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An image from graduate student Ashley Mize’s photo essay, “Anthropology and the IFRC Societies: An Interdisciplinary Observance Through Solferino 2018.”
FROM THE EDITOR

A note on this year’s COVID-19 and BLM special issue.

This 2019/2020 edition of the Student Anthropologist has taken on new dimensions that mirror the changing circumstances of the world at large. I found it necessary to reevaluate our typical journal structures as the priorities and responsibilities of many of our editorial team members and authors (like those of most people) shifted over the last year. Instead of focusing on full-length research articles, I made the decision to expand our commentary section and give students a platform to address the global ramifications of the COVID-19 Pandemic and the Black Lives Matter movements. Students educated in all four subfields replied to my call for papers and I included ten of their meditations on the disturbances and innovations rippling through social, material, and economic life. With these new commentaries, the total number of pieces in the 2019/2020 edition reached twenty-one. The full set of original research articles, think pieces, photo commentaries, and book reviews offers a nuanced glimpse at the issues piquing the curiosity of young scholars today, in particular our discipline’s relationship to activism—from movements for racial equity (Symes; Nguyen; Haeberle) to calls for freedom of gendered and sexual expression (Carlos; Iafrate), work towards climate justice (Boughton; Rasiulis), and advocacy for alternative medical models (Ding, Katzman; Murray; Taaseen; Krapf). Many of our authors interweave these questions with theoretical and methodological concerns as they ruminate on how anthropologists might better serve communities in need while improving traditional structures of knowledge production (Rasiulis; Harkins, Lucas, Strickland; Hirst). These same themes appear in several students’ critical reflections and summaries of books written by advanced scholars (Frempong; Marr; Emma Kalm; Salovaara; Seiler; Hansen).

As the National Association of Student Anthropologists’ flagship, peer-reviewed journal, the Student Anthropologist offers important opportunities for students to apply anthropological thinking to issues (such as those covered here) which affect both academia and broader society. This worthwhile mission requires the help of many individuals. Over the last two years, I have had the pleasure of working with several women who deserve special recognition for their contributions to this publication. Peer Review Editor Deirdre Patterson and Book Review Editor Kira Stalker spurred on the early stages of this edition. Copy Editor Rachael Root provided essential finishing touches to every article and Design Editor Laura Murray (whose photographs were accepted for publication before she became part of our editorial team) pulled together this beautiful PDF. As always, we are indebted to Janine McKenna, director of the AAA Publishing Board, for her advice and her efforts to archive the SA through Wiley.

While reading the pages that follow, I hope new students will find relatable and thought-provoking ideas that inspire them to submit their own work for publication in the 2020/2021 issue.

Bridget Kelly, Editor in Chief
University of Michigan

Below: An image from Nicolas Rasiulis’s photo essay with Dukha reindeer herders.
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Cover image: “Dukha person demonstrating traditional fishing technique, with child on back,” taken by Nicolas Rasiulis.

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“The full set of original research articles, think pieces, photo commentaries, and book reviews offers a nuanced glimpse at the issues piquing the curiosity of young scholars today.”

Jasmine N. Krapf has a bachelor's in Maternal Health in a Sociocultural Context with a focus on medical anthropology and reproductive justice. She is a full-spectrum doula, herbalist, and licensed bodywork practitioner primarily serving low-resource families. Jasmine studied as an apprentice midwife and student anthropologist at Ot Nywal Me Kuc in Uganda. She is the lead organizer of PUSH magazine and has written for various publications including SQUAT Birth Journal and Midwifery Today. Jasmine is the managing director at Farm-to-Prison, an organization providing resources for incarcerated and formerly incarcerated individuals, including reproductive health care and food access. Her research interests include environmental biology, transformative justice, and holistic medicine.

Debbie Frempong is a Ph.D. Student in the Anthropology Department at Brown University. Her research interests include religious and colonial history, nationalism, and gender. She does research in Accra, Ghana.

Sean Seiler is a Ph.D. student in the Sports Management and Policy program in the Department of Kinesiology at the University of Georgia (UGA). Sport has continuously informed his life and emerged as central to his research in unraveling intersections of class and sport during his master’s research at Georgia State University (GSU). Now with degrees in Anthropology from Kennesaw State University (KSU) and GSU, Sean is beginning a path to merge the methods and theories of anthropology with sport, and working to develop platforms that can generate a continuous dialogue for anthropologists interested in sport.

Lily Haeberle is a senior undergraduate student at Clemson University from Silver Spring, Maryland. She is pursuing a Bachelor of Science in Anthropology and a French Studies minor. Her academic background includes forensic anthropology experience gained from working on a research project digitizing coroner reports. Her recent interests include applied anthropology in human rights and international development. She hopes to pursue work and a graduate degree in these areas.

Laura Murray is a Ph.D. candidate in Anthropology at New York University. She holds a Graduate Certificate in Culture and Media from New York University, where she trained in filmmaking at the Tisch School of the Arts. Laura’s dissertation research ethnographically examines the gendered, classed, and casted politics of human-animal relationality in India’s increasingly industrial dairy sector. Her research is supported by grants from the American Institute for Indian Studies, the Wenner-Gren Foundation for Anthropological Research, and the Social Sciences and Humanities Research Council of Canada.

Aliyah Symes is a graduate of New York University with a Bachelor of Arts in Global Public Health and Anthropology. She is an incoming master’s student in the Department
of African American Studies at the University of California, Los Angeles. Her current research interests include the socio-historic intersections of race, gender, and activism, especially as they manifest through the reproductive justice movement in the United States.

**Joshua Boughton** is a final year Bachelor of Social Sciences student, majoring in Environment & Society at The University of Queensland. His research interests sit at the crossroads of social and environment issues, including Food Security and Food Sovereignty, Environmental Anthropology, and Environmental Philosophy. Joshua’s academic future involves a progression into Ecology and Conservation Biology to gain a deeper scientific understanding of the natural world. He works towards the combination of Indigenous principles and practices and environmental conservation.

**Nicolas Rasiulis** is a Canadian-Lithuanian anthropologist. As both an undergraduate at the University of Ottawa and a canoe expedition guide, Nicolas researched transformative effects of open-air nomadism on relations with oneself, others, and nature. During his master’s at the University of Ottawa, Nicolas researched ways in which Mongolian Dukha reindeer pastoralists realize livelihoods through largely collaborative and playful acrobatic improvisation. Currently a Ph.D. candidate in the Department of Anthropology at McGill University, Nicolas’ work now attends to Dukha adjustments to nature conservation regulations within the Tengis-Shishged National Park, and vice versa, as well as to avenues toward collaborative conflict resolution.

**Dorothy Carlos** recently graduated from New York University where she double majored in Anthropology and Cello Performance and minored in Musicology. At NYU, she studied on full scholarship and graduated as an NYU Honors Scholar. Dorothy previously presented her research on sex and urbanity at the NYU Italian Studies Undergraduate conference and has contributed to publications based in New York, Amsterdam, Prague, and Tokyo. Her research examines how sexuality and spirituality co-influence the (imagined) body. As a musician and composer, Dorothy performs on cello and electronics in New York City.

**Jonah Katzman** is a third-year undergraduate student at Emory University in Atlanta, Georgia. He is pursuing a major in philosophy, politics, and law with a minor in anthropology. During the summer of 2019, he studied abroad as part of the Emory-Tibet Study Programs with the Institute of Buddhist Dialectics centered in Dharamshala, India. Through the program, he engaged in anthropological methods of interacting, teaching, and learning with Tibetan monks (students and faculty) of all levels. The experience has equipped him with a foreign perspective on mental health and philosophical inquiry.

**Kelsey Marr** is a Ph.D. student in the Department of Community, Culture, and Global Studies at the University of British Columbia Okanagan, where she works and studies at the intersections of medical anthropology, gender studies, and sociology. She is also currently a Guest Researcher with the Forum for Gender Studies at Mid Sweden University in Sundsvall, Sweden. Her research interests include assisted reproduction, infertility, kin-making, gender performance, and biosecurity. Kelsey’s doctoral research explores the movements and mobilities of the COVID-19 pandemic in relation to reproductive care and technologies.

**Jessica Ding** is an M.M. candidate in harp performance at the New England Conservatory of Music. She recently graduated from Harvard University with an A.B. in Social Anthropology and a foreign language citation in Chinese. Her research interests include Caregiving, Global Health, Integrative Medical Systems, and Traditional Chinese Medicine (TCM).

**Jonathan Nguyen** is a recent graduate of New York University (2020) with a Bachelor of Arts in Anthropology and Global Public Health. He concentrated his undergraduate studies on the intersection of kinship, filial piety, and the construct of the family and their relationship to and impact on our health, body, and culture. Though currently on a gap year, Jonathan is an MPH Candidate in Health Policy and Management with a concentration in the Health of an Aging Society at Columbia University.
Amy Iafrate is a recent graduate of New York University, where she studied Linguistics and Anthropology. After spending time studying at NYU’s sites in New York, Paris and Shanghai, Amy graduated Cum Laude with intent to further her education in New York. In the liminal phase following graduation, stuck in a new COVID-era reality, Amy applied and was accepted into CUNY Graduate Center’s Women’s and Gender Studies program. Passionate about the interactions between language, gender, and technology, she hopes to pursue a research project on the performance of dialog systems in understanding “non-dominant” speech. Amy hopes to uncover how human biases are reproduced in speech technology and to draw from her knowledge of socio-phonetics and feminist theory to help achieve these answers.

Amanda R. Harkins is an undergraduate student in the Department of Anthropology and Department of Biological Sciences at Northern Arizona University. She is set to graduate in Spring of 2021 with a double major of Anthropology and Biomedical Science, and a minor in Chemistry. Harkins has been a lab intern in the Paleodiet Lab on campus since January of 2020, where she, under the supervision of her faculty mentor, analyzes the stable isotopes of bioarcheological and some zooarchaeological remains. Additionally, she is a teaching assistant for an introductory anatomy and physiology lab, as well as a teaching assistant for a human osteology class. Harkins is interested in forensics and hopes to attend graduate school to study forensic anthropology.

Devyn L. Strickland is an undergraduate student in the Department of Biological Sciences at Northern Arizona University. She is set to graduate in Spring 2021 with a Bachelor of Science degree in Biomedical Sciences with minors in Chemistry, Forensics, and Psychological Sciences. She is additionally a member of the Honors College. When not working in the Paleodiet Lab within the Department of Anthropology, she works at Flagstaff Medical Center, is an intern at the Coconino County Office of the Medical Examiner, and works as a lab technician in the Microbiology labs at NAU. Devyn has ambitions towards attending medical school and one day becoming a Forensic Pathologist.

Alina P. Lucas is an undergraduate student in the Department of Anthropology at Northern Arizona University. She is set to graduate Spring 2021 with a Forensic emphasized Anthropology degree and with a minor in Chemistry. Lucas is currently a lab intern in the Paleodiet Lab on NAU campus where she has been analyzing since January of 2020 and has been collaborating with her colleagues for promising upcoming research projects as well as working on campus in the disability resource center. Lucas is working towards completing her degree and continuing to graduate school in the pursuit of knowledge in forensic anthropology.

Isabel Salovaara is a Ph.D. student in Anthropology at Stanford University. Her research focuses on markets for supplementary education in India and what they can teach us about the changing futures of work, status, and aspiration in an era of accelerating digital mediation.

“While reading the pages that follow, I hope new students will find relatable and thought-provoking ideas that inspire them to submit.”
Emma Kahn holds a B.A. in Anthropology from Tufts University, where she also minored in Urban Studies. Her undergraduate senior thesis followed a $40 million "test-run" of an "ideally-replicable" model for redesigning American public spaces, positioned as a mechanism for "reconnecting" urban landscapes and communities. Since graduating from Tufts in 2018, she has been working as an immigration caseworker for a nonprofit legal aid organization in Albuquerque, New Mexico. She soon hopes to expand on her studies of representations and remakings of urban public space in the US – with particular attention to the contemporary "Creative Placemaking" and "New Urbanist" movements – as a potential Ph.D. candidate in Anthropology or Geography.

Bridget Hansen is a Ph.D. Candidate in Cultural Anthropology at Emory University in Atlanta, GA. Working and thinking at the intersection of Middle East and North African anthropology, psychological and medical anthropology, and globalization studies, Bridget’s work examines the Omani national psychiatry residency program. Created in 2006 to train junior Omani doctors for lifelong careers in Oman, the program is not simply transplanting Euro-American psychiatry and “erasing” cultural explanations of mental disorder; instead, it creates culturally contextualized translations that make a uniquely Omani psychiatry. Her doctoral research has been supported by the NSF GRFP, Society for Psychological Anthropology Robert Lemelson Foundation, and the Fulbright Program. Bridget is currently a writing specialist for Emory University’s National Scholarships & Fellowships Program.

Sadiqa Taaseen is a DPM Candidate at the New York College of Podiatric Medicine. While pursuing a Bachelor of Anthropology, she developed an understanding of the racial biases present in the healthcare system. She aims to raise awareness of these racial, gender, and religious prejudices through her work. She aspires to be a medical professional who can use an intersectional approach to provide individualized care by truly considering one’s background rather than using a standardized protocol.

Cora Hirst is a rising third-year undergraduate studying Biology and Human Biology and Anthropology at Emory University. Aside from her research interests in Evolutionary Medicine and Computational Biology, an introduction to the fundamental questions of the absolute and the practical in the traditions of Western political thought sparked her passion for exploring the intersections between convention and nature. She intends to pursue a joint M.D./Ph.D. for Paleopathology and contribute to the translation of ancient disease studies to modern clinical therapies.

Ashley M. Mize is a graduate student in ESL with the Department of Curriculum and Instruction at Texas State University. It was during her B.Sc. in Social Science (finished in July 2018) at the University of Maryland University College (UMUC Europe) when she was provided with the opportunity to attend the Solferino memorial through the American Red Cross Aviano chapter. Having studied Anthropology, she found the Solferino Fiaccolata very fulfilling, especially the rich cultural diversity and history she witnessed there. It was this experience that led her to become an official Croce Rossa Italiana (CRI) volunteer while living in Italy, where she completed 27 hours of service with the Comitato di Pordenone. Her academic interests include anthropology, bilingual education, genetics, and speech-language disorders. During her undergraduate career, she was also recognized for an essay connecting the social sciences to genomics and was awarded the "Darlene A. Smucny Award" through UMUC’s Pi Gamma Mu chapter organization.
When I attended the annual memorial in 2018, 159 years had passed since the 1859 Battle of Solferino in a small town (“paese”) of the province Mantua in the northern region of Lombardy. Solferino is so small that Italians from elsewhere in the country will not recognize the name unless you mention the Battaglia (di Solferino), the last engagement of the Second Italian War of Independence. 300,000 soldiers—deployed from the Austrian Empire, the Kingdom of Sardinia, the Kingdom of Hungary, and the Second French Empire—clashed on June 24th, leaving many nations’ blood on
the Italian hills. With 6,000 soldiers dead and another 40,000 wounded, little did the rulers of that time know the devastating bloodshed at Solferino would inspire one of the largest humanitarian aid programs in the world and bring the once-battling nations harmoniously together (ICRC, 1998). Henry Dunant was struck by the plight of Solferino veterans and in 1859 founded the Red Cross to provide for victims’ families and bring nations together in both war and peace. A century and a half later, over 10,000 volunteers from the International Federation of Red Cross and Red Crescent Societies (IFRC), representing seventy-six nations, gathered in Solferino to memorialize the battle and celebrate Dunant’s recognitions. The importance of anthropology represented here is commemorated by the annual unification of nations from all over the world in a common purpose deeply supported by the history of Solferino. Dunant’s impact on Solferino has not only brought cultural awareness to the town but has also brought many nations together in universal humanitarianism through his memoir A Memory of Solferino.

**KEYWORDS**

Anthropology, commemoration, IFRC, Solferino.

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**THE HISTORY OF SOLFERINO**

The story of how the International Federation of Red Cross and Red Crescent Societies (IFRC) came into existence begins with a chance meeting shortly after the Battle of Solferino. In 1859, Swiss businessman Henry Dunant encountered his first eyewitness to the death and destruction at Solferino. This witness’ testimony could have been waived off as just another account of great loss, but Dunant - shocked by the magnitude of suffering caused by what had been one of the bloodiest battles of the age - made it his priority to urgently speak with French Emperor Napoleon III about the need for wartime medical supplies to help these men. However, the French Emperor was preoccupied with helping the Italians push out the Austrians. So, Dunant proceeded without the Emperor, helping wounded soldiers wherever needed with his own time and money. Shortly after publishing his 1862 memoir, *A Memory of Solferino*, Dunant helped establish the International Committee for Relief to the Wounded in 1863, which has since been renamed the International Committee of the Red Cross (ICRC) (ICRC, 2016). Dunant’s efforts were acknowledged with a Nobel Peace Prize in 1901. The annual commemoration of Dunant’s idea brings thousands together to memorialize the Battle of Solferino. These commemorations (hosted by the ICRC) have gained in popularity since May 1992 and are often referred to as *Fiaccolata* or “torchlight procession” - a march that honors Dunant’s efforts to assist rescuers who carried the wounded from the battlefield at Solferino.
Nearly everyone waved to the women standing on balconies of the homes they had inhabited for the last eighty-ninety years, through Mussolini’s Fascist rule up until today. Mussolini’s legacy continues to resonate in the very walls of the city, across which some of his words have been inscribed: *Noi sogniamo l’Italia Romana, cioè saggia e forte, disciplinata ed imperial* (“We dream of Roman Italy, that is wise and strong, disciplined and imperial”). Although we, citizens, hope to never witness a return of fascismo, many of us do feel honor bound to uphold the quotes’ main principles, especially those of us who adhere to the IFRC’s Seven Fundamental Principles: humanity, impartiality, neutrality, independence, voluntary service, unity, and universality.

