

<http://somatosphere.net/?p=11231>

Summer Roundup: The Ethnographic Case, Part 1

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By Deanna Day

In June, we debuted an extensive new series on *Somatosphere*, [The Ethnographic Case](#). Edited by Emily Yates-Doerr and Christine Labuski, the series is organized on an expanding, virtual bookCASE, with each individual piece expanding our understanding of case studies — what they are, what they can teach us, and what work they do shaping both our objects of study and our academic fields.

[The bookCASE: Introduction](#)

“The expository medical case, attentive to the unusual and particular, has long been used as a tool for both diagnosis and instruction. The psychoanalytic case is built from fragments of remembered details with therapeutic objectives. The legal case establishes a precedent, while the criminal case comes to the detective as a mystery to be solved. The ethnographic case may be all of these things at once: instructing, dis/proving, establishing, evoking. It may achieve different ends altogether.”

“We make a case for our field and our fieldsites through the use of ethnographic cases. Often told in the form of a story, the case can be an illustrative representation. It can also be an exception that draws attention to a rule. It can bring into exquisite detail a micro that is situated, like the tiniest of matryoshka dolls, within a macro. At other times it destabilizes these nested hierarchies, showing that what is big is (also) small, or that significant power resides in that which may be very hard to see. The ethnographic case can interrupt the networked connections of any cybernetic system by attending not to a whole (and not even to its capillary endpoints) but to the details of a situation that is at once expansive and immediate. Though explicitly incidental, cases distinguish themselves from other short forms of narrative by way of the expertise they invoke. Solving, learning from, or interpreting the case requires a level of engagement that presumes both knowledge and curiosity, the proficient habitus that makes

improvisation possible. Interpretive expertise, in other words, transforms the extemporaneous into the routine, the anecdote into the lesson. Case closed. Or is it? —Emily Yates-Doerr and Christine Labuski

[Exemplary: The case of the farmer and the turpentine](#)

“A case carries knowledge, not in the form of firm rules or statistically salient regularities, but in the form of a story about an occurrence that, even though it may have happened just once, is still telling, indicative, suggestive. It condenses expertise that is not general, but inspirational. As cases are idiosyncratic, those who seek inspiration from them still have to think for themselves. They have to adapt the lessons learned to the situation in which they find themselves.

“Cases, then, do not transport knowledge smoothly. It requires work to draw on them. The implications here of a case that occurred elsewhere have to be carefully thought through and tinkered with.” —Annemarie Mol

[1. Anna Harris Body Topology](#)

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[Autophony: Listening to your eyes move](#)

“When students take their own body as a case they are learning not from a pickled body part or cadaver, nor from written

descriptions of symptoms and signs, but from their living, breathing body that creaks and pulses and moves. There is a sense of delight and discovery as students learn to listen to their heartbeats through stethoscopes, when they discover hollow and dull spaces in their abdomen and chests. Through this self-listening students are experimenting with their bodies, learning through the sensations they experience and bring about with their own bodily practices.”—Anna Harris



[Encased: Plotting Attentions through Distraction](#)

“We present the Mohegan Sun as a case that troubles distinctions between representational and immersive environments. Writing a case study such as this encourages us to rethink the boundaries between public casino spaces and more traditional exhibition spaces, to recognize them as a continuum. This kind of writing permits a kind of ‘sense engagement’ with the text, at once immersive and representational, drawing you into a story intended to feel expansive, but which remains carefully bounded. The surrounds of Uncasville and local histories bump against each other, the expectations of non-Native visitors looking for Native markers against a backdrop of the imagined Native mundane, and local uses of Mohegan stories and place- and way-finding practices. While the building holds the mimetic experiences of its interior—the dry-stone walls and trees and bark panels, for example, or its never-changing seasons—it acts as reflective container and embodied story at once.”—Melissa Biggs and John

Bodinger de Uriarte



[No Judgments: Fieldwork on the Spectrum](#)

“In February, 2015, we joined a group of TDF volunteers in training to help out at the first autism-friendly Broadway performance of the play adaptation of Roald Dahl’s classic children’s book, Matilda, a hit about a preternaturally smart and second-sighted girl who saves herself and her beloved school teacher by unmasking and banishing the bully who runs their school, while also saving herself from a family that has no appreciation of her talents...Children and adults with autism have often felt excluded from Broadway theaters, and TDF’s ATI set out to remedy these structural barriers. Working with actors, directors, and the large support staff of ushers, salespersons, and

attendants, ATI negotiated changes in lighting, sound levels, and audience expectations: the professional staff were taught to expect a different level of noise and movement in Matilda audiences when people with autism were welcomed into the Schubert Theater.”

—Faye Ginsburg and Rayna Rapp



[Facial Paralysis: Somaticizing Frustration in Guatemala](#)

“This purportedly universal biomedical description — ‘biomedical’ in that it focuses exclusively on the bodily causes of disease, pathophysiology — belies its origins in specific studies with distinct populations, and erases a potentially heterogeneous set of “biomedical” practices and definitions. This fairly standard description has a wide circulation, and helps many clinicians — in and beyond North America — to identify cases and treatments. I interviewed a doctor in Huehuetenango who repeated this medical definition nearly verbatim. However, this authoritative description elides the experiences and meanings associated with derrame in the rural department of Huehuetenango where I worked. Most cases that I encountered corresponded with intense frustration and emotional trauma, although there were several cases that corresponded with unexpected and uncontained alegría (usually translated as joy or happiness).” —Nicholas Copeland

AMA citation

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