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EDITORIAL NOTE

Ethnography, reflexivity, knowledge

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In her classic ethnography *Deadly Words: Witchcraft in the Bocage*, Jeanne Favret-Saada (1977, 1) describes her surprise at finding herself, midst a seemingly innocuous stint of fieldwork investigating witchcraft beliefs in a rural area of Western France, ‘bumping into bodies in the night, haunted by the cries of the wounded’. Considered a forerunner of reflexive ethnography, *Deadly Words* circles around the power of questions, the capacities of discourse, and the webs of meaning and power in which the ethnographer finds herself. Reflexivity – that is, consideration of how the ethnographer’s social position shapes her data and interpretation thereof – has been a hallmark of much medical ethnography since *Deadly Words*. This is perhaps because medical anthropology is so centrally engaged – through its informants – with questions of suffering and injustice in the face of which it is near impossible to remain indifferent. Stances range from that of the ‘white saviour’, found in ethnographies by US authors that depict the anthropologist as a heroic figure denouncing injustice and allying with the downtrodden, to more introspective ones, in which authors examine their own personal experiences with illness.

In this issue of *MAT*, considered forms of reflexivity are on display, motivated by the desire to understand how the production of knowledge in global health and anthropology plays out more broadly. After the election of a new authoritarian president in the Philippines, Gideon Lasco found himself caught on the epistemological front lines of a drug war. Being
suspected by police of complicity and by informants of informing, cut loose by an international nongovernmental organization worried about government contracts, and shunned by government officials led him to explore how anthropology can contribute to these charged issues in a ‘post-truth’ climate. In her examination of a global health survey in India, Katyanyi Seth examines how the life conditions of enumerators inform their approach to survey questions and subjects, leading at times to a striking disconnect that can seem like a cruel joke. She notes, ‘like material inequalities, inequalities in the distribution of benefits and burdens that result from research are felt and experienced but not considered crucial to the quality of research findings. Unknowing them is necessary for the production of global health knowledge’. Unknowing also occurs in global health understandings of obesity, steeped in biomedical understandings of assumed universal biological metabolism, as described by Elliott Michael Reichardt. He writes, ‘By taking economic policies as “natural” rather than pathological and focusing on individual-level energy imbalance as the fundamental cause of obesity, we are left with a worldview that ignores how deeply integrated human beings are with economic policy’. Another alternative emerges from Kristina Baines’s reasoned call, based on fieldwork with Caribbean and Latin American communities, for understanding health as embodied, ecological, and a manifestation of cultural heritage.

The dialectic of (biomedical) knowing and (social) unknowing is also at play in the study of cancer in a Danish community. In dialogue with a broad swath of anthropological work on cancer, and indeed on the biomedicalization of our understanding of ourselves, Sara Marie Høbsgaard Offersten, Mette Bech Risør, Peter Vedsted, and Rikke Sand Andersen note that ‘constructions like “awareness” and “alarm symptoms” do something to our way of understanding and acting upon our bodies in everyday life. . . . Mythologies are flourishing in the midst of scientific and technological progress’. What comes across in all these studies is how dominant biomedical approaches to health collide with minority or even dissident counter-approaches. This subversion can be gleaned from two contrasting photo essays, the first by Roberto Abadie and his coauthors Colleen Syron, Carmen Ana Davila, and Angelica Rivera-Villegas, and the second by Arsenii Alenichev, that explore the lives and worlds of intravenous drug users in rural Puerto Rico and Ebola vaccine participants in Liberia, respectively. The photo essays converge uncannily around themes of loss and anticipated redemption.

Closing out this issue, Marie Siemann reviews Elly Teman’s Birthing a Mother, Sjaak van der Geest reviews Charles Che Fonchingong’s Growing Old in Cameroon, and Andrea Ford reviews Emilia Sanabria’s Plastic Bodies. Finally, we mourn the loss of physician and anthropologist Armin Prinz, a major figure in medical anthropology in Austria, where he held the first professorship in this discipline, and indeed in Europe.
Reference