CULTURAL ANTHROPOLOGY IN SOLFERINO

Of the seventy-six different nations represented at the 2018 Solferino event, sixty-four (84.2%) came from Red Cross Societies and twelve (15.8%) from Red Crescent Societies (see Fig. 1.) (Mize, 2018b). The commemorated annual walk brings together Red Crescent and Red Cross Societies to adhere to the IFRC principles of unity and universality. Tanya Shawar Abu Ghosh, Head of the International Cooperation Unit at Palestine Red Crescent
Figure 1: Chart of 2018 Member Nations Who Attended Solferino (Mize 2018a).

Figure 2: Chart of Number of International Societies Represented (Mize 2018b).
Society, reiterated this idea as she explained the importance of the 2018 event for her office: “This significant event is our first time in person (for me) to attend this ceremony. I find it very special because it gathers the diversification of different volunteers in this important event which is the birth of the Red Cross and Red Crescent Day” (Facebook, 2018).

LINGUISTIC DIVERSITY IN SOLFERINO
Although most of the event at Solferino was conducted in Italian, many participants spoke English in addition to their native language(s). As seventy-six nations were represented, it is difficult to catalogue just how many languages were spoken over the course of the annual commemoration which lasts one week every June. Within the region of Lombardy only 3.5 out of 10 million people speak the official Lombard language (marked as “Definitely endangered” by UNESCO’s Endangered Languages), and the Solferensi are largely native Italian speakers—joining the ranks of the 60 million Italian speakers across the nation (UNESCO, 2016).

SOLFERINO AND OBSERVING ANTHROPOLOGICAL CULTURAL UNIVERSELS
Since 2017, Italy has had the honor of having their national Red Cross director Francesco Rocca (President of the Croce Rossa Italiana (CRI)) also represent the IFRC as President. Rocca set the 2018 Solferino theme as Per noi ogni essere umano è importante, which translates to “For us every human being is important” (Francesco Rocca, 2018). This theme was directed at the countless migrants and refugees moving all across the world, and the event encouraged states and volunteers alike to
engage in humanitarian efforts to protect these
people by observing the IFRC’s fundamental
principles of neutrality and independence.

CONCLUSION ON FUTURE VISIONS OF SOLFERINO
AND COMING TOGETHER AS IFRC SOCIETIES

With the knowledge and experience gained
as an American Red Cross volunteer, I have
come to value events, like the IFRC celebration,
which unite all humanity for a common
purpose. I hope this paper introduces more
people to this institution and its lofty but noble
goals. Through voluntary service to the IFRC
Societies and respect for others in times of
both war and peace, we have the opportunity
to create a shared cultural heritage the likes of
which Henry Dunant could only dream about a
hundred and fifty years ago.

WORKS CITED

en.comuni-italiani.it/020/063/

assets/files/publications/icrc-002-0361.pdf

Facebook. (24 Jun 2018). We’re live from
#Solferino2018. Stay tuned to meet Red Cross
and Red Crescent volunteers and staff from
around the world. International Federation of
Red Cross and Red Crescent Societies (Facebook
page). [Video by Tommaso Della Longa].
Retrieved from https://www.facebook.com/
IFRC/videos/10156341217764280/

Francesco Rocca. (25 Jun 2018). Solferino 2018:
For Us Every Human Is Important. Francesco
francescorocca.eu/solferino-2018-per-noi-
ogni-essere-umano-e-importante/
Reproductive health and reproductive justice for Muslim women

Sadiqa Taaseen
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Abstract
Reproductive justice is defined as “women and girls achieving economic, social, and political power, and the resources to make healthy decisions about one’s bodies, sexuality, and reproductive health for themselves and their families and their communities in all areas of [their] lives” (Zavella 2016, 1). Women of color are the targets of much prejudice in American society. (Ginsburg and Rapp 1995). Since September 11th and especially in the Trump era, Muslims continue to be “otherized” and racialized, further marginalizing Muslim women. Muslim women’s reproductive health is impacted by reductive and essentialized perspective of their religious practice, a typical view held by contemporary America. Analyzing these disparities through an intersectional lens allows the researcher to confront popular essentialisms to understand the simultaneous interaction of race, class, and gender in the lives of Muslim women. Using this approach in her study of the reproductive health of African American women in Harlem, Leith Mullings (2005) identifies certain structural constraints, including political and economic factors, that cause stressors during pregnancy and health problems for both mother and child. Her findings and similar studies on Latina women beg the question: how do gender and racial discrimination, class bias, and Islamophobia affect the reproductive health of Muslim women? In this paper, I argue that intersectionality as a method and theoretical approach should be applied to Muslim women’s reproductive health and reproductive justice issues, and I sketch out the beginning of an answer to that question.

Keywords
Reproductive Justice, Intersectionality, Muslim Women, Racialized Minority.

Introduction
Thirty years ago, Edward Said (1978) introduced Orientalism to explain Western hegemonic discourse about Islam. The “otherizing” and racialization embedded in orientalist discourse has only grown since September 11th and the Trump presidency. Lila Abu-Lughod (2002), an Afghani American and Muslim anthropologist, argues that the “War against Terror” reveals an orientalist lens in which Muslim women, in particular, are inferior. Such prejudicial views toward religious beliefs and the treatment of women cover America’s constant repressive conduct around the world and seep into the administration of marginalized groups inside the United States (2002). One such domain is the health care system. Muslim feminist activists such as Linda Sarsour argue it should not be allowed to be degraded by racial discrimination and class assumptions. Sarsour (2017) clearly articulated this idea in her speech at a CUNY school of public health commencement: “We in this room together must commit to never being bystanders to poverty, lack of jobs and healthcare, sexism, violence, discrimination, racism, xenophobia, Islamophobia, anti-Semitism, and homophobia.” Likewise, other scholars like feminist writer Chandra Mohanty (2003) have called attention to the legacies of colonialism that homogenize women across “classes and cultures” while urging activists, health care providers, and researchers to overcome these legacies. However, sexism, racialization, and the essentialization of
Islam influence biomedical and public health models to the extent that Muslim women’s reproductive behavior in the United States is severely under-researched – and the findings that do exist are distorted (Walton et al. 2014). This situation and current activist movements raise the question, can Muslim women attain reproductive justice in a racialized society? In this paper, I apply the concepts of intersectionality and reproductive justice to the racialization of Muslim women’s reproductive health in America. I argue that this intersectional methodology—used previously with Latina and African American communities—is the best approach to accurately addressing the specific reproductive needs of Muslim American women.

**REPRODUCTIVE JUSTICE**

Before delving into the specifics of reproductive justice, it is important to define some key terms. Reproductive health refers to women’s social, physical, and emotional well-being during pregnancy and the well-being of their reproductive system generally throughout their lives. Reproductive rights pertain to an individual’s right to access reproductive health and to choose whether to reproduce. Reproductive justice includes securing a woman or girl’s access to their reproductive rights through equitable and beneficial social, physical, mental, economic, and educational conditions (Zavella 2016). The reproductive justice movement reveals the limitations many women of color and low-income women face when exercising their right to choose and the barriers they experience to having children because of discriminatory structures and policies. These social and economic structures are based on unequal power relations, which discipline some groups’ reproduction (in the US, women of color) and privilege others (white women) (Luna and Luker 2013).

In a world with full reproductive justice and autonomy, a woman would be informed of her rights and the health resources available to her would accommodate her background, regardless of her immigration status, education, class, and race. However, many studies have found that racial discrimination infringes upon women’s reproductive rights. Zavella (2016) discusses how Latina immigrants do not receive proper reproductive care sensitive to Latina’s cultural traditions. Her ethnographic study involved a two-day participant observation in 2015 of a California Latinas for Reproductive Justice (CLRJ) workshop where activists broke down cultural and generational barriers to teach Latinas about contraception and their reproductive rights. The CLRJ’s services help vulnerable Latina immigrants by providing information to combat their subordination. Zavella notes Latina immigrants particularly experience subordination in relation to reproductive health, as they are unaware of their rights. Zavella argues that despite being a Western nation with sufficient funding, the United States provides immigrant women with only very limited health care as racial discrimination and inequality impact its accessibility. Just as Latinas’ right to reproductive justice is affected by racialization, Muslim women are “otherized” through essentializing and reductive logic that assumes all women of color have the same reproductive behavior and should be denied reproductive justice. In the next sections, I describe the main mechanisms of this denial – especially biased representation – and explain how an intersectional approach can overcome these obstacles.

**Biased Representation**

Representations of women’s reproductive choices are often biased by racialization and classism. According to Dana-Ain Davis (2009), reproductive boundaries are policed by belittling and targeting marginalized women at every stage of their reproductive lives. Davis uses the example of Fasano v Rogers (1999), a case in which Black woman Deborah Perry-Rogers had to fight a custody battle over her genetic son after her eggs were “mistakenly” implanted into a White woman undergoing IVF (invitro fertilization). Davis (2009) argues that the procedure was not actually a mistake, but rather prejudice based on racialization of women of color. The clinic clearly supported the societal belief that a white woman is more fit to be a mother than any other race. The racialization indicates “both the cultural illegibility of infertility and the general problematic of reproduction and maternalism among certain women” (2009). The direct account of racism
shows that not everyone has the right to reproduce and only certain populations are able to attain reproductive justice. Citing the portrayal of women of color as “bad” mothers, Davis argues that American society upholds a hierarchy of legitimate reproductive choices, where women of color are below white women. She explains that in the eyes of society, a “good” mother should not choose to have a child if she were poor, low-income, single, and not White. For example, if a middle-class white mother were to have multiple children, she would be encouraged, supported, and viewed as a positive member of society. However, a poor African American mother would experience very different reactions, as women of color and those of minority status are generally viewed very negatively in the eyes of society and deemed “unfit” to have children (Ginsburg and Rapp 1995). Instead of deserving government reimbursements, poor or low-income women of color are called “welfare leeches.” The racialization associated with this stigmatizing rhetoric surrounding having children is what Ginsburg and Rapp (1995) call “stratified reproduction.” Stratified reproduction theory identifies the power that gives some groups access to reproductive choices while limiting the choices of others, revealing how “some reproductive futures are valued while others are despised” (1995, 3). This means that society prefers certain groups and encourages them to reproduce, while discouraging others deemed unwanted or negative.

**INTERSECTIONALITY**

In order to maintain women’s reproductive health, health care professionals should consider their patients’ class, gender, and race. Working- and middle-class women of color experience exploitation, racial discrimination, and gender subordination through environmental racism, employment insecurity, and problematic housing conditions, all of which have significant impacts on their health and birth outcomes. An intersectional approach to health care examines how these conditions are produced through the simultaneous interaction of systemic and interpersonal prejudices towards race, class, and gender, rather than blaming biological race or cultural traditions.

Using the example of Sojourner Truth, an enslaved African American woman who later became involved in the women’s rights movement, Anthropologist Leith Mullings (2005) argues that the legacies of enslavement and present hardships caused by racism impact the long-term reproductive health of African American women. Focusing on “the interaction of race, class, and gender, as well as the dialectic of oppression, resilience, and resistance” in the lives of African American women (2005, 79), Mullings argues that because both middle class and working-class Black women have poor reproductive health outcomes, racism – not poverty alone – is to blame. Public health scholars David and Collins (2007) echo these claims in their discussion of how Black and White women’s exposure to different conditions (like increased stress due to minority status, not their various genetic backgrounds) result in different birth outcomes and more preterm births for Black women.

**Discrimination and Limitations Within the Healthcare System**

Preterm births and high infant mortality rates are connected to environmental issues, employment insecurity, and poor housing conditions—all of which are influenced by racial discrimination. In a study analyzed by David and Collins in Illinois, African American women gave birth to infants with much lower birth weights than African-born women and US-born, white women (2007). David and Collins’ analysis also states that European immigrants had daughters with the same birth weight as European Americans, whereas African and Caribbean immigrants had daughters with a higher birth weight than that of established African Americans (2007). Societal inequalities manifest in structural and environmental discrepancies, such that certain facilities are only available to white populations, denying women of color the resources they need to have healthy (full weight) babies (Mullings 2005). These discrepancies mean that women of color are often exposed to violent environments and unfavorable conditions, leading to increased levels of life stress that eventually lead to poor health during pregnancy and poor birth outcomes. For instance, working-class and middle-stratum African American women
living in Harlem face stress from poor housing conditions due to neglect from discriminatory landowners and governments, which can result in eviction during pregnancy as well as higher contact with pollutants and lack of access to quality supermarkets (Mullings 2005, 81). As Zoë Carpenter points out in the case of Wisconsin, these conditions result in unhealthy pregnancies, which leads to preterm births, underweight babies, and increased mortality: "Over the past decade, more than 100 babies, at least 60 of them black, have died in Milwaukee each year, about two-thirds of them because they were born early or small" (2017, 6).

Institutional discrimination – unequal treatment in the social, economic, educational, and political systems – impacts the health of particular groups of Americans and their access to health care. As Carpenter puts it, "It's the stress caused by racial discrimination experienced over a lifetime that leads to black American women's troubling birth outcomes, not the individual choices those women make or how much money or education they have" (2017, 6). No matter her economic or educational status, an African American woman can feel marginalized in a health care system that does not respect her needs or circumstances. Carpenter (2017, 6) describes how fear of being treated differently due to her race leads one pregnant African American woman to have a hard time trusting her white doctors. Much like the stories of Latina women Zavella (2016) follows, when Carpenter's interlocutor attended a labor and birth course the majority of her classmates were white and the teachers did not cover birth complications and issues relevant to women of color. Women are entitled to reproductive care tailored to their needs and taking their ancestral backgrounds into consideration, which, as Zavella (2016) and Carpenter's (2017) cases prove, general care packages do not provide.

Mullings and Schulz (2006) emphasize that understanding intersectionality is at the core of caring for an individual's health because health care professionals must understand biological race and genetics are not the only components affecting one's health. Health disparities based on race/racism, class, and gender/sexism are matters of life and death. They are expressed by differences in length of life, life chances, and quality of life and death. Efforts to reduce or eliminate persistent health disparities are among the most important opportunities for improving the health of US residents and are rightfully a high priority for public health and social science scholars (Mullings and Schulz 2006).

**RACIALIZED MINORITY GROUP**

Western epistemology labels Islam a barbaric religion that promotes "terror" and subordinates women (Said 1978). Consequently, Muslim women are often portrayed as submissive and primitive in comparison to Western women, and Western media condemns Islam as a religion that does not value women: Western images of Islam are "populated by shadowy (though extremely frightening) notions about jihad, slavery, subordination of women and irrational violence combined with extreme licentiousness" (Said 1978, 6). This Orientalist perspective relies on—and contributes to—a racialized hierarchy: "The general basis of Orientalist thought is an imaginative geography dividing the world into two unequal parts, the larger and 'different' one called the Orient, the other, also known as our world, called the Occident or the West" (Said 1978, 2). In this way, the Orient's supposed barbarism legitimizes their subjugation to the Occident's self-proclaimed righteous authority. The consequences of deeming Muslims to be a primitive group of humans are felt in the arena of reproductive health (among others), where Muslims are stereotyped as not believing in contraceptives and other forms of family planning, which limits Muslim women's access to appropriate care (Inhorn and Sargent 2006).

Although the issues these women face (like religious stereotypes about family planning) are different than those of other marginalized populations, there are few ethnographic accounts of Muslim women's reproductive health. There are none on Muslim women in the United States, despite the increased racialization of Muslim women after the terror attacks on September 11, 2001. When searching for research about Muslim women's reproductive health in Medline, a medical journal search engine, the key terms "Muslim," "Women," and "Reproduction" produced only
1300 Articles. Out of those 1300, only 83 were conducted on Muslim women living in the US and none of them were ethnographic accounts. Most of these articles focus on reproductive health in terms of identity, stigma, modesty, and body image, not issues of pregnancy, birth, or child rearing. This dearth led me to hypothesize that an Orientalist reduction of religious practices limits research on Muslim women's reproductive health practices.

**Muslim Women's Reproductive Perspectives**

Religious reductionism represents a lack of reproductive justice because it does not adequately take into consideration the intersectionality of race, class, and gender (Zavella 2016; Mullings and Schulz 2006). As Inhorn and Sargent (2006) discuss, many Westerners view Muslims as "hyperfertile" because they believe Muslims strive to produce a new crop of terrorists and to outnumber other populations. These ideas (or related essentializations of religious beliefs) bleed over into the health care industry where many professionals believe all Muslim women reject contraceptives, and into research where scholars generalize based on small sample sets, homogenizing the entire population (Walton et al. 2014). Walton et al.'s study found that fourteen lower-middle class, married Southeast Asian women believed women have the right to make choices about their own bodies without interference, but they preferred their husband to be present during medical consultations regarding their reproductive health. However, Walton et al. (2014) fail to point out that the husbands’ presence indicates these women do not operate completely autonomously in decisions about their health, nor that this reproductive behavior is not true for all Muslim women. Reducing their experiences, cultural backgrounds, and religious practices to one stereotype presents an incomplete and potentially corrosive understanding of Muslim women that reinforces them as a racialized group.

