crisis. Human responses to crisis – and to pain as its transindividual medium – include reflexivity, narrative and story-telling in a quest for coherence, the mobilising of relational efficacies in a balancing effort and manifold articulations of the imagination to reintegrate self and sociality. Anthropology, perhaps more than any other discipline, takes seriously the human potential for inventiveness and resourcefulness. In doing so, anthropological writing may take on some of the qualities of its subject matter and reinvent itself, while remaining committed to rigorous research, combined with the exploration of other ways of knowing and being in the world. This capacity to accommodate the unfamiliar, the changing and the unpredicted may make anthropology relevant in times of crisis.

With these reflections from medical anthropology master's students at Oxford, dealt with in essays written preceding the week of the Trump election and commented upon in personal reflections more recently, we hope to have shown that indeed 'Anthropology matters, especially in times of crisis'.

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