http://somatosphere.net/2013/07/invisible-interlocutors-and-the-savage-slot-conversations-at-medicine-on-the-edge.html

# Invisible Interlocutors and the Savage Slot: Conversations at “Medicine on the Edge”

2013-07-18 10:18:28

By Celina Callahan-Kapoor

Michel-Rolph Trouillot was present as a kind of invisible interlocutor at the “Medicine on the Edge” workshop held at UC Santa Cruz in early May of this year. (You can read my first post about the workshop here). Trouillot may seem like an unlikely interlocutor for a room full of (mostly) medical anthropologists and STS scholars, and for that reason I begin this post with an excerpt from his work “Anthropology and the Savage Slot: The Politics and Poetics of Otherness”:

> “I contend that anthropology belongs to a discursive field that is an inherent part of the West’s geography of imagination. The internal tropes of anthropology matter much less than this larger discursive field within which it operates and upon whose existence it is premised, ” (Trouillot 1991:18).

Medical anthropologists often struggle with how to represent—in words and in imagery—the people and the situations we study. We want to avoid a medicalized “savage slot” in which disenfranchised suffering and ill people stand in for the “savage.” Avoiding this slot is a challenge because our descriptive and analytic work is often based in fieldwork with disenfranchised, racialized communities, people with little-to-no access to institutionalized medical care (e.g. Briggs & Mantini-Briggs 2004; Bourgois 2009), or those whose medical care is highly institutionalized (e.g. Biehl 2005; Garcia 2010; Rhodes 2004). As the Trouillot quotation above states, there is a “larger discursive field”—inclusive of and beyond the discipline of anthropology—within which these narratives of the people we study circulate.

Ethnographic and theoretical work, for medical anthropologists, often begins after experiencing the immediacy of bodies in pain. We want to understand and change the social and political injustices we have witnessed. In many ways, this is similar to motivations of those in disaster studies, and perhaps in environmental studies. This etiology often then becomes the framework for academic inquiry, and that, I argue, is where the problem lies: when medical anthropologists frame our academic

inquiries in social/medical/political categories that already circulate through multiple publics—that are "communicable" (Briggs 2005)—we run the risk of reproducing that which we seek to alter.

The processes of academic knowledge production and the politics of representation were unofficial topics at "Medicine on the Edge." While conversations about these topics are often circular and ultimately unproductive, this discussion was different for a few reasons. First, there were numerous STS scholars present, such as: Hannah Landeker, Anne Pollock, Valerie Olson, and Joe Dumit. Second, scholars who do not frame their interests as "medical anthropology" were part of the conversation, including cultural anthropologists Danilyn Rutherford and Joseph Hankins, historian and legal scholar Jon Khan, and medical doctor Clara Mantini-Briggs.

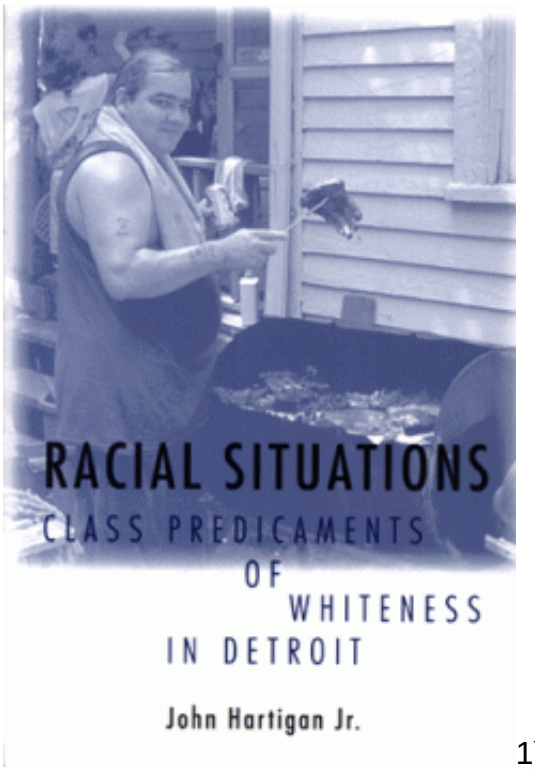
What made this academic diversity useful was that while we all share common vocabulary, we draw on somewhat different bodies of knowledge and different framings of the issue at hand. The STS scholars in the room, for example, were able to push all of us to consider the historicity of our analytic categories. STS scholars also frame their inquiry and analyses differently than medical anthropologists; their unit of analysis might be a concept rather than a community. I argue that framing our inquiries with concepts—rather than and/or prior to a framing based on a particular community—is one way to begin altering the categories, or "slots," of the larger discursive fields in medical anthropology.

At this workshop, it was a cultural anthropologist who raised the thorniest questions: does our mode of inquiry simply produce another "savage slot"? Is it even possible to extricate oneself from liberalism's fantasies of progress, and progress narratives' need of the suffering? Talking through issues of the politics of representation, aesceticization of suffering, book-cover images, and Trouillot's "imagination of the West" was complicated. Despite the trickiness, a lively discussion ensued that took an important turn: as academics, we are not now nor have we ever been somehow outside of a more "real" world where the phenomena we study happen. This is the very point that Trouillot made in the quote I used to open this post.