Inhorn and Sargent (2006) contradict Walton’s argument by pointing out there is "no single Muslim reproductive pattern, even in Muslims existing side by side" (2006, 4). In other words, Muslims view and practice Islamic teachings about reproduction differently, and it is wrong to generalize about religious views when providing medical treatment. Sargent (2006) further contradicts the implications of Walton’s article by arguing that Muslim men and women do not have the same perspective when it comes to reproductive health. Sargent describes how Malian immigrants in France use their diverse and gendered interpretations of Islam to make distinct reproductive decisions and engage in different discourses about reproductive issues. On the one hand, Malian men ascribe to a patriarchic view where they have power over their wives and their reproductive choices. Some of these men also do not believe in contraceptives. This being said, a local male religious leader is aware of the challenges facing immigrant parents and modifies his advice accordingly: "Islam allows four wives, but only if the husband can care for them and their children equally. This is impossible in Paris. Similarly, Malians in Paris have too many children and cannot feed them properly. In these instances, [the leader] advises spacing pregnancies or stopping" (2006, 38). On the other hand, many Malian immigrant women in France believe that "God is tolerant and understands women's fatigue" and are comfortable using contraceptives (2006, 40). The decision of some Malian immigrant women in France to use contraceptives—regardless of their husband’s decision— not only displays autonomy but also opposes the reproductive behavior that Walton et al. (2014) implies is true for all Muslims.

Tober et al. (2006) agrees with Sargent in their discussion of Shi’a Muslims’ family-planning habits and use of contraceptives in Iran. Tober et al. describe Iran's thorough family planning system, the Women's Health Volunteer Program, which includes the participation of Mosques and health clinics to educate women and men about contraceptives (including vasectomy and tubal ligation), encourage child spacing, and discourage child rearing before the age of 18 and after the age of 35. To support this effort, Iran's religious leaders draw on verses from the Quran to argue in favor of the importance of maintaining family harmony through the promotion of healthy families over plentiful families. Tober et al.'s data on Iranian Muslim women using contraceptives
and practicing autonomous reproductive behaviors contradicts the American orientalist perspective that presents Muslim women as primitive. In fact, the findings from the one medical study on the reproductive health of Muslim Women in the United State suggests that “American Muslim women’s contraception utilization patterns . . . are possibly countervailing and likely multifaceted” because they “share certain similarities with both American women in general and disadvantaged racial and ethnic minority groups in the United States” (Bhudwani et al 2018, 1). From this data, Bhudwani et al extrapolate that, despite the size of the population, Muslim women's reproductive health practices are not represented in biomedical and public health models. When a Muslim woman walks into a reproductive health clinic, she is automatically reduced to a depiction of what the West thinks women of her faith believe. Her personal choices and her diverse background, including education and socioeconomic status, are often misrepresented. More research is needed to accurately understand the use of contraceptives and reproductive health choices among Muslim women living in the United States.

Understanding the Reproductive Health of a Minority Group

In this paper, I have suggested that intersectionality as a method and theoretical approach is the best strategy for understanding the reproductive health and justice issues of Muslim women. Without such intersectional data detailing the diverse background of Muslim women and how their background affects their reproductive health, it is easy for health systems and providers to forget that Islam is a religion practiced by people from many different cultures. Each individual has their own interpretation of “being Muslim” and there are different outcomes and experiences for women across the United States. There are African American Muslims, there are South Asian Muslims, there are White Muslims, etc., and all of those racial or ethnic backgrounds connect to other factors which affect reproductive health including housing and economic issues. Unlike the public health/biomedical model that Walton et al. (2014) presented, I claim that it is impossible to treat adherence to Islam (or a cultural identity of being a Muslim) as a universal determinant of women’s autonomy and reproductive behavior. I trace some of the origins of the misguided public-health/biomedical model back to the Western Orientalist perspective (Said 1978), which reduces all Muslim women to a stereotype. The post-9/11 Western discourse about the “evil” and “wrongdoing” of Muslims and their abuse of women produces Islamophobia and dismisses the US’s own terrorizing tactics, including the mistreatment of Muslim women at home and abroad (Abu-Lughod 2002). These discourses misrepresent religious views while racializing and homogenizing Muslims. Like essentializations about religious belief, treating race as the biological reason for people's lifestyles and life choices leads to misunderstandings about the reproductive behaviors of minority groups. Mullings and Schulz (2006, 44) expand on this idea:

Alleged cultural traits, behaviors, or beliefs, frequently implicitly or explicitly considered to be associated with racial groups, are often seen as constant, unchanging, and independent of social and historical processes. Analyses that construct culture or lifestyle in this manner simply substitute an essentialized notion of culture for race, with little attention to the structure of constraints within which people make lifestyle choices.

Looking at individuals like a token of a group instead of tracing the social relations that affect those individual lives leads to an ineffective analysis and provides an insufficient basis for health interventions (2006, 44). For instance, if a woman in a hijab walks into an abortion clinic, she may very likely be profiled based on the obvious marker of her Islamic faith instead of taking her educational or socio-economic background into consideration. This kind of generalization erases intersectionality in favor of stereotypical expectations based on “looking” Muslim and gets repeated over and over again. Without pushback from the public health and medical community, it becomes religious prejudice that hinders women’s access to reproductive health and justice.
One of the main barriers to overcoming these problems is the lack of researchers, especially anthropologists, covering the reproductive health behavior of Muslim women in the United States. Fortunately, Budhwani and colleague’s (2018) recent article shows things are beginning to progress and there is growing interest in Muslim women’s reproductive health. I exhort researchers to take up these activists’ mantle and apply intersectionality as both method and theoretical approach to understand and ameliorate reproductive health and justice issues for Muslim women.

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CHANGING THE SCRIPTS: HOW NON-BINARY AND TRANSGENDER WRITERS RELY ON DOMINANT DISCOURSES IN THE PRODUCTION OF COMING-OUT STORIES

Amy Iafrate

ABSTRACT
In this article, I analyze gay, lesbian and transgender authors’ use of the prevailing model of the “coming-out story” and its problematic implications. I begin by arguing that coming-out stories in gay and lesbian autobiographies have been restrained by their relationship to hegemonic heterosexual discourse, which has led to the oversimplification and structural limitation of coming-out narratives so as to adjust them to straight society’s expectations. I show how the coming-out-story paradigm (which always includes a protagonist’s inner knowledge of their true sexual identity from a young age and their adherence to this truth throughout processual recounting of life experiences) hinders gay and lesbian writers’ attempts to identify their sexualities publicly while also providing almost no space for trans narratives. The result is a plethora of ubiquitous, “homonormative” (Cohler 2007) gay and lesbian narratives, contrived Trans stories forced into the gay and lesbian model which makes Trans sexualities invisible (instead of developing out of their own community and identities; Lal Zimman 2009; Vasvari 2006), and the rejection of all narratives which do not follow that problematic autobiographical formula. Thus, I propose that the naturalized structure of the coming-out story is both unforgiving to the author and the only formula that is culturally accepted at this moment in time. The terms of autobiographical writing, the influence of hegemonic discourse, and lack of new cultural scripts have produced a story-telling framework that limits both non-binary and transgender authors in producing an honest discourse around their identity.

KEYWORDS
Coming-out, Narrative, Identity, Gay, Lesbian, Transgender.

One of stories’ greatest powers is their ability to unify—both to bring together disparate people into a community and to solidify perceptions and worldviews. As such, stories “affect our norms, who we think of as insiders and outsiders, who is deserving and undeserving, and why our world looks the way it does” (Saltemarshe 2018). One of the ways stories unite is through the standardization of narrative structure, vocabulary, and themes, though homogenization can trap storytellers into conventionalized, reductive, and inauthentic narratives. In this same way, life stories preserved in written autobiographies help forge cultural frameworks that can, in turn, legitimize gender ideologies and their attendant patterns of segregation and stigmatization. As portrayed in the gendered narratives of heterosexual courtship, men and women often perform their genders discursively by relying on a dominant, androcentric script built out of a sexist framework (Silberstein 1998).

Although the visibility afforded non-binary individuals as they gain acceptance in greater society gives them a chance to generate new narrative scripts, I argue that their stories are often governed by the rules of the dominant discourse. These stories, called coming-out stories, are quintessential narratives told by gay, lesbian, and trans individuals. In particular, I claim that the coming-out story
has become conventionalized and simplified through its dialectical relationship to dominant cultural discourses in the form of heterosexual autobiographies. The problems of this standardization are compounded for transgender authors because they are publicly identifying with a gender identity rather than a sexual identity, and are unable to rely on dominant gay and lesbian narratives. I rely on queer anthropology and non-binary and trans narratives to question existing coming-out stories’ narrative models and explain how Western society’s autobiographical structures shape the production of (what aim to be) subversive narratives.

RELIANCE ON HETERONORMATIVE SCRIPTS

Stories which transgress the conventionalized gay and lesbian autobiography genre help us identify what, exactly, the genre’s conventions are. For example, Margaretta Jolly (2001) dissects how the writing of queer lives is ill-received when authors do not follow normative scripts. Jolly (2001) argues that conventional coming-out stories rely on a standard “language of belonging,” which autobiographies like Jan Clausen’s “Apples and Oranges: My Journey Through Sexual Identity” prove is impersonal and insufficient. Likewise, identifying publicly with one sexuality gives authors cultural capital, as this is more valued by (and intelligible to) mainstream heterosexual order than other varying identities. Coming-out stories reveal that cultural acceptance is limited to this “either-or sexuality model” even within homosexual communities (Jolly 2001). For instance, Clausen diverged from this trope by first coming out as lesbian and then coming out again as heterosexual when she married a man. She lost credibility and was “exiled” from the lesbian community, who expected her lesbian identity to be fixed rather than relative. In this sense, Clausen’s fluidity rejects the coming-out-story convention of absolute “conversion” and “revelation” (in other words, choosing to live in accordance with a truth the author has always known) common across male and female homosexual autobiographies. Without inclusive language to construct new narratives, writers are compelled to rely on constrictive, pre-existing scripts. Thus, Jolly questions if the coming-out story still has a purpose or if it is too “culturally and politically specific” to help gay and lesbian autobiographers facilitate diverse and fulfilling communities through the genre of written sexual lives (Jolly 2001).

The writing of gay men similarly reveals how non-binary writers rely on the language and logic of previous authors while they attempt to construct non-normative identities and communities. In “Writing Gay Desire,” Bertram Cohler (2007) muses about whether the growing social acceptance of gay men has frozen the writing of gay life into a particular pattern that limits future generations. He sees the notion of “being gay” as a structured concept produced by “wider discursive forces” and laments the inability of gay men to share particular experiences that do not align with larger understandings of what it means to be gay. In his review of Cohler’s book, Mark McLelland (2008) draws on “will to institutionality,” a concept coined by Roderick Ferguson, to expose gay autobiographers’ fixation on having their relationships “normalized, institutionalized, and bureaucratized” in the same manner as their heterosexual counterparts. McLelland provocatively argues that gay male autobiographers’ reliance on dominant, heteronormative life-story discourses has created a “homonormative” narrative. I contend that authors attempting to subvert this hegemonic homonormative discourse (that sexuality is an innate aspect of identity) are often reduced to another conventionalized script. While these life stories help a community connect discursively, they also produce a particular kind of accepted homosexuality that is not a universally shared experience. Consequently, when newer generations of gay writers gain access to platforms to tell their stories, they may attempt to construct their identities and narratives in opposition to a hegemonic ideal – but they will still be stuck using formulaic cultural scripts.

The reproduction of easily digestible, non-binary autobiographies results in censoring or silencing many gay and lesbian writers. For example, heterosexuality belongs to a culturally unmarked category. So, in heterosexual women’s autobiographies, sexuality is unnamed as it is assumed. While the coming-out story is essential to the construction
and negotiation of lesbian identity, lesbian autobiography becomes problematic when it is produced in frameworks of heterosexuality that deem lesbian women as deviant from the norm. Lesbian women’s subversive sexuality must be named, which makes other details of their autobiography invisible outside of this uniform (sexual) difference from the natural, heterosexual woman. This invisibility is precisely what Julia Watson seeks to define as the “unspeakable;” in other words, the oppression of women’s discourse when not presented in the framework of hegemonic heterosexual language (1998).

Women’s desire lies within the realm of the unspeakable in women’s narratives. Stifling discussion of desire directly correlates to the “silencing of sexuality” that occurs in cultures which lack technical language to name genital organs or sexual violence, or which lack proper forums to speak about these issues (Vasvari 2006). In Western culture, women are lexically degraded by the language of the patriarchy, which reduces the differences between women and their desires into one heterosexual norm versus the deviants. As a result, the structured coming-out-story frame for lesbian autobiography “institutionalizes lesbian difference” (Watson 1998, 213). This institutionalization is another way that the genre of the coming-out story, as the basis for gay and lesbian autobiography, reinforces conventions that limit the construction of gay and lesbian identities. Much like Jolly, Watson sees lesbian authors who use fixed terms for expressing a “homogenous, repressive past” and “discovery of lesbian desire” as taking part in limiting the structure of coming-out narratives. I propose here – with supportive data from Katherine Wood (1997) – that there are discrepancies between the ways lesbian speakers view coming out as an ongoing process and the model which forces them to write about lesbian identity in a more fixed way.

In non-binary writers’ narrations, protagonists use present tense to speak about coming-out experiences, indicating that coming-out is not a single event that occurred at a given moment in the past. This type of syntactic flexibility is not afforded to lesbian authors staying within the confines of the autobiographic genre. In addition to authors’ contributions to the “norms of autobiography,” readers often contribute to the understanding of lesbian autobiography as a rigid genre (Watson 1998). Speaking to this, Biddy Martin proposes that readers should see lesbian texts as a “negotiation around identity and difference” rather than as “a totalizing self-identification” (1998). Readers and writers of lesbian texts must upheave the orthodox constrictions placed on the genre of autobiography by creating new cultural narratives which contribute to the cognitive framework of society. Then, different members of the LGBTQ community will view the coming-out story as less of a homogenized practice, and a counterscript or new model of autobiographical writing might “break silence” to question “dominant structures of meaning” (Watson 1998).

**PROGRESSIVE MODELS OF TRANSGENDER NARRATIVES**

Notwithstanding the linguistic similarities between gay, lesbian, and transgender narratives, transgender authors have the most potential to challenge the model of the coming-out story by not orienting to the norms that gay and lesbian stories have placed on revealing identity. While Lal Zimmel (2009) reminds us that there are “community-specific ways” to go about narrating coming-out stories, I argue that all coming-out stories are placed in opposition to the hegemonic norms in society and that authors negotiate subversive identities through autobiography. A salient theme in coming-out stories is “claiming an invisible identity” – either a sexual identity for gay and lesbian authors or a gender identity for trans authors (ibid). Yet trans writers have the option of coming out either before or after changing their gender roles. In this case, trans narratives lack the processuality of gay and lesbian coming out stories. Rather, they can “disclose” their former gender after assuming a new gender identity, thereby telling a “transgender history,” or they may choose to “declare” the gender they identify with before performing that identity (ibid). These transgender writers’ lexical distinctions correlate to the fact that they live in the “opposite gender assigned to them at birth” (ibid, 57). This distinction means that trans narratives are unique in
the sense that they do not often contain the same developmental timeline that is characteristic of gay and lesbian coming-out stories despite being constructed in relation to heteronormative life stories.

The distinct ability of trans writers to ‘disclose’ or “declare” a gender identity is limited by society’s views on the inherent nature of gender as biological rather than a social construct. Zimman describes the result of a society fixated on the hegemonic readings of coming-out narratives and stigmatized identities:

Non-transgender people typically assign primacy to a person’s assigned gender role and upon discovering a person’s transgender status will often conclude that the individual is ‘really’ a woman, for example, even if they may look like and identify as a man. As a result of this schism, disclosing a transgender past may have the effect of undermining what the speaker sees as their true identity rather than illuminating it (ibid, 56).

In this case, the coming-out story is relatively ineffective at negotiating and constructing a strong sense of identity in opposition to the powerful cultural frameworks at play. This has a silencing effect on transgender individuals who seek community and solidarity through the genre of the coming-out story. This silencing demands that the coming-out story be “reconceptualized... to account for the entire range of coming out experiences of members of the LGBT population” (ibid, 55).

Language is the method by which counterscripts to the hegemonic norm can be generated: “consciously liberating discourse” is a powerful tool to combat hegemonic ideologies (Vasvári 2006). For example, when transsexual speakers debase dominant gender ideologies using creative linguistic practices, the larger discourse surrounding their identities begins to change as well. Zimman and Hall’s (2015) research on the discourses of female-to-male transgender speakers shows how the bricoleur of stigmatized groups fulfills community needs first through new language practices. A linguistic arsenal full of words like “bonus hole,” or “front hole,” which denote the vagina on transsexual men, also works to dismantle the “semantic link” between genitals and gender (Zimman & Hall 2015). This “subversive reshaping of genital terms” is effective in fashioning non-binary identities by vernacularly altering established hegemonic genders. Transsexual men legitimize their discourse through a “blurring of the line between clitorises and penises” to collocate female and male genital terminology with the “opposite” gendered bodies (Zimman & Hall 2015). The production of these heterodox discourses has the power to develop a larger consciousness about the gender ideologies at play in our society.

**STORYING TO BETTER DEFINE REALITY**

Challenging the integrity of current coming-out story models is part and parcel to recognizing the need for anthropological and linguistic inquiry into queer lives. Western society does not provide space for non-binary or trans people to build stories that fall outside of homogenized categories, and it silences those who try. While the production of non-binary and trans life stories helps writers gain visibility in mainstream society, their reliance on structured narratives hinders their ability to negotiate an honest public identity. New forms of online media (such as Twitter) introduce an alternative, condensed version of the coming-out story and help to move away from the conventional gay and lesbian narratives (Karlan 2014). Coming-out stories produced outside hegemonic models provide future writers with inclusive language they can use to write their own stories more freely. An emphasis on community-specific needs is central to the creation of new cultural scripts as trans writers linguistically assert their identities in creative ways while moving away from dependence on the writing parameters of gay and lesbian life. Queer anthropology and studies of autobiography also need to be discussed and thought about in an intersectional manner. Overall, in order for the genre of the coming-out story to be an effective means of constructing identities, the hegemonic cultural frameworks that limit its structure must shift to include the counter-scripts that already exist and continue to arise.


Zimman, Lal. 2009. 'The other kind of coming out': Transgender people and the coming out narrative genre. Gender and Language. 3(1).

ADDRESSING THE DOULA PARADOX: AN ANALYSIS AND REIMAGINING OF A CHANGING ROLE IN REPRODUCTIVE JUSTICE

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ABSTRACT
The history of obstetrics and obstetric violence shows that, historically, midwifery has been just as safe, if not safer than in-hospital birth. Using Michel Foucault’s Discipline and Punish as a theoretical framework, we can see how hospitals, like most social institutions, function as disciplinary forces for social control. In this article, I analyze the hospital doula as an example of Foucault’s docile body to demonstrate how doulas act as reformists while indirectly furthering the medicalization of birth and the marginalization of the midwife within the institution through assigned subservience and cultural assimilation. In addition to textual analysis of other scholars’ work on birth and birthing in the US, I employ narrative theory and autoethnography of my several years’ experience as an in-hospital doula to reimagine the doula’s role and propose sustainable and practical solutions to obstetric violence and medicalization. I argue that doulas, as midwifery advocates, can assist in shifting the birthing paradigm from obstetrics to midwifery by dispelling myths about home birth and by informing clients about the safety of midwife-supported pregnancy and birth.

KEYWORDS
Doula, docile body, institution, medicalization, midwifery, obstetric violence.

THE DOULA: AN EXPANDING AND EVOLVING ROLE
The term “doula,” a Greek word for female slave, is now associated with a modern definition first coined in 1973 by author Dana Raphael and codified by Doulas of North America International (DONA), the world’s first and largest doula training organization. According to DONA (2020), a doula is defined as “a trained and experienced professional who provides continuous physical, emotional, and informational support to the mother before, during, and just after birth.” While there are various definitions of what a doula is and does, DONA’s definition describes the basic outline of a doula’s accepted role in Western medical circles. There are many people who hire doulas and still prefer (or require) a medicalized approach to their maternity care because they are comforted by the hospital setting or have technocratic or surgical births. However, in this paper I focus on those individuals who desire little to no intervention, who have uncomplicated pregnancies, and who actively wish to resist external control of their pregnant-birthing bodies. My goal is to provide an analysis of the systems involved in the control and domination of the reproductive body, specifically in the birth space, and to offer solutions for doulas who wish to reclaim birth from violent obstetrical structures and return control to the pregnant people themselves.

My findings build on the more recent turn in doula circles towards “radical” and “full-spectrum” care that covers all reproductive health choices, including abortion and adoption. This turn is rooted in the reproductive justice framework, which The Reproductive Justice Media Guide describes well:

The reproductive justice framework is rooted in the recognition of the histories of reproductive oppression and abuse in communities of color. This framework uses a model grounded in organizing women, girls, and gender non-conforming (GNC) people to change structural power inequalities. The central theme of the reproductive justice framework is a focus on naming and eliminating the control and exploitation of women’s bodies, sexuality, and reproduction as an effective strategy of controlling people, particularly women of color, trans and GNC
people of color, and their communities.
(SisterSong Women of Color Reproductive Health Collective 2005).

The histories of reproductive oppression and abuse in the United States date back to the beginning of the development of gynecology as a science, when enslaved black and brown women were forcefully subjected to medical experiments (DeGruy, 2015). With this in mind, we recognize the potential to heal deep ancestral trauma felt by many people today by de-medicalizing birth and revitalizing midwifery care.

My evidence overwhelmingly opposes medicalization and supports the reintegration of a social model of care. I find that through assigned subservience and cultural assimilation in the hospital setting, doulas act as reformists within the very patriarchal and capitalist structures they set out to dismantle; they even indirectly further the medicalization of birth and the marginalization of the midwife. This leads me to a hope of reimagining — I hope doulas will begin a realistic reimagining of our role in society. Let us begin to dismantle the medical model of birth altogether by reclaiming our bodily autonomy through the revitalization of midwifery care. To this end, may my paper function as a call to action.

**Methodology: Auto-ethnography**

Since modern doulas are a relatively new addition to the birth scene (1960s), they have been the topic of very minimal qualitative research. I add to this small literature by combining textual analysis, narrative theory, and autoethnography from my time as a practicing in-hospital doula. At nearly every birth I have attended since 2008, I have done my best to maintain written records of the events to provide accurate birth stories for my clients and for my own later reflection as a researcher. Sampling from these sources, I depict what I witnessed to be the average hospital birth experience for my clients and the pressure I felt to assimilate into hospital culture while also resisting it— what we call the doula paradox. Whilst using self-reflexive investigation to explore excerpts from my personal doula stories (with names changed for client privacy), I interweave my experiences with quotes from scholarly work and doula narratives to explore the larger cultural, political, and social contexts of doula work.

**Theory: Foucauldian Lens on Doula Care**

From Michel Foucault’s Discipline and Punish, we understand that hospitals function as a disciplinary force for social control, like most social institutions. I argue that the doula is restricted to a role of subservience within the institution and is forced to assimilate and comply with prevailing medicalized systems to remain tolerated by the obstetrician—an embodied form of institution. While the doula may act as an embodied form of protest by inserting herself into the institutional domain with the intention to reform it (or oppose its interference in the birthing event altogether), she is often reduced to docility since she must operate within the confines of institutional rules and regulations in order to maintain her presence in the hospital space.

Applying Foucault’s concept of the docile body to an analysis of the hospital doula’s place in the socio-medical hierarchy, we begin to see the doula as an embodiment of pathologized protest (Foucault, 1975). Such "pathologies of female protest," Bordo (1993, p. 324) explains, "function, paradoxically, as if in collusion with the cultural conditions that produce them, reproducing rather than transforming precisely that which is being protested." In the doula paradox, most doulas seek to defend and protect physiologic birth in American society while simultaneously reinforcing institutional discipline of the body. Thus, a pressing imperative in reproductive justice work is that we recognize the doula’s existence at the intersection of feminist dissent and maintenance of the established order. The technocratic domination of the reproductive-birthing body is so normalized that pregnant people only indirectly challenge structural violence and obstetric threats to their autonomy, biology, and psychology by hiring a doula. I argue that in their role as docile protestors, hospital doulas can only mitigate, not eradicate, this obstetric violence; this role should be a temporary tactic to resolve the doula paradox, achieve better birth outcomes, and transition to widespread midwifery care.
Beginning in the late 1800s and early 1900s, the establishment of for-profit hospitals and the accompanying institutionalization and specialization capitalized on physicians’ higher status and their perceived medical authority—in comparison to at-home, female healers (Feldhusen, 2000). At this time only men were trained as obstetricians, as women were understood to be “emotionally and intellectually incapable of learning and applying new obstetric methods” (Litoff, 1982).

In 1915, Dr. Joseph DeLee, later known as “the father of modern obstetrics,” described childbirth as a pathological process in need of intervention. DeLee insinuated that midwives were uneducated and dangerous and that all women must birth in the hospital, which fed into racist propaganda that defamed midwives and their patients (mostly women of lower socioeconomic status, women of color, and immigrant women). DeLee claimed that midwives lowered the “dignity of obstetric art and science” due to their community and cultural ties (referring to the more humanistic and holistic approach of what we now call the social model of care—in contrast to the medical model) (Leavitt, 2015; Wagner 1994).

DeLee’s work as a part of the patriarchal and commodified medical industry laid the foundation for the sexist framework from which obstetrics operates to this day: the competent-physician-versus-incompetent-midwife belief system. Midwives have been barred from policymaking in maternal health care, making midwifery laws inconsistent and incomplete. This reinforces socioeconomic barriers not only for pregnant people desiring midwifery services but also for potential students seeking midwifery education. This system silences centuries of midwives’ accumulated birthing knowledge and leaves parents as passive non-agents in the birthing process. Essentially, obstetricians deliver the baby to the parent rather than the parent being the active birther of the baby (Wagner, 2001). Just a few years after DeLee denounced midwifery and determinedly promoted hospital birth, 30 to 50 percent of births began taking place within the hospital by 1960 (Feldhusen, 2000). Within just a few generations of medicalized birth, “women had given up almost all power over procreation to licensed professionals and state bureaucracy” (Institute for Anarchist Studies 2010).

Lauren Plante’s essay on the rise of cesarean surgery in the International Journal of Feminist Approaches to Bioethics (2009) describes how hospital births tend to have a dehumanizing “factory” feel. Gestation and parturition are viewed as mechanistic and linear processes; normality is defined as a strict timeline and specific sequence of events, any deviation from which is seen as abnormal rather than a variation of normal. As Plante points out, moving toward a more humanistic or holistic approach is not currently supported by the existing paradigm since capitalism is at the root of the commercialization of this physiological function. People wish for autonomy; yet parents are treated as units of production in the commodification of childbirth. Hospital administrations expect predictability, patient care pathways, and in-patient patterns. If we continue to normalize this approach to childbirth, Plante warns we will be stuck in it for a very long time.

The drive for convenience and monetary gain—along with the fear of liability and malpractice suits, not prognosis certainty (ACOG, 2012)—pushes an interventionist agenda in the modern technocratic medical system. Most routine intervention in labor and birth is unnecessary; many doctors and patients are unaware that intervention is truly harmful and obstructs a normal physiological process that often unfolds organically when left to its own timeline. These problems are particularly acute in the American maternity care system, which is the costliest in the world yet alarmingly and harmfully inefficient. For example, in the United States a routine vaginal birth and a surgical delivery costs an average of $8,775 and $11,525 respectively. California performs the most expensive cesareans in the country at a whopping $42,530 in Los Angeles (Mangan, 2016).

Obstetric violence is an institutional and state-sanctioned type of violence against women,
trans, and nonbinary people that occurs during all stages of pregnancy, childbirth, and postpartum in both public and private medical spheres. Financial exploitation, contrived interventionism, and technocratic dehumanization are all elements of obstetric violence. Obstetric violence is a grave violation of human rights to equality, integrity, health, freedom from discrimination, access to information, and reproductive autonomy. This form of institutional violence is responsible for a rise in maternal and infant health complications, severe psychological distress, trauma, and an increase in maternal morbidity and mortality. While not limited to the United States, obstetric violence is deeply intertwined in our systems of oppression and dominance. It is important to note that even if an individual obstetrician may not hold misogynistic or patriarchal beliefs themselves, the system in which they practice is a direct manifestation of that reality and can only be addressed through and by systemic change. Liberating doulas from their paradoxical position as hindered reformers and unwitting reinforcers of the medical order is only one step toward that vision.

THE DOULA PARADOX: AN AUTOETHNOGRAPHY

“The body,” as anthropologist Mary Douglas has argued, “is a powerful symbolic form, a surface on which the central rules, hierarchies, and even metaphysical commitments of a culture are inscribed and thus reinforced through the concrete language of the body” (Bordo 2004, p. 165). The following autoethnographic account is an example of how the rules and hierarchies of the hospital are promptly imposed on the pregnant body through the symbolic action of removing external identifiers (clothing) and replacing them with a commercial hospital gown.

The interventions begin as soon as we set foot inside the hospital room. My client is told to change out of their own clothing and into a hospital gown, a powerful symbol of smudging out their identity with an institutional imprint. Some clients have mentioned the gown makes them feel small, like a number. Some have said it feels dehumanizing. Many doulas, myself included, suggest bringing an item or two of clothing the person can wear during labor, like a favorite pair of socks or a warm scarf that smells like home; this helps to subtly humanize the experience. However, I would often ask myself, what if they just stayed home and birthed with a midwife? Only then would humanization be all-encompassing; it would be the foundation, the very fabric of the birth experience. In the hospital, the routine is highly predictable. The hospital gown goes on. An IV catheter is placed. Food and drink are restricted. Various monitors are attached to the pregnant body. The focus then shifts from parent to fetus. Once the monitors begin chirping, the attention shifts from biology to technology. This is generally when the individual’s agency is lost. What is found on those monitors is what dictates the ebb and flow of their experience. I have seen instances where where nurses failed to look at the parent altogether — they simply walk in, consult the screen to check contraction frequency and fetal heart rate, then leave the room. This is when the doula’s role is significant. She does not watch the monitors; she watches the laboring person. She becomes interwoven with their experience, with her environment, both internal and external. Doulas are professionals at riding the waves of labor, intuitively navigating birth and institution simultaneously.

“Our conscious politics, social commitments, strivings for change may be undermined and betrayed by the life of our bodies—not the craving instinctual body imagined by Plato, Augustine, and Freud, but what Foucault calls the docile body, regulated by the norms of cultural life” (Bordo 1993, p. 165). The following example of society’s undermining of our body’s instinct involves a client who, during her prenatal appointments with me, spoke of refusing induction and her intuitive ability to trust her body’s birthing instincts. She was very adamant about not wanting an unnecessary induction; yet as soon as her obstetrician suggested it, she complied without further discussion of her concerns or questions. Melissa, according to her dates, is 38 weeks. During her prenatal appointment with her doctor, she agreed to a labor induction the following morning using misoprostol, also known as Cytotec. The induction was not medically indicated, but a mere suggestion by her doctor. She called after her appointment to ask what I thought. I spoke carefully, “Well, ultimately it’s your decision, but I can send a few studies that have been done. Did your
doctor cover the risks and side effects?” She cleared her throat, “Not really, no. He was in a hurry.” I said, “Ok, I will email pertinent information as soon as I get home tonight.”

“Adhering to the rules the clinics impose, and balancing that with wanting to provide empathetic care, gives rise to a lot of gray areas. This is possibly the hardest thing to navigate as a doula” (Mahoney and Mitchell 2016, p. 129). Continuing with the previous doula narrative, we begin to understand where doulas must navigate immense challenges at the intersection of bureaucracy and social care. Laboring people are denied food and water and instead are offered ice chips or popsicles. Laboring while hungry only serves to create more challenges for parent and fetus. As a doula, I understand there is no medical indication for fasting during labor - yet how do you suggest a client eat if hungry against hospital policy?

The next morning, I’m at Melissa’s side as a small dose of misoprostol is inserted vaginally and placed against her cervix. I’m not sure what to expect with this drug, I have only read stories about Cytotec being a dangerous drug with increased risk of uterine rupture, fluid embolisms, and fetal demise. I try not to think of these things as I massage Melissa’s swollen ankles. As we wait for the contractions to start, we joke and laugh with her husband Marcus who is unusually talkative. The excitement in the room is palpable and a loud growl erupts from Melissa’s stomach. “I only had time for peanut butter toast and some watermelon this morning. I’m starving!” Marcus turns to me, “She can’t eat now, can she?”

“[Doulas] wish we could make it easier for women. But that road leads to madness; we can’t lubricate the system more than we already do. There are no heroes in bureaucracy” (Mahoney and Mitchell 2016, p. 107).

I answer, “Well, hospital policy says no. For most women, midwives generally encourage eating whenever you feel hungry. Your body is working hard, it only makes sense to nourish it, right?” They both nod in agreement. I remind them, “But again, hospital policy.”

“[The woman] is invited to be an agent of her own care in the web of bureaucracy” (Mahoney and Mitchell 2016, p. 104). Many clients over the years have attempted to reclaim their autonomy in the birth space only to be reprimanded by hospital staff.

Melissa shrugs. Marcus pulls a bag of Goldfish crackers from Melissa’s labor bag and just as he’s handing it to her, the nurse walks in to check progress. “Oh no, no! She should not be eating!” They both turn to look at me. I smile and acknowledge nurse’s authoritative language; I tell her Melissa is hungry and ask what she’s allowed to eat, knowing that many L&D units either have popsicles or broth to offer. “She can have a popsicle. I have red or orange flavored.” Marcus jokes, “Red is a flavor?” The nurse doesn’t laugh, but Melissa does, “I’ll take orange.” The nurse checks the monitors. Melissa asks Marcus to pass the water bottle. Just as he leans toward her, the nurse chimes in again. “No fluids either. I will bring a cup of ice with your popsicle.” Melissa sighs deeply and looks at me. I catch the first glimpse of defeat in her eyes, so I attempt to shift the mood by reaching for my doula bag for a box of essential oils. The first contraction starts, and she breathes through it beautifully. “What’s your favorite scent?” She smiles, “Do you have lavender?” I pull a bottle of lavender essential oil from my bag. As the nurse turns to leave, I can’t help but think of how a popsicle, essentially food coloring and sugar water, will affect Melissa’s blood sugar levels. She briefly mentioned her reactive hypoglycemia in a prenatal meeting with me and I worry food restriction will negatively impact her labor, affecting her strength and her mood. Again, I push these thoughts to the back of my mind and massage a drop of lavender into my hands. “Ohhh, that smells nice.” Melissa sighs and rests her hand in mine. Marcus turns the TV on; it’s football season.

“The human connection most doulas seek comes with a price—being exposed to what the underbelly of pregnancy and reproductive health care truly looks like in this country. Many suffer the loss of personal agency as decisions that should be private become politically and bureaucratically charged” (Mahoney and Mitchell 2016, p. xxi).

The moment Christina introduces me as her doula, the mood in the room shifts. The nurse shoots daggers with her eyes in my direction. I feel small
for a moment but remember this is familiar territory for me now. I smile and try to make peace, “It’s nice to meet you. Thank you so much for all the work you do for parents and babies.” She doesn’t respond or even acknowledge she’s heard me and instead turns to look at Christina’s charts. This is going to be a long night, I think to myself.