This dynamic that Trouillot so aptly described could stop you in your tracks, make you throw up your hands and say, "Well then, *what*?" But I want to use it here to frame a comment made by Clara Mantini-Briggs, an anthropologist, physician, and activist. During a workshop conversation about the ethnographic method and its pitfalls in the politics of representation, Mantini-Briggs challenged us all, saying, "Enough of this attention to the micro!" We have sufficient description of the medical suffering in the world, she told us. I took this as part challenge, part dare.

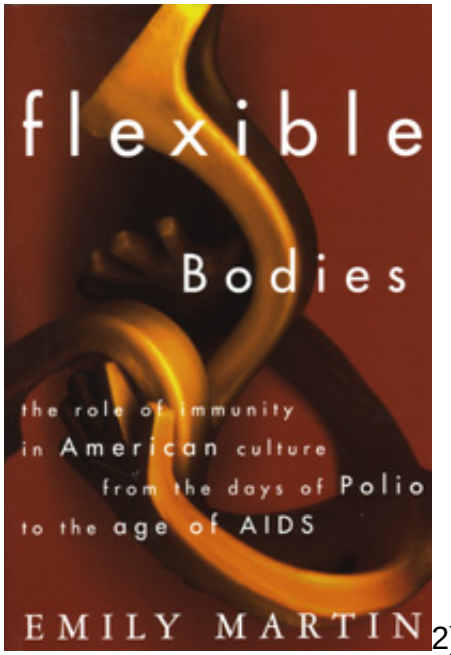
Do something; engage in policy. The provocative spirit of Trouillot's excerpt is in the shadows of her exhortation: why do we feel we need another example of suffering?

What I take from Trouillot and from Mantini-Briggs' salvo is a few steps to the side, perhaps, from what they intended. I agree: our work is in and of the "larger discursive field," and we may focus too much on the ethnographic example and lose sight of this. However, I believe that there are still merits to ethnographic attention to the micro. I want to end this post with some examples of work that attends to the micro, but that does so with a conceptual and community framing that, I argue, allows it to challenge the larger discursive field within which it sits.




1) I take a cue from John Hartigan. In studying race and class in the United States, Hartigan asks, "what happens when we shift the scale of attention . . . "? (1999:9). He chose a geographic location (Detroit, MI) and topic (race and class) that were unlikely sites for altering the larger discursive field of race and class. However, he forced himself—and thus his readers, his public—to shift his focus and attend not to poor blacks in Detroit, as one might imagine, but on poor whites. To continue the excerpt from above, he asks, what about "the 7 percent of whites who live in such neighborhood? Are they simply an exception to the rule, or do they provoke a rethinking of how 'race' matters?" (9). While Hartigan's approach does attend to the micro, he frames his inquiry in a way that immediately challenges how we think about race. The people he conducted research with—poor whites—also challenge the aestheticization of suffering and poverty. There is no National Geographic imagery in Racial Situations: Class Predicaments of

Whiteness in Detroit.




2) Comparative and/or multi-sited research can jostle our thinking and demonstrate which slots or categories have the most grip across multiple geographies and temporalities. The oft-cited article for this methodology is George Marcus' 1995 "Ethnography in/of the World System: The Emergence of Multi-Sited Ethnography." Emily Martin's 1994 *Flexible Bodies: the Role of Immunity in American Culture from the Days of Polio to the Age of AIDS* is an example of multi-sited work within medical anthropology.

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**AMA citation**
Callahan-Kapoor C. Invisible Interlocutors and the Savage Slot: Conversations at "Medicine on the Edge". *Somatosphere*. 2013. Available at: http://somatosphere.net/2013/07/invisible-interlocutors-and-the-savage-slot-conversations-at-medicine-on-the-edge.html. Accessed July 18, 2013.

**APA citation**
Callahan-Kapoor, Celina. (2013). *Invisible Interlocutors and the Savage Slot: Conversations at "Medicine on the Edge"*. Retrieved July 18, 2013, from Somatosphere Web site: http://somatosphere.net/2013/07/invisible-interlocutors-and-the-savage-slot-conversations-at-medicine-on-the-edge.html

**Chicago citation**
Callahan-Kapoor, Celina. 2013. Invisible Interlocutors and the Savage Slot: Conversations at “Medicine on the Edge”. Somatosphere. http://somatosphere.net/2013/07/invisible-interlocutors-and-the-savage-slot-conversations-at-medicine-on-the-edge.html (accessed July 18, 2013).

**Harvard citation**
Callahan-Kapoor, C 2013, *Invisible Interlocutors and the Savage Slot: Conversations at “Medicine on the Edge”*, Somatosphere. Retrieved July 18, 2013, from <http://somatosphere.net/2013/07/invisible-interlocutors-and-the-savage-slot-conversations-at-medicine-on-the-edge.html>

**MLA citation**
Callahan-Kapoor, Celina. "Invisible Interlocutors and the Savage Slot: Conversations at “Medicine on the Edge”." 18 Jul. 2013. Somatosphere. Accessed 18 Jul. 2013.<http://somatosphere.net/2013/07/invisible-interlocutors-and-the-savage-slot-conversations-at-medicine-on-the-edge.html>