“Part of doula work—especially in the way we define it—is attempting to change systems by working within them. It means that we have to push back against the injustices we see in our clinical spaces by being lovers, not fighters. It also means that change can be frustratingly slow, as you are now operating at the microlevel. Doula work is able to bridge activism with individual care by helping pregnant people have empowered healthcare experiences and helping ensure that those experiences are voiced to society at large” (Mahoney and Mitchell 2016, p. 125).

Christina is now in active labor. Things are moving along smoothly, but not fast enough for the nurse; she suggests labor augmentation using Pitocin. Christina has music playing quietly on a boombox she brought from home and tells the nurse she wants to walk to get things moving. She wants to move, to dance, “to get free,” she says. We both laugh. The nurse clears her throat loudly and we both look at her expectantly, waiting for her to speak, but she just continues staring at the monitors. Christina looks back at me and silently mouths, “what the hell?” I stand and walk to the hospital bed, “Wanna do a few laps around the L&D floor?” Before Christina could answer, the nurse says, “You need to stay in this room.” Christina looks at me with frustration.

“Will you bring me a wet washcloth? I don’t want her to see me like this,” she says softly, wiping her nose. “Of course. What happened while I was gone?” She looks at her hands on her belly, “I asked if we could please just go for a short walk and she said walking won’t help, that I need to stay in bed. And then she said…” Christina lets out a sob, shaking, the sound of defeat in her breath. “It’s ok to feel overwhelmed. What she said wasn’t right. There’s plenty of evidence that walking helps.” She takes a deep breath and wipes her eyes with the wet cloth. She has hiccups from crying and we both laugh. “She said… I’ll want the epidural soon anyway. That it’s silly not to want it.” Christina’s breath catches in her throat as she speaks. I remind her to take a deep, grounding breath.

“You learn to read the energy in the room, the tone of her voice, the body language of those who come through the revolving hospital room door. You are to be a calming presence. [The doula] is both inured to and disoriented by this strange chaotic place—the tension between eminence and the nothingness, anticipation and the dire urgency” (Mahoney and Mitchell 2016, p. 85).

“I just don’t know if I can do this without an epidural now. I thought I could, but she makes me feel… I don’t know what to expect,” her voice
uncharacteristically weak. I hand her the cup of ice. “Listen. You are so strong. Think of how strong you and your baby are. You have overcome tremendous odds already. You can do it; you’ve been doing it. You have been preparing yourself for this for months. As for the nurse, I’ll take care of that. Maybe she’s having a bad day and I can try to lighten her mood.” Another contraction comes. She breathes. I walk over to the boombox and put on her favorite song, then I turn the music up a few notches. Christina lets out a deep sigh and smiled with relief. “Thank you. I can’t imagine doing this without you.” I have some great pep talks up my sleeve for Christina, and an important peace-talk to have with the nurse in the hallway, away from Christina’s worried ears.

“[Women who have given birth in the hospitals] recount incident after incident of loneliness, fear, frustration, humiliation, loss, and a deep and guilt-ridden belief that they have missed the most profound experience of their lives. Evidence supports what many women have felt for generations: that where and under what conditions a woman gives birth greatly affects the course of her labor, the normalcy of her delivery, the health of her baby, and the lifelong relationship with mother and child. Childbirth is one of the most profound, personal experiences a woman can have” (Arms 1975, p. xiv).

Jessica and I have spent some time during our prenatal appointments together reviewing different techniques to cope with pain. She marks on her birth plan that she’d like to use upright positions, walking, lunges, and that she would like to give birth in a squatting position. She doesn’t like the idea of being reclined in stirrups, she says it seems disempowering. “Plan to labor at home for as long as possible—this is the key to reducing the risk of extra medical interventions, as many doulas can attest” (Mahoney and Mitchell 2016, p. 165).

The day comes. Jessica calls me at 11pm from their tiny mountain home to say she’s in labor and that she’s managed to breathe through intense contractions for six or more hours now. Ryan gets on the phone to tell me she puked in a box of his favorite records, then laughs. They tell me they’re making the trek down the mountain and that it’s about a 45-minute drive from where they live to the hospital. I tell them I’ll meet them there and that Jessica did an amazing job laboring at home for as long as she did.

“Doulas learn how to manage her body language, when to step in and help, when to back off, the timing of the procedure, and the culture of the room” (Mahoney and Mitchell 2016, p. 94).

I walk into the labor room; Jessica is moaning loudly. Ryan is leaning over her, rubbing her back. The contraction subsides and Ryan turns to greet me. “She’s getting the epidural. Things are moving really fast and she wants relief.” I look to Jessica. “Oh,” I kneel to meet her gaze. “Jessica, I hear you’ve asked for the epidural and I know that’s something you wanted to avoid. Now that I’m here, are you sure you don’t want to try some other things first?” She’s shaking, “I’m sure. It’s too much.” I stand to help her up, “Ok, let’s get you comfortable.” The contractions are coming on strong and fast. She’s very vocal as we wait for the anesthesiologist. Ryan and I are asked to leave the room while the epidural is placed. We return once it’s done. Jessica looks exhausted and relieved. I pull the curtain closed and joke, “I hear you puked in a box of Ryan’s favorite records?” We all laugh. “Well, maybe he won’t leave it on the living room floor next time.” We all laugh again. Within two hours Jessica is complete and ready to push. The epidural has changed the game plan and she’s no longer able to push in a squatting position, so I suggest adjusting the bed so she’s sitting more upright. The nurse stops us, “Jessica, you’ll have to lay on your back for this. It’s the safest position for baby.”

“The pathologies of female protest function, paradoxically, as if in collusion with the cultural conditions that produce them, reproducing rather than transforming precisely that which is being protested” (Bordo 1993, p. 324).

Jessica responds, “But we decided—” Her voice trails off and she looks to me. I turn to the nurse to say, “The supine position narrows the pelvic outlet, it’s counterproductive. Her birth plan states the reasons why she’s chosen to birth in a better position.” The nurse becomes suddenly rigid, her back straight and her voice shrill, “A BETTER position?” She then turns to Jessica and Ryan. “Flat on your back OPENS the pelvis, NOT the other way around!” I feel my face burn red. I know this nurse is wrong, but as a doula, I know I must bite my tongue and
and swallow my protest.

“Female pathology reveals itself here as an extremely interesting social formation through which one source of potential for resistance and rebellion is pressed into the service of maintaining the established order” (Bordo 2003, p. 177).

A butter knife could cut the tension in the room. I blame myself. I take it as another dose of humility as a doula. I should not have spoken directly to the nurse and I should have used softer language. This is what it feels like to be a new doula not yet understanding the politics of the birth room. I sit down in the chair across the room feeling defeated. Jessica lays back. The nurse claps her hands, “I’ll let the doctor know you’re complete and when I get back, we can start pushing!”

“The doula finds that she must make herself very small, very physically unobtrusive in order to stay out of the way” (Mahoney and Mitchell 2016, p. 86).

On her way out, the nurse glances at me condescendingly. I shrink. It’s a feeling I know I’ll become very familiar with as a doula. As the door closes, Ryan kisses Jessica’s forehead just before she says, “Jasmine, don’t worry. We know she’s full of shit.” Ryan laughs. I fake a smile as a lump settles in my throat. I blink back tears and take a sip of cold coffee. It’s at this moment I realize Jessica and I are both expected to be compliant and quiet in the hospital room, despite her wants and her needs as the laboring person.

“The muteness of hysterics and the return to the level of pure, primary bodily expressivity have been interpreted, as we have seen, as rejecting the symbolic order of the patriarchy and recovering a lost world of semiotic, maternal value. But at the same time, of course, muteness is the condition of the silent, uncomplaining woman—an ideal of patriarchal culture. Protesting the stifling of the female voice through one’s own voicelessness” (Jaggar and Bordo 1989, p. 21).

The concept of the docile body is illustrated clearly throughout these autoethnographic accounts and can be applied to both the birthing woman and the doula. However, when we look at the doula’s role in particular, we see how she is confined to a small space inside the birth room, rendering her almost invisible. The doula is only allowed to attend to the mother’s emotional and physical needs, not to challenge harmful obstetric practices. During births, the manifestation of the docile body is observable within nearly every labor in the hospital setting.

**THE DOULA PARADOX: REFORM OR REVOLT**

In her ethnography of doulas, sociologist Bari Meltzer Norman concludes that doulas are largely “apolitical” and “passive,” and that “in trying to make quiet waves, doulas ultimately help along the current medicalized system of birth” (Norman 2007, p. 280). Monica Basile then poses an important question in her PhD dissertation, Reproductive justice and childbirth reform: “to what extent are doulas capable of creating institutional change in order to improve birth experiences and outcomes?” (Basile, 2012). I have heard countless new clients cite feelings of disillusionment or a defective, deadened, and fragmented sense of self after routinely medicalized first births as their reasoning for hiring me for subsequent births. In an effort to use doulas as a wedge between their bodies and the hospital institution, many clients assign hard-to-fulfill and problematic roles to their doulas: buffer, protector, even savior.

As proponents of “humanized” care, doulas profess values that align with their clients’ wishes to separate themselves from the institution. The tenants of humanized birth include: “putting the woman giving birth in the center and in control so that she and not the doctors or anyone else makes all the decisions about what will happen; understanding that the focus of maternity services is community-based primary care, not hospital-based tertiary care — midwives, nurses and doctors [must] all work together in harmony as equals—[and basing] maternity services on good scientific evidence including evidence-based use of technology and drugs” (Wagner, 2001).

Although 99% of birth in America take place in hospitals (Basile 2012), it is estimated that only 20% of women require some form of intervention in the birth of one child and
and may not require similar care in subsequent pregnancies; this means that "at least 90 percent of all birthing mothers can have normal, spontaneous births and have healthy babies" (Wagner 2001, p. 56). Midwives are undoubtedly the safest birth attendant for low-risk birth according to American perinatologist and perinatal epidemiologist Marsden Wagner, Director of the University of Copenhagen-UCLA Health Research Center and Director of Women's and Children's Health for the World Health Organization (Wagner, 2001).

Birth is social by nature, which is why emotional support greatly improves birth outcomes. Since birth was historically supported by an informal and intuitive social model of the midwife, the home was the original and most appropriate place for it to take place, much like any other normal biological process. Birth requires privacy, much like sex and orgasm. In her TEDx Talk, childbirth expert Kate Dimpfl shares, "what gets the baby in gets the baby out." This is common knowledge amongst the midwifery community, and it is essential in understanding the physiology of birth; according to Dimpfl, "The hormones in birth and sex are identical.” Thus, both sex and birth require similar environments for the smoothest experience to occur. The sexual nature of birth is best expressed in a space where safety and privacy are key. For many people, this translates to birthing at home. A World Health Organization (WHO) publication states:

"It is important to remember that it has never been scientifically proven that the hospital is a safer place than the home for a woman who has had an uncomplicated pregnancy to have her baby. Studies of planned home birth in developed countries with women who have had uncomplicated pregnancies have shown morbidity and mortality rates for the mother and baby equal to or better than hospital birth statistics for women with uncomplicated pregnancies.” (WHO 1985, p. 86-87)

Moreover, most postpartum trauma, including postnatal post-traumatic stress disorder (PTSD), can be prevented with appropriate social care and – even more easily – by choosing to birth outside an institutional setting. According to The Birth Trauma Association, the leading cause for birth trauma is the type of delivery. The factors include labor induction, feelings of loss of control, high levels of medical intervention, cesarean section, impersonal treatment, being ignored or neglected, conflict with hospital staff, lack of information and/or explanation of procedures, lack of privacy and dignity, iatrogenic harm to infant, and poor postpartum care. While a few of these factors are caused by technological intervention, many are undoubtedly due to lack of social support.

However, unnecessary interventions are inevitable in the hospital even with the watchful eye of a doula. In my research I observed various tactics used by doulas who sought to better inform individuals on the range of normal labor and birth experiences while simultaneously reinforcing the cultural normalcy of hospital birth for uncomplicated pregnancies. Doulas use catchphrases like "informed birth" or “empowered birth,” which are merely half-truths since we often fail to mention the option of birthing at home – which drastically reduces the risk of unnecessary intervention. This silence implicitly normalizes medical birth. The reason for this silence is likely a lack of accessibility for many people: legislation and regulation create barriers and hinder affordability. It is one thing if a client chooses hospital birth because they desire pain medication and are comforted by technology; it is another to have a client who wishes to avoid medicalization altogether yet is left unaware of alternative options. Why is it that we encourage clients to plan an ideal anti-interventionist vision of their birth only to sit back and watch silently as they intentionally hire a trained surgeon whose pathologized view of the body will naturally lead to active management and intervention? As we all know, once a patient steps inside the hospital room it is no longer up to them what happens to their body. As activist and doula Mary Mahoney shares, “the truth is, once your client is at the hospital, whatever part of the spectrum of pregnancy care she's there for, you have to work within the system that's in place” (Mahoney and Mitchell 2016, p. 45).

When we consider American misconceptions
about birth as outlined by Suzanne Arms in Immaculate Deception, what role do doulas play in the reclamation of bodily autonomy? Is the role revolutionary or reformist? Do doulas seek to liberate or perpetuate the limitations of our freedoms? How do doulas participate in and perpetuate gender-based oppression in the medical industrial complex? From my own research, it is clear that the doula has become an appendage of the medical institution to provide the emotional support it fails to give; this led me to the idea of doula as reformist, not revolutionary change agent. The doula’s role as a change agent is limited by the medical system and by the encroachment of capitalism as doula care becomes increasingly commodified.

Many doulas with more politicized agendas claim the role is certainly open to continued evolution; it remains fluid, existing on a spectrum with vast variations in philosophy and praxis. This means they believe doulas are indeed radical change agents, the “birth justice wing” of the reproductive justice movement (Mahoney and Mitchell 2016). However, we still cannot ignore the fact that such wide variations in philosophy limit the potential for a cohesive movement with a shared end goal, thus leaving violent and oppressive structures unchallenged and reducing doula work to micro-level advocacy. In fact, I would argue that midwives are doing far more radical birth justice work by operating outside the confines of the medical establishment. The doula’s role is relatively new while the midwife’s role is as old as time and facilitates holistic birthing conditions with elements of social support not possible in institutional settings.

Small parts of this problem are being acknowledged in the ongoing cultural shift towards increased use of doulas. A New York Times article published in April of 2018, New York to Expand Doulas to Reduce Childbirth Deaths, describes a plan for a series of initiatives (including Medicaid coverage for doula support) aimed at addressing maternal mortality in New York, where the mortality rate for black mothers is alarmingly high. The announcement created an uproar in the NYC doula community and beyond; some celebrated it, while others (myself included) expressed deep criticism and skepticism. The widespread acceptance and push for standardization of doula support in the medical setting takes focus away from midwifery revitalization and systematically assimilates doula care into the standard medical model. It is no surprise that leading childbirth experts continue to urge against this. If our allegiance as doulas lies with families and community rather than with medical institutions and industries, then we should support the establishment of accessible midwifery education in every state, fund midwifery campaigns, and encourage insurance companies to cover traditional midwifery care.

**CONCLUSION**

I have since decided to step away from hospital doula work. The very last birth I attended in 2018 was marked by deep trauma and overwhelming defeatism. I will never forget the sound of the woman’s sobs as she shook, gripping my hands, repeating her fear of cesarean over and over; the obstetrician stood over her, insensitively and smugly saying “it’s not your fault you were born with this body.” I was filled with rage as I thought, how dare she. How dare this doctor, a fellow woman, tell this woman her body is broken. I knew the baby hadn’t been born yet because she’d labored hard for 24 hours with no food. Her maternal exhaustion was clearly caused by the institution’s denial of nourishment in addition to the Pitocin drip continuously forcing her uterus to contract without rest. Her body was not broken. She was caught in a broken system. She was denied sustenance in labor only to be told it was her fault for not sustaining; this not an uncommon occurrence. I suppressed my own grief to soothe her, comfort her, and remind her of her strength. After she was wheeled to the OR, I decided I could no longer bear witness to these routine systemic abuses.

I hope this paper and my own narratives serve as arguments for the liberation of the artistic impulse in birth work— a re-imagining of the doula’s role as midwifery advocate, as defiant protester, and as radical change agent. The doula, much like the midwife, guides and supports people. But unlike the midwife, the doula must operate within the confines of the obstetric system—as a kind of Foucault’s docile body. The doula’s position in the hospital space speaks to the symptomatic
invisibility she experiences at the very bottom of the institutional hierarchy. Her role is undeniably beneficial in terms of risk and intervention reduction, but her role is also undeniably restricted by policy and politics. The conventional doula’s role is indeed a form of pathological protest — a metaphorical band-aid (emotional support) for a rampant systemic infection (obstetric violence and the medicalization of birth).

I do not dismiss the fact that doulas are on the frontlines of reproductive justice work but urge a reprioritization of midwifery revitalization. If we are to shift away from technocratic culture into a more humanistic one, we need far more midwives to meet such a demand. Thus, a focus on accessible and affordable midwifery education is imperative. Doulas can easily support midwifery by dispelling myths about home birth and by sharing information about the safety and benefits of midwifery care. If a client says she wants to avoid medicalization, doulas should be prepared to discuss options for care-providers, as many times clients are unaware of local midwives or birth centers in their state. If a client decides on midwifery support, the support of a doula at home is still just as beneficial as it is in the hospital— not to mention it can relieve the midwife of some of her social duties so that she may be more attentive to the more clinical duties.

Each individual and their collective life experience is unique. As doulas, we always support informed decision-making, whether that includes an elective surgical delivery at the hands of a skilled obstetrician or a freebirth wherein the act of resistance is full rejection of all assistance other than the birther’s own instinctive hands. Neither is wrong nor right, as long as basic dignity and respect is practiced and intact. This is what reproductive justice is all about — total liberation and autonomy. In Jessica Gonzalez-Rojas’ and Kierra Johnson’s words, “reproductive justice is not a label—it’s a mission. It describes our collective vision: a world where all people have the social, political, and economic power and resources to make healthy decisions about gender, bodies, sexuality, reproduction, and families for themselves and their communities.”

In closing, Foucault’s Discipline and Punish reminds us of the primacy of practice over belief. It is simply not enough for us, as doulas, to believe in the safety and normalcy of physiologic birth; we must also learn the principles of feminist praxis and remain constant in our advocacy. It is simply not enough for us to be well-intentioned; we must also embody our knowledge. Our actions must be in alignment with our visions. We must resist docility. We must socialize birth by de-medicalizing it while assisting midwives in the revitalization of their art, for these actions are paramount to creating a culture of health equity and optimal care.

WORKS CITED


Dimpfl, K. (2015). We must put the sex back in birth. TEDxCortland.


This edited volume is separated into eight essays and includes ten authors who explore the dimensions of Black women’s religious practices in several countries. The authors engage with the varying ways in which Black women enact the social and spiritual aspects of their Pentecostal faiths under four subheadings: “Saving Race,” “Scrutinizing and Sanctifying the Body,” “Sonic Power,” and “Modeling the State.” Highlighting the ways in which Pentecostalism has affected Black women’s lives, *Spirit on the Move* makes an argument for conceptualizing Black women as central to discourses about Pentecostalism in particular and religious practice in general. The book’s recurring statistics about Pentecostalism’s spread do well to show how much influence the religion has garnered all over the world—from Brazil to Accra—and prove just how global and interconnected these Black women’s faith networks are. One of the key themes of the book is how women mobilize these networks in deeply political struggles. Paula Aymer addresses this idea in her paper about the Wailing Women Worldwide Intercessors, Nigerian and Grenadian women who connect over the practice of wailing—a sonic performance of faith they enact to transform their lives and the world around them. The connections born through mutual struggle resurface in Linda van de Kamp’s and John Burdick’s respective articles about Mozambican women’s Afro-Brazilian Pentecostal practices and Black Brazilian gospel musicians’ racializing acts of incorporating Black American gospel sound into their performances.

Abounding connections aside, the Black women’s lives discussed in this book are distinctly different from each other. Although much of the conversation is framed in the language of power—in fact, the editors encourage readers to view the book this way in the introduction—power’s varying forms and pressures are not taken for granted but are explained in relation to particular national and social orders. The editors explain that a study of power requires “sensitivity to the full range of power’s frequencies: persuasive and coercive, material and spiritual, subtle and palpable, hidden and ostentatious, injurious and expansive, exploitative and accountable” (12). Following this lead, the authors in this volume seek to understand and situate the dimensions of Black women’s religious practice within their national, gendered, classed, and racialized contexts so as to make sense of the different registers of power that Black women have to confront, manage, and sometimes acquiesce to. Paula Aymer plays with these dissimilarities by highlighting the class differences between married, middle-class Nigerian women and their unmarried and not-as-well-off Grenadian counterparts, while Judith Casselberry and Jane Soothill take up the methodological aspects of how to address power in anthropological inquiry.
In contrast to scholars who either prioritize the spiritual dimensions of women’s power or underscore the social and cultural constraints women experience within their churches, Soothill attempts to do both in her study of the Charismatic spiritual power Ghanaian women use in their daily lives. She argues that scholars should understand these women as existing within a “set of social structures and constraints that shape, and sometimes limit, their actions and experiences” (177). She also argues that spiritual agency is often shaped by these structures. While Casselberry recognizes the influence of the state and the patriarchal norms in governing these women’s lives, she pays more attention to the spiritual dimensions and interpretations of Black women’s aesthetic work within the True Deliverance Church of the Apostolic Faith. Discussing the pervasive racism and sexism Black women face in America, she explains how these women use declarative utterances and bodily performances as an “aesthetic sense of paradox” (139) to cultivate alternative forms of power and express both the sorrow and joy of black life—in this instance, to ameliorate the passing of a fellow parishioner despite robust prayers for healing. She explains how these acts sustain the congregation by bridging “gaps among theology, doctrine and experience;” in effect, transforming the disappointments of both the spiritual and structural worlds into spaces of hope and rest (144). I linger on Soothill and Casselberry’s works to draw attention to fundamentally different approaches to questions of power and community and to pose certain questions of how to push these approaches further: What is the place of aesthetics in Soothill’s discussions of power? For Casselberry, what are the limits of aesthetic work as a practice of respite and healing? How might the paradoxes produced by power and agency be imagined differently across geographies? How might methodology and categories of study—the “global south” or the “Black church”—shape the kinds of arguments and discussions being prioritized?

Perhaps the challenge—and promise—of a body of work such as Spirit on the Move is the opportunity it affords to map out a sense of collective practice among Black Pentecostal women across the world while still maintaining space for disjunctures and, indeed, oppositional theologies. These disparate ways of utilizing theological frameworks reveal what Elizabeth McAlister calls “theo-geographies,” a term which alludes to the ways in which different theologies adapt to the varying dynamics of a place and/or space. As a body of work that focuses on the varying dimensions of Christian practice among Black women globally, Spirit on the Move would have benefited from an exploration of how Blackness itself takes on different forms across geographies. The conditions under which Blackness is made legible, understood, or performed may indeed tell us more about why and how various Christian groups practice particular theo-geographies. For instance, while authors writing about US contexts—especially Burdick—made reference to “a North American ear” or American formulations of race and Blackness (25), distinct references to Blackness and race were absent from texts on Africa outside discussions about the history of colonialism. This tension, which often underscores colonialism’s relationship to contemporary understandings of Blackness, is perhaps most present in McAlister’s work. She discusses how Haitian Christians blame the French for enslaving them while they simultaneously condemn a ritual their enslaved ancestors performed to overthrow French rule. In this way, practitioners of this form of Christianity recast a Haitian nationhood that is suspicious of—and, in fact, averse to—African traditions and forms of being. Subsequently, Haitian Christians seek freedom from the colonial sin of slavery and from the bondage of demonic ancestral spirits through Jesus Christ. McAlister explains that while these ideas may be understood as emerging from the White American racism of missionaries, for Haitian Christians they represent participation in a genuine quest for spiritual and material freedom (55). This is a distinct contrast from musicians in the Black Gospel Pentecostal music scene in Rio who develop a Black identity politics that pushes back against ideas of racial democracy in Brazil, and thus raises questions about how we should understand such divergent positonalities and practices on issues of race, anti-blackness and spirituality. Consequently, while the essays provide important ways to think through Black womanhood as central
to Pentecostal communities around the world, additional commentary on navigating variations in Blackness could have provided a deeper understanding of these contentious dynamics.

Despite this oversight, *Spirit on the Move* presents a formidable take on Black women's spiritualities, their engagements with power, and their relationships with each other. Its centering of Black women within the Pentecostal tradition is immensely important to the study of Africa and the Diaspora, and this book will be insightful for graduate-level students and scholars across all fields who are interested in these discussions.
People with spinal cord injuries and amyotrophic lateral sclerosis (ALS) struggle both with their immobility and their hope for a cure. *Biomedical Odysseys* poignantly and engagingly describes the experiences of several of the thousands of spinal cord injury and ALS patients who have taken international journeys for experimental fetal cell transplantation in Beijing. The book introduces us to the complexity of contemporary Chinese medical entrepreneurship as Song documents the development and trajectory of fetal cell transplantation, a medical procedure shown to restore a degree of sensitivity or mobility for some patients. Bringing these narratives into conversation, *Biomedical Odysseys* elucidates the experiences of immobile patients who travel transnationally to seek treatment for their injury or illness, a doctor on the cutting edge of ethical research and medicine, and an anthropologist seeking to understand the intersections of medicine, globalization, and hope.

Song organizes the text into three sections focused, respectively, on an online community of spinal-cord-injury and ALS patients, the doctor who developed the fetal cell transplantation procedure (Dr. Huang Hongyun), and the ethics and mediated knowledge of cutting-edge, experimental biomedicine. In Part One, “Online Mediations,” Song introduces the reader to the CareCure, a resource website about spinal cord injuries with a vibrant chat-forum community, which is further utilized by familial caretakers and ALS patients. These chapters draw on Song’s extensive online ethnographic research on the CareCure website as well as content quotes directly from chat-forums. Crucially, Song cites this quoted material with the participants’ online handles, both acknowledging the quotes’ authorship and allowing the reader to trace them to their original online context. Mirroring this intersection of the “real” and “virtual” worlds (see Boellstorff 2008), the chapters in this first section focus on the mobilization of immobile patients through online forums. Bringing contemporary literature about transnationalism and online ethnography into conversation, Song contributes a critical understanding of the ways in which online spaces not only facilitate cybersociality but also serve as the catalyst for transnational mobilization—providing CareCure members with information about fetal cell transplantation as well as the support they need to undertake their biomedical odysseys.

Part two, “Chinese Experiments,” considers these CareCure members’ transnational, biomedical odysseys from the perspective of Chinese clinicians. Starting with a detailed account of the impact of globalization and capitalism on Chinese medical entrepreneurship, Song highlights the experiences of medical practitioners immersed in a rapidly changing medical system. She describes the career of Dr. Huang Hongyun, his development of fetal cell transplantation, and the factors that led Dr. Hongyun and his staff to treat primarily...
international, non-Chinese patients. Song utilizes the interplay between state-control and self-governing tactics as the narrative foundation for this section. She highlights the multi-directional impact of globalization on biomedical systems and the ways in which Western biomedical and capitalist pressures have influenced the Chinese medical market while simultaneously arguing for a critical evaluation of the ground-breaking, leading medical experimentation undertaken by Chinese medical practitioners.

Part three, “Heterogenous Evidence,” raises questions about the ethics of clinical experimentation and considers the ways in which online-mediated knowledge becomes authoritative. Song considers “how new modes of validation are emerging as viable alternatives to the hegemonic discourse of randomized controlled trials” (119). Dr. Hongyun and his collaborators problematize the common practices of randomized trails and sham surgery, and position fetal cell transplantation as a more ethical type of experimental medicine. The following chapter takes this argument to the next level, suggesting that patients and their families draw on the CareCure forum and the experiences of other CareCure participants as ways of critically constructing knowledge of experimental medicine. These chapters connect to the extensive medical anthropological literature about authoritative knowledge (see Jordan 1997). They also trace how both Dr. Hongyun and the CareCure patients find meaning in their knowledge of fetal cell transplantation, spinal cord injuries, ALS, and their treatments, and contend with tensions between these types of knowledge-making and hegemonic methods of medical experimentation.

While the theoretical framework of her book is strongly developed and tied to contemporary discussions within the field of anthropology, Song does not engage explicitly with the well-established body of literature on (im) mobilities. In highlighting transnational flows of neoliberal ideas and practices, medical theories, and patients, Song treats (im)mobility itself as an assumed, static state while noting the various immobilities of those patients (i.e. physical immobility due to spinal cord injury or ALS; the difficulties some Chinese patients face travelling for treatment; the struggles associated with transnational travel when one is confined to a wheelchair, etc.). An engagement with mobilities theory, particularly the “new mobilities paradigm” (see Sheller and Urry 2006), might encourage Song to examine the roles gender, race, class, and ethnicity play in transnational experimental medicine, which are not given much space in her book.

This small critique aside, the vibrancy of Song’s ethnographic writing and the timely nature of her subject makes this book useful for anthropology courses at a variety of levels. Her discussion of cybersociality (Chapter Two) and the embodied experience of hope (Chapter Three) could be productively incorporated into Cyber-Anthropology and Cyber-Cultures courses to discuss the relationships among “real” and “virtual” worlds and the creation of subjectivity within online spaces. Likewise, her take on the culturally-mediated moral “tensions” of late-stage abortion and fetal cell transplantation could serve both to introduce beginning students to cultural relativism and ethnocentrism and as a nuanced foundation for upper-level students’ engagements with the intersections of incommensurability and biopolitics. Overall, Song contributes an exceptional ethnographic narrative about the mobile and transnational nature of hope by focusing on the experiences of CareCure patients and Chinese clinicians on the cutting-edge of biomedicine in Biomedical Odysseys.

WORKS CITED


In his 2016 book *Owners of the Sidewalk: Security and Survival in the Informal City*, Rutgers University’s Daniel M. Goldstein writes at an electric juncture of human geography, legal anthropology, and urban studies. At Bolivia’s well-known Cancha market in Cochabamba as the site of his ethnography, Goldstein maps the relationship between *fijo* (fixed) and *ambulante* (mobile) vendors to raise questions about social and spatial contestation amid nebulous legal landscapes. His key collaborators Don Silvio, Don Rafo, and Nacho (pseudonyms) assist Goldstein in making sense of the market’s oft-blurred physical boundaries and shifting social assemblages. Goldstein ultimately produces two requested “scientific” studies for his collaborative informants and advocates for sitting in the discomforting entanglements of being a “professional stranger”—a nod to anthropologist Michael Agar. Goldstein’s book is at times as much a powerful reflection on the complex value(s) and exchanges of ethnographic work as it is an ethnography of similar complexities in the Cancha.

*Owners of the Sidewalk* builds on Goldstein’s earlier writings about the structural production of (in)security, (in)formality, and symbols of disorder to which the state can selectively position itself as a necessary remedy. He offers his previously developed term “disregulation” as a framework for thinking about how such state-driven chaos and fluid public-private structures manifest in the Cancha. Goldstein weaves ideas about disregulation together with a brief history of social-scientific thinking on state management of labor—all while reflecting critically on his “situated node,” as feminist scholar Donna Haraway might say, in that discursive web. Goldstein similarly draws on canonical urban studies texts to understand Cochabamba’s colonial-era spatial planning as working in tandem with its postcolonial socioeconomic stratification to render certain laboring bodies as more “civilized” and “moral” than others. The Cancha’s *fijo* population may be classified as “legal” and enduring relative to the “illegal” and unstable ambulante vendors, though Goldstein emphasizes that these renderings, too, remain subject to change alongside the state’s shifting mechanisms of intervention. It is in this exploration of state-prescribed morality in public space that Goldstein opens important conversations about economic and social value(s) and exchange(s) in quasi-public, quasi-regulated markets.

Goldstein ultimately takes seriously the mechanisms by which Cancha’s vendors articulate value(s) and engage in exchanges that at times uphold and at times radically resist the state’s ambivalent paternalism. Why Goldstein appears to advocate for state legitimation and visibility on behalf of the *fijos* while speaking with local stakeholders toward the end of his fieldwork remains unclear but merits further reflection.

Goldstein’s thirty-seven short, narrative chapters offer readers a simultaneously broad overview of—and impressively deep dive into—the themes and frameworks undergirding his work. At various points such structure led me to imagine that I
was actually flipping through sections of Goldstein’s proverbial field-notebook—it’s somewhat-fragmented nature reflecting that of the market itself. Goldstein’s explicit attempt to write accessibly to and for those who may not share his academic and/or spatial context manifests in his clear and relatively jargon-free writing style. His vivid imagery pulls readers into the Cancha’s social and physical “frenetic vortices” (70), wherein an occasional lack of Spanish translation may allow readers who do not speak the language to dwell in an in-between space akin to those discussed in his ethnography. These stylistic components derive from Goldstein’s larger framework of activist anthropology, which seeks to critique extractive practices and reimagine epistemological futures. Goldstein invites readers into the processes of self-interrogation that he understands as necessary to work in solidarity with those most marginalized by certain structures of power. Exploring the occasionally blurry line between contemporary agents and objects of violence, Goldstein precisely identifies the roots of (in)security and (in)formality in the Cancha: European colonization and ongoing oppression.

Owners of the Sidewalk would serve as an asset to introductory and/or methodological anthropology courses at undergraduate and graduate levels for its intertwining analysis and form. I was gleefully reminded of Jack J. Halberstam’s The Queer Art of Failure as I made my way through Goldstein’s reflective epilogue where he again identifies power in the frictions and disjunctures that challenge normative ideas of categorical conclusion and analytical progress. By leaning into the limitations of his own work, Goldstein encourages readers to attend to the possible alternatives that emerge from the “slippage” (23) between murky ethnographic landscapes and ethnographic practice itself.

Goldstein’s evocative descriptions of the market space are enhanced by his attention to what he perceives to be hauntingly absent: the Bolivian state, which takes on a phantom-like quality in Owners of the Sidewalk. Goldstein considers the ghostly ways that state regulation and surveillance appear and disappear in the Cancha’s everyday operations. He draws on writings by Michel De Certeau and Jacques Derrida to illustrate how the people and institutions moving through the Cancha leave substantial traces of themselves behind, and how they embed place-based meaning into its hazy geographical bounds. I was particularly struck by Goldstein’s reckoning with the city’s lack of official “memory” of the Cancha—though he perhaps misses the opportunity to draw parallels between such ambiguous institutions of preservation and his own spectral “flash” (brief, semi-structured, hyper-focused) interviews, often conducted by Goldstein while walking with the ambulantes. His meditation on how images and descriptions of the Cancha reflect fleeting, “particular moment[s] in its development to which it never again actually corresponds” (90) aff/effectively unsettled me.
Urban infrastructures facilitate the unequal distribution of goods and services that constitute substantive citizenship for diverse urban and provincial populations. Nikhil Anand’s *Hydraulic City* examines one such system of the “distributions of life” (2017, 227): the water infrastructure of Mumbai, India. In this book, Anand develops his arguments around “hydraulic citizenship” (8)—the form of political belonging enabled by access to the municipal water system—and the ways that materialities of infrastructure, including its leakages, condition a politics of claims-making through which precarious populations incrementally emplace themselves in the city. During a time of debate about the possible privatization of Mumbai’s water delivery system, Anand conducted fieldwork in Mumbai’s settlement areas (officially designated as “slums”), where residents cobble together discrete connections to urban infrastructures in a processual, contingent accumulation of citizenship entitlements. Anand’s ethnographically rich and theoretically engaging text contributes to anthropological literatures on infrastructure, urbanism, and citizenship in the Global South and beyond.

One of the most arresting images that emerges from Anand’s text is that of Mumbai’s chaviwallas (or “key people”), who manually turn the valves that direct water to Mumbai’s high-rises and slum settlements (101). In his third chapter, Anand describes this and other forms of labor that the punctuated temporalities of Mumbai’s water system demand. To bring the schedule of water distribution into material being, the state-employed chaviwallas physically turn on and off each neighborhood’s water at appointed times. This materialized timetable structures the daily lives of settlement residents, particularly women, who are tasked both with collecting household water and using it for labors of maintenance and care. The limited time frames and irregularities of the water-distribution schedule force some women into the impossible choice between provisioning...
their homes with water or undertaking paid work as well as obliging some to rely on the tenuous sociality of sharing with neighbors who are themselves already thinly provisioned. A vividly textured account of everyday life in a Mumbai settlement, this chapter would be an appropriate standalone selection in an undergraduate ethnography course, or, in conversation with the writings of Elyachar (2010) and Fredericks (2018), in an advanced course on the gendering of infrastructural labor.

Moving toward a more explicit analysis of the politics of water, Anand’s fourth chapter describes the forms of intermediation that connect settlers to the water infrastructure. Community organizations and social workers link residents with NGOs and politicians who act as their conduits to water department engineers. These structures inculcate an awareness of the power of settlers’ votes, enabling them to engage in forms of “transactional” citizenship to demand water connections from city councilors and to protest the World Bank-backed project to privatize Mumbai’s water system (145). Although settlers experience the public-water-provisioning system as inadequate in many ways, they recognize that its porous, penetrable network of leaking pipes enables them to make substantive claims on water more easily than a fully transparent, “watertight” system would (187). In chapter five, Anand describes negotiations between engineers and politicians around the “social leakage” of illegal water connections (182). Engineers tacitly sanction these unauthorized connections within the broad, permissive framework of uncertain volumes and incalculable flows that characterizes Mumbai’s vast, leaky water infrastructure (see also Anand 2015).

Hydraulic City contributes to the insight that, where technical systems and political power are weakest, mechanisms for distributing resources and services to poor urban residents rely on restrictive assumptions and value-laden idioms. Often, these idioms enroll the labor and further the marginality of women (as described in chapter three). However, moral narratives around sharing the responsibilities of urban life can also be the basis for denying services to those communities deemed to insufficiently perform presumably shared values, as in the case of the residents of Premnagar (chapter six; see also Anand 2011). Through the example of this primarily Muslim settlement, Anand elaborates on disconnection as a singular form of abjection, here enacted through the ways regional and religious prejudice mediate engineers’ selective (non-) deployment of their technical expertise.

While Redfield (2017) has recently drawn into question the fetishization of modernist infrastructures, Anand’s work indicates that, even in their gaps and partialities, large, public systems provide a crucial site of articulating political demands for those seeking to secure their foothold in the city. Through comparisons to Hurricane Katrina and the Flint, Michigan water crisis, Anand insists that these forms of politics are not an exceptional feature of the Global South. Although Anand resists overextending the capacity of “hydraulic citizenship”—leaving its similarities to and differences from other infrastructural citizenships as an open question—this book might be read alongside Rosalind Fredericks’s Garbage Citizenship (2018) and James Ferguson’s Give a Man a Fish (2015) as provocative rethinkings of the imbrications of labor and political belonging.

Hydraulic City provides a clearly written, ethnographically detailed entry point into scholarship on infrastructure and the materiality of politics. Although this reader would have liked to know more about some of the topics tantalizingly introduced in the interludes—including the engaged aspects of Anand’s ethnographic work and proposals to revitalize traditional water harvesting methods—the text’s coherent and well supported arguments make it a valuable contribution to graduate and undergraduate courses and conversations in anthropology, STS, South Asian studies, and other allied fields.

WORKS CITED

Anand, Nikhil. 2015. “Leaky States: Water Audits,
Ignorance, and the Politics of Infrastructure.”


From the first glance, the title of Besnier, Brownell, and Carter’s latest volume hints that the authors aim to develop the first anthropology of sport, a subfield which has eluded the discipline for decades. While the authors indeed discuss anthropology and sport, its implications for the discipline are much more profound, as the subtle yet suggestive subtitle **Bodies, Borders, Biopolitics** (an extension of Foucauldian biopower) shows. The text proposes a “sport *for* anthropology” (rather than “of”), meaning “that it is concerned with what broad questions we can ask through the lens of sport” (257). As such, Besnier, Brownell, and Carter’s proposed approach is not a recursive application of theories and methods, rather an engagement of anthropologic and sporting lenses with issues such as “the body, nationalism, modernity, globalization, transnationalism, the state, citizenship, gender, and sexuality” (257). The authors’ list of topics one could study through the lens of sports is an important set of contemporary issues for anthropologists, despite conflicting opinions about sporting cultures and their applicability to anthropological research. The authors claim that as a cultural practice, sport intersects with our daily lives; it is ubiquitous yet imponderable in profound ways, similar to art and music (i). Unlike art and music however, sport has neither the pleasure of a peer-reviewed publication nor the privilege of a focus in anthropological research irrespective of the subfield. As a result, there is little dialogue among anthropologists about the topic and a significant gap in ethnographic literature on works that position “sport and sport-like activities within questions of central importance to the discipline” (9) or illustrate what the topic might add to “a multiscalar analysis of the contemporary world” (6). The authors assert their use of *biopower* and *biopolitics* exemplifies such an approach by understanding power as polymorphous and entangled with intersectionality, and politics as the control and regulation of bodies, including diet, training, production, and reproduction (6). The takeaway from such a perspective is even though an activity is fun or pleasurable, that does not mean it may not be divorced from structures of power.

Our modern conception of sport emerged in the height of mid-to-late-19th-century Eurocentrism alongside a new, regimented categorization of time and fetishized record keeping. Modern sport is irrefutably linked to an imperialist history (a history often highlighted in contemporary discourses about intersectionality) and cannot be separated from “cultural and political assumptions” (4). Despite these origins, Besnier, Brownell, and Carter attempt to reposition sport as an inclusive term designating distinct social activities and emphasizing local practices and meanings. Their revised term is placed in contrast to internationally normative notions of “sport” (5)—for instance, those legitimized through the contemporary hegemony of the International Olympic Committee (IOC) and the ideological conformity it demands.
Moving from classical antiquity into the colonialism and imperialism of the nineteenth and twentieth centuries, sport has become subsumed into hegemonic ideologies and practices of national, international, and transnational organizations including the IOC and Fédération Internationale de Football Association (FIFA). Modern sport, the authors inform, is rooted in the ideology of the “agonal spirit” (after Greek ἀγων, for “contest”) or competitive spirit (13) with human agency and practice codified and structured by written rules (41-42). Such sportive structure later serviced imperial and colonial agendas personified by the white man’s burden and fused with religious ideology (39-70). The authors demonstrate the intersections of sport in Britain and the United States with the religious movements of a “Muscular Christianity” body culture and organizations such as the YMCA to “save”, “civilize” and bring “the excessive” masculinity of others under colonial control most noted in East Asia (45-62). Imperial cultural practices, including sporting cultures, were diffused to the colonists under different guises in a process the authors call “ludic diffusion” (49). Often, the historian perspective reduces colonized persons’ agency, writing them off as complicit in the sporting hegemony that sought to civilize and socialize them into Western ethics and values. Hegemony, however, is not complete without resistance and restructurings. The authors conceptualize sport as an “empty form” to explain its decontextualization, deconstruction, and reconstruction in new contexts (50). As the ideologies that legitimize a certain sporting hegemony are in continual state of negotiation, the term itself is imprecise and often amorphous.

In addition to this colonial history, the authors touch on the role of sport in Western medicine’s divergence from non-Western and holistic practices and transition into biomedicine (71-96) as well as its intersections with social class, race, and ethnicity (97-126), and sex, gender and sexuality (127-157). Spread across two chapters, the authors’ discussion of intersectionality relies heavily on Bourdieuan “practice theory,” with which they analyze sport-based conspicuous consumption across different sporting events and sociocultural contexts. Introducing the modalities of sport and the polymorphic ideologies coded in it, the authors urge ethnographers to take up research at the and world systems. Television has transformed global sport (178-180) by reinforcing the elements of performance and spectacle inherent to both modern sport and ideological systems—elements which further structure nationalist tendencies (203-207) and give shape to the intersectionality detailed in prior chapters. With homage to Benedict Anderson’s “imagined communities” and Eric Hobsbawm’s “invented tradition,” the authors explain how the intertwining of nationalism and sporting events, and its commodified and conspicuous performativity, influence (and is influenced by) systems of economic and political capital and can even function to revive historic civil tensions.

Although this long list of important topics could not possibly be covered in detail in one text, the book is a good starting point for anyone interested in anthropology and sport. After finishing the text, one can readily conclude that much research remains to be done. Of foremost importance is a framing of traditional and contemporary topics through the lens of sport and the inclusion of multifaceted theoretical approaches such as gender studies, affect, and queer theory, into sport research. Because an interconnected dialogue between anthropologists and sport has yet to occur in any substantial way, one cannot judge the authors for not exploring other important themes in their opening gambit, including (but not limited to) symbology and semiotics, human trafficking, civil and human rights (especially during mega-events), human physiology, and competition in extreme environments. Even though it resonates clearly with the evocative ideas so common in introductory classes, such as Geertz’ deep play or Bourdieu’s practice theory, sport has remained outcast in undergraduate and graduate anthropological education. This book has opened the door to a much-needed new arena of anthropological inquiry, but the full potential of an anthropology of (or for) sport is yet to be filled.

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In her second monograph Knot of the Soul: Madness, Psychoanalysis, Islam, Stefania Pandolfo presents an “ontological poetics” (Kohn 2015, 313) of the soul in the aftermath of intergenerational trauma and extreme socio-cultural change in Morocco. Pandolfo’s work overlaps and links dialogues of psychoanalysis, postcolonialism, and Islamic philosophy with eschatological ethics. She argues that modern day Qur’anic “cures of the soul”—that is, healing rituals utilizing the Qur’an which aim to relieve spiritual (and/or mental/emotional/psychological) distress—work in concert with, and even answer fundamental questions about, Freudian and Lacanian theories. Pandolfo’s ontological project also takes seriously the Islamic al-gayb (invisible world) to elucidate the “spiritual-metaphysical dimension of the psyche itself” (1). Rather than setting her own research agenda to accomplish this, she allows herself to be led, “pierced and guided by the Other” (19). She intimates that this “Other” is something even more fundamental than anthropology’s focus on ontological realities; every human being, in their own way, is summoned by it (19).

This book is the product of a remarkable feat of fieldwork conducted over a ten-year period. Much like psychoanalysis itself, Pandolfo describes this as a “working through” (10). As we also “work through” the text, Pandolfo’s overarching and nuanced theoretical imaginings emerge organically. We follow Pandolfo across the book’s three parts, moving conceptually through physical and metaphysical spaces. In part one, Pandolfo conducts fieldwork in the more secular world of the mental institution, bound by international diagnostic standards and classificatory psychiatry. In the hospital we meet Amina, Hind, and Reda, young Moroccans dealing with severe mental disorders caught between modern psychiatric logic and a culture which is “suspended in a zone of ‘agony’” (88). Pandolfo suggests that the mad are the mourners of a culture, and that madness is a form of witnessing to this culture in agony (63). Therefore, through these young Moroccans, we also bear witness to a culture’s suffering and come to recognize the other, rather than know or possess them as an object of knowledge (35). Pandolfo refuses to paint inside the lines by presenting her informants as characters of a familiar, Western narrativized framework. Instead, she creates something new, in line with anthropology’s ontological turn. She shows us a way to “think otherwise” about madness, ethnography itself, and the anthropologist and reader as witness to a cultural becoming (Biehl and Locke 2017).

The second part of the text is a conceptual crossing. We move out of the hospital to the realm of hāla, a term meaning both mental illness and an altered mystical state (10). Here we meet the poor couple Samia and Ilyas. While Samia interprets her depressive and delusional symptoms through religion, her husband Ilyas has not sought treatment for his frequent psychotic episodes. In these
“states” or hālas, Ilyas paints elaborate murals on the walls of his emptied apartment before whitewashing and re-painting them during another episode. Through Ilyas and his haunting paintings, Pandolfo finds one of her primary arguments: early on in her text, Pandolfo confides that she is dedicated to ethnography not only as empirical research but also as a philosophical project (22). This philosophical project attempts to move beyond ethnography as “the writing of the Other . . . that fixes the other person or culture in place as an object of knowledge” toward something “more fundamental . . . the enigmatic address of a different kind of Other” (19).

Pandolfo refers not to an anthropological “Other” but to Henri Corbin’s concept of the imaginal, an understanding of the imagination as “an organ of active perception and of cognition of supersensory realities” (175). In the imaginal, we find something much more fundamental that touches on all human life: “the manifestation of forms or semblances [which are] fundamentally anchored in a relationship with truth, the reality of God and the cosmos, and the witnessing of the divine” (176). Differing from Corbin, Pandolfo argues that the “mad” in particular – like Ilyas – exceed our physical world to touch on, or at least see into, this invisible one. These “forms or semblances” are what Ilyas paints, over and over again, on the walls, windows, and doors of his apartment: images of snakes, trees, mermaids, shadowy figures, crosses, and eyes. This imaginal world is not created by some humans or believed in by some of us. Instead, this world sees us, looks back at us.

In the remainder of part two, Pandolfo further explores the hāla of postcolonial Morocco, investigating other emergent forms of healing from unlivable states. We meet Kamal, an unemployed twenty-six-year-old who hopes to migrate to Europe via the deadly crossing of the Mediterranean Sea. Kamal sees the crossing not as a dangerous journey, suicide wish, or challenge to God, but as “an ethical struggle for a better life” (200). Feeling particularly vulnerable to madness due to the trauma of his life circumstances, Kamal understands even the thought of migration as “an antidote of despair” (210), a way to avoid succumbing to madness and ultimately committing suicide.

In the third and final part of the text we dive into the deep end of the metaphysical world in which the Imam performs Qur’anic cures of the soul – in particular the ruqya, a ritual reading of the Qur’an. Ruqya means cure, incantation, and etymologically to elevate or ascend, especially in spiritual terms (223). Called “choking of the soul,” the affliction is a modern one of “existential and moral quicksand” which is simultaneously deeply rooted in Islamic scholarship (232). The Imam’s work of the ruqya both generates new cultural forms that facilitate cultural becoming and allows sufferers to “elevate or ascend” from the modern world to a higher spiritual state. Sufferers find a new subjectivity and meaning for living through the ruqya.

Pandolfo does not attempt to apply a Western anthropological order to contrive familiarity and comfort for the anthropologist/reader by translating and making sense of Otherness. Instead, her aim is for recognition both of another reality, one that goes beyond human perception, and of the people capable of revealing it to us. This makes for a beautiful, compelling, yet difficult read for those not well-versed in psychoanalytic or Islamic theological thought. Therefore, scholars and graduate students interested in ontological and/or psychological anthropology, as well as Islam, are the best suited readership. Despite its difficulty, it is well worth the struggle; Pandolfo moves us beyond the comfortable to create a poetic kind of anthropological philosophy without defined borders or ends, attuned to the reality and power of invisible worlds in all human lives.

WORKS CITED


NEW ANIMISM: RELATIONAL EPISTEMOLOGIES AND EXPANDING WESTERN ONTOLOGIES

INTRODUCTION
Animism is said to be the most fundamental form and starting point of religious belief (Stringer, 2013). This concept has been used in cultural anthropology since the late 1800s but, due to inconsistencies in research ontologies, fell out of favour as an ethnographic research tool (Bird-David, 1999). A return to, and modification of, this concept has been witnessed over the turn of the century as researchers seek to better understand how the tool may once again be utilized. In this essay I discuss how modern conceptualisations of animism may shape human/non-human interactions and relations. I provide a brief history of the concept and discuss how its limitations excluded it from cultural anthropology’s tool kit for the better part of a century. Following this, I outline the contemporary conceptualizations of animism, or new animism, and how they seek to address the term’s original misdirection. Modern use of animism in South India, South America and Burkina Faso highlight the variability within the concept itself as well as the consistency of relational epistemology: bridging the gap between the “self” and “other.” To conclude this essay, I explore the possibilities of Western (and global) integration of traditional peoples’ epistemologies to reduce Cartesian dualism of humans and nature, which contribute to the exploitation and degradation of natural beings. This is seen in the emerging field of ecopsychology, which seeks to address issues inherent in pro-environmental communication with the general public through a recalibration of philosophical understandings.

ANIMISM: PRIMITIVE AND SAVAGE

Keywords
New animism, ecopsychology, relatedness, Indigenous, nature.

“Western Ghats” by Laura Murray (2017).
Notions of animism in the West have existed since the 6th century BCE (Harding 2013), though Edward Tylor’s work in the late 1800s is a commonly accepted origin (Bird-David, 1999; Malville, 2016; Stringer, 2013). Tylor borrowed the idea from Stahl, a 17th century alchemist (Bird-David, 1999); however, contemporary anthropologists and scholars of traditional peoples deemed it morally unacceptable (Bird-David, 1999; Malville, 2016; Stringer, 2013). Many consider Tylor a father of cultural anthropology of the “modernist” period, in which science and evolutionism were held in the highest regard. Through second-hand accounts of “primitive peoples,” he defined a concept of animism. The traditional/indigenous peoples that lived under this banner believed in the existence of spirits, whom were embodied in all human and non-human entities. From this Tylor posited that the minds of animistic traditional peoples were similar to that of children who attribute living qualities to inanimate objects, concluding that their societies were cognitively underdeveloped (Bird-David, 1999). This line of thought directly stems from the evolutionistic mind frame of the modernist period which presented animism as the “root” of religion, and thus less evolved in comparison to monotheistic religions (Christianity, Islam, etc.), and importantly, science. Tylor entered this field of study with an interest in the spiritualist movement of the time, which he argued was a “survival and revival of savage thought” (Bird-David, 1999, 569). His work on animism was collated and presented in the 1871 book Primitive Culture: Researches into the Development of Mythology, Philosophy, Religion, Language, Art and Custom. Whilst Tylor touched on important concepts within cultural anthropology, his approach was condescending to traditional peoples and the subject retains a stigma to the present day (Malville, 2016).

Reignited by Hallowell’s 1960’s ethnography of the Ojibwa people and the intrinsic animation of objects within their language, notable anthropologists such as Eduardo Viveiros de Castro, Philippe Descola, and Nurit Bird-David began to revive the concept of animism through the turn of the century and have opened an inquiry into animism’s ideas about a world alive (Harvey, 2013). In contrast to Tylor’s positivist approach to notions of “life,” “nature,” and “personhood,” contemporary scholars have suggested a relational epistemology to develop better understandings of “local concepts” (Bird-David, 1999). Through what is now viewed as misdirected understandings, theoreticians in the modernist period assumed “primitive peoples” shared the same notions of “self” to natural objects, “primitive peoples” were deemed misguided (Bird-David, 1999). In contrast, relational epistemology seeks to understand the world via a primary focus on relatednesses (relationships between the human and non-human) and avoids the modernist dichotomies of natural/supernatural and spirit/body (Bird-David, 1999).

**NEW ANIMISM: RELATIONAL EPISTEMOLOGY**

“Animism is about a world full of immediate relational beings” (Naveh & Bird-David, 2013, 27). Naveh & Bird-David’s (2013) chapter in Graham Harvey’s Handbook of Contemporary Animism explores the ideas of animism, conservation, and immediacy (regular exposure to something as in one’s everyday life). They state that animism is absent from the West due to the lack of immediacy in engagements with plants, animals, and other natural objects. They explore immediacy through ethnographic observation of forest dwelling Nayaka people in the Nilgiris hills in South India. The region has become a hotspot for regional and global ecological development and has been recognised as a UNESCO biosphere reserve since the 1970s. The authors state that during a 30-year gap between ethnographic observations, the Nayaka people have managed to retain their relational epistemology despite economic pressures. The Nayaka’s animistic epistemology places greater significance on knowing how to behave with relations to nourish them, over the dualistic notion that things are separate from oneself. Despite achieving conservation in the region, it has not been cognitively pursued and behaviour with relations has been shown to be variable within the Nayaka. According to the authors, tribal members display mindfulness and care when harvesting or hunting for their immediate use or consumption but not when conducting similar activities for economic means. Despite these conflicting actions, animism and relational epistemology present opportunities for recognising contemporary Western society’s utilitarian epistemologies.
that contribute to the degradation of environmental health.

Descola’s (2013) ethnography of the Achuar people in the borderlands between Ecuador and Peru also provides clear examples of relational epistemology at work. The Achuar believe that all plants and animals are relatives and possess a soul (waken) which classifies them as persons (aents). Maintaining good relations with these aents is vital to the lives of the Achuar. Disrespecting the spirits puts at risk familial and neighbourly relations, hunting success, and conjugal harmony. Distinctions between persons are drawn not via differences in appearance but through a hierarchical order of communication, which directly challenges Cartesian dualism. The Achuar place themselves at the top of the pyramid as they are able to see and communicate with each other in the same language. Exchanges with non-humans are possible via aents (incantations) which are not immediately obvious and appear mostly in dreams or hallucinogenic trances. Despite endowing the non-human with souls, the Achuar exclude most insects, fish, grasses, pebbles and rivers from their network of subjectivity. This highlights inconsistencies in the term “animism” between different traditional communities, yet the notions of relatedness remain.

Anism and relational epistemology need not take the preconceived form of spiritualised natural objects that first comes to mind. Stringer’s (2013) ethnographic enquiry into the people of Burkina Faso delivers another contemporary example of animism, free from modernist prejudices. The animistic people of Burkina Faso treat spiritual beings as a fact of life. These spirits engage with the human population by inhabiting inanimate objects such as statues and masks, which Stringer acknowledges is not animism expressed in the most basic form of relations between the spiritual and material worlds. Rather, this is a highly sophisticated mode of religious engagement with the non-empirical other, or that which cannot be measured. He compares this engagement with that of women in the UK communicating with dead relatives and God. Stringer concludes that the people of Burkina Faso hold a relationship of fear and uncertainty with their spiritual others, which contrasts with women in the UK whose relationships consist of coping mechanisms and love.

Further contrasts are in de Castro’s (2004) ethnographic probing of Amerindian animist ontologies. The use of anthropomorphism among Amerindian peoples demonstrates a lack of differentiation between human and non-human life, since both stem from humanity as their original condition. They view animals as possessing human sociocultural inner aspects that have been “disguised” by external bestial forms. This is a divergence from the other ethnographies explored in this essay and further asserts the range of possibilities under the umbrella of animism. What consistently runs through these accounts of new animism is the importance of relatedness.

**EXPANDING THE WESTERN MIND**

Earlier I mentioned the possibilities of using relational epistemology in a Western context as a means of cultivating pro-environmental attitudes. The Western mind’s loss of relational connections with nature incites suffering for both camps. Hogan (2013) suggests that we need animists to address the detrimental issues of climate change, though the irony of institutions teaching animism where they previously shunned it as “primitive” is not lost on her. Despite this, she seems optimistic in animism’s ability to positively impact the whole living world, particularly non-human animals: “the future of the animals is for the new young animists to determine” (2013, 25). It is not my goal to suggest that all people should practice animism. However, what may be possible is the respectful borrowing of some core principles of animism, such as those discussed in this essay. Additionally, there are clear parallels between the non-dualism found within new animism and relational epistemology to ecopsychology, since ecopsychology questions the distinction between the body and the other (Hillman, 1995). As in animistic cultures, principles of ecopsychology are enacted from birth. Davis (2012) highlights the importance of beliefs and actions in determining the ecological footprint of a culture. If, as a child, one is directed towards a respectful relationship with the mountain, one is more likely to behave differently than the child who is not afforded the same beliefs.
Reinders (2017) believes that we share an ancient kinship of embodied being with all lifeforms and that it is the awareness of our interaction and connectedness with the earth and the entire cosmos that defines us as human. It has been the case, however, that centuries of unmitigated capitalist technological expansion have reinforced the duality between human and nature via egocentric and anthropocentric worldviews. Reinders continues that an eco-centric consciousness can marry scientific thought to a capacity to love, and rational understanding to empathy and intuition. Her notion of the body being the "topsoil" in which the eco-centric consciousness may take root and develop paints a clever metaphor that resonates with relational epistemology and the dismantling of human/non-human barriers. Through our lived body as a sensory vessel we may experience empathic relations with nature: "alive in all our senses, we may begin to listen to the ancient dialogue of body and earth" (2017, 17). Reinders’ emotive language is one example of how ecopsychology aims to address the underlying philosophical limitations of capitalist-driven societies. Just as we seek the help of psychologists to work through traumas, so we might turn to principles in ecopsychology to work through the trauma that exists between human and non-human.

CONCLUSION

From its roots as a misguided and derogatory concept to contemporary contextualisation, animism continues to provide cultural anthropology with a useful tool of ethnographic enquiry. The literature shows variation in animistic conventions throughout traditional peoples in different societies. However, a constant theme of relational epistemology persists in almost all of them. This distinction is not only important in understanding differences between traditional cultures but also for recognising limitations to the Western capitalist-driven, utilitarian ontology that has resulted in continued environmental devaluation and degradation. Acknowledging these flaws presents the potential to reconnect a sensual relation with the earth that suppresses, or even destroys, the Cartesian duality of human and non-human.

WORKS CITED


It was winter in north India. The mornings were blanketed with a cold fog that had rolled in over night. I was at the government-sponsored Center for Dairy Research in north India, where I conducted part of my dissertation fieldwork. Its concrete landscapes were colder than ever. Still, many of my interlocutors took no shelter or respite. Their daily rhythms of labor were tied to the tireless tempos of bovine existence. As “animal health workers”—which is to say, staff without veterinary degrees but responsible for everyday practices of care and management in the Centers—their work was in the business of life and death, sickness and health.

One thing I learned during my time at the Center, which is surprisingly easy for urbanites like myself to forget, is that there is no life without death, and to the extent that something like a dairy industry is premised on the commodification of the stuff of life itself, there is no increasing production without also increasing its opposite, exhaustion. There was a word for this, I learned: “Production diseases.”

Among these are zoonotic diseases, those illnesses that can be transferred from animals to humans. COVID-19 is of course one of these, but more pressing during my research was a zoonotic disease known as FMD, or, “Foot and Mouth Disease.” FMD causes painful wounds (jakham) on cloven hooves, tongues, and mammary glands. These lead to secondary problems for cattle, such as, lameness, recumbency, and going off feed, which then hamper milk production. It also causes heart disease and death in calves.
As such, workers were up well before the mist. They toiled day and night. Controlling FMD, moreover, was no easy task. It is an extremely contagious, viral disease that can travel up to sixty kilometers by air over land, and 300 kilometers over sea. It can be transmitted on inanimate objects—clothing, shoes, and vehicles—and can even live in the respiratory tracts of human beings for up to two days. FMD can also be harbored in the milk and semen of infected animals—both of which are substances used in everyday practices feeding and breeding—long before signs of infection materialize (OIE 2018). In turn, morbidity may easily reach 100% during an FMD outbreak.

Culling—“the humane destruction of all infected and exposed animals”—is thus a key management strategy for countries that are FMD-free (CFIA 2012). Yet during the FMD outbreak of January 2019, under the Haryana Gauvansh Sarakshān and Gausamvardhan Act (2015), the slaughter of any cow, bull, or calf industries was banned at my fieldsite. Techniques and technologies to manage the outbreak were less final, less radical, less tidy. Instead, they were routinized, chronic, and covered in drool, pus, and dung.

Below: Humans, animal, and microbial bodies encountering each other in potentially viral events.
Footbaths and mouthwash, quarantine and new standards for the disposal of dead bodies: These were techniques of control that required constant application, as well as patience. Indeed, the rains had come by the time the last mass footbath was given to CDR’s cows, bulls, calves.

They were techniques, moreover, that were embodied for worker and animal alike. Laborers had to put their own bodies on the line through practices of containment and sanitation that are often simultaneously acts of care and violence. This photo story inserts itself into this context. It attempts to capture moments of encounter in all their messiness. It asks: How might the visual rendering of one case of interspeciated wellbeing and risk provoke us to think new thoughts about human and animal welfare? That is, to the extent that there was no single solution, no quick fix to the FMD problem, and it instead required a radical ethics of simply “being-with,” what lessons might it offer us as we grapple with emerging diseases and other symptoms of planetary exhaustion?
Scenes from CDR during the FMD outbreak of January 2019.
EXCAVATING ONE ANTHROPOLOGIST’S INVESTIGATION INTO CONSERVATION-BASED CONFLICTS IN NORTHERNMOST MONGOLIA—A BRIEF EXPOSITION

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ABSTRACT
This photo essay addresses conservation-based conflicts that stem from the Tengis–Shishged National Park and are imbricated in broader institutional processes, drawing on seven months of eth(n)ography conducted in 2014–2018 among Dukha hunter-gatherer reindeer pastoralists in northernmost Mongolia. I elaborate some of the institutional, social, and economic dimensions of these conflicts and expose a history of my own multifaceted learning process in and beyond the field. Excavating this history serves as a means to convey topical knowledge and affords a deeper appreciation of how learning takes place. Dispositions emerge in mutually generative counterpoint with experience(s), skills, and inclinations through various stages of anthropological practice, namely (though not exclusively) fieldwork. I do this hoping to bring attention not only to the existence of conflicts over the national park and their effects on Dukha people, but also to some of the subtleties that make these conflicts and effects so contentious. In doing so, I highlight the salience of anthropological practice and dispositions and the time and phasal oscillations that go into them for understanding and pragmatically engaging with contemporary social issues, whether they be localized, systemic, or some multi-scalar amalgam of the two. I briefly introduce the term ‘eth(n)ograph/y/ic,’ which develops van Dooren and Rose’s (2016) notion of more-than-merely-human “ethography” by combining ‘ethnos’ and ‘ethos.’ I develop this concept because I wish to emphasize how anthropological attention to ethnos often exceeds focus on any one distinct ethnicity and, indeed, species.

KEYWORDS: Mongolia; conservation-based conflicts; educational excavation.

A first glance—say, through satellite imagery—the taiga in northernmost Mongolia reveals vast expanses of remote, seemingly uninhabited wilderness. Following a cursory internet search or browsing Mongolia tourism guides, one learns the taiga is inhabited by the Tsaatan, a community of shamanist, nomadic reindeer herders.

In 2013–2014, when I serendipitously learned of the Tsaatan’s existence and subsequently prepared for ethnographic fieldwork among them, I engaged publicly available texts that would afford any keen Anglophone reader some additional information, notably: Tsaatans (a Mongolian exogenous ethnonym) identify as “Dukha;” approximately two hundred Dukhas inhabit the taiga in two regions (East and West Taigas); they are Tuvinian refugees (or descendants thereof) who were granted Mongolian citizenship following militarized expulsion campaigns spanning 1927–1956 (further literary and field research would reveal that, dating back at least a few hundred years, the forebears of some Dukhas had dwelled in present day Mongolia); their forebears were likely among the first domesticators of any animal; their herds were collectivized during state-socialism and were subsequently privatized in the 1990s; they rear horses; historically they have been hunter-gatherers in addition to pastoralists (Wheeler 2000); and they now make a living in part through an arguably inequitable tourism industry (Keay 2008).

Conducting MA fieldwork in 2014, I learned the Dukhas have great diversity as to how they identify, either as Dukha, Dukha and Tsaatan, or any amalgam of these with other nearby ethnic groups. They also rear dogs and, in
In some cases, cattle, yaks, sheep, and/or goats. They continue hunting and gathering despite their territory becoming a national park in 2011. Nature conservation regulations in the park include a hunting ban that stymies Dukha livelihoods. Nowadays, information about this conservation-based conflict is readily available to keen readers in multiple languages or to others who might otherwise stumble upon this on their social media feeds.

I learned from Dukhas that they cannot legally access approximately two thirds of their territory, and many of their sacred sites—the worship of which is usually most effective in situ— are located in the Russian republic of Tuva or in legally inaccessible areas of their Mongolian territory.

My MA thesis attends to ways Dukhas realize livelihoods through largely collaborative and playful acrobatic improvisation within and across interspecific boundaries. While writing it, I learned that the national park is a recognized International Union for the Conservation of Nature (IUCN) Category II Protected Area. Only six pages of my MA thesis specifically address issues regarding the park. Through literary research done while writing PhD program and scholarship applications, I learned the park is officially named “Tengis–Shishged National Park” (TSNP) and is a partner of Yosemite National Park in the US National Park Service “Sister Park” program (since 2015, as I learned while researching for this essay). However, conservation-based conflicts framed my thesis by virtue of the fact that they loom around the Dukhas, eth(n)ographic practice, and writing related to them.

My experiences in the field compelled me to take an increasingly action-oriented approach in my research with Dukhas and later encouraged me to pursue a PhD more closely focused on issues regarding TSNP. Research and coursework done in preparation for preliminary PhD dissertation fieldwork helped me re-enter the field in 2018 more cognizant of TSNP’s imbrication in multilateral and transnational networks and processes, and the history preceding its emergence as a distinct subsection of “Ulaan...
Taiga Special Protected Area(s)” (UTSPA) when UTSPA gained IUCN status. I also became more familiar with non-analogous yet relatable situations elsewhere, and with different ways of engaging anthropological theory and output.

When I returned to the Dukhas and met active TSNP rangers, I learned that the infamous “total” ban on hunting is more complex than I understood from previous conversations or as conveyed in news articles, NGO statements, and some anthropological writings (as recently as 2019). Although the ban on fishing seems to be formal and total, the one on hunting is partial. According to official documents obtained in the field, fifteen species have special status. Hunting these species in the “Têngis–Shishgédlîn Baîgalyn Tsogtsołbort Gazar” zone is legal only if one purchases permits from UTSPA headquarters—up to 175 km away from Dukha dwellings. Likewise, hunting in the “Khoriatëê Bûs” and “Ontsoî Bûs” zones requires
permits purchased directly from the Ministry of Environment and Green Development—up to 1,100 km away. All of these permits exceed locals’ budgets.

Furthermore, most hunting grounds are situated in zones Dukhas cannot legally access without going through a formally cost-free but, practically speaking, taxing and contentious multi-permit system (with three issuing authorities: TSNP, the Mongolian General Authority for Border Protection, and, for the Ontsgoĭ Būs, the Ministry of Environment). This system was established in 2016 following Dukha grievances, but the result for locals is a de facto ban on hunting most (if not all) species and accessing most of Dukha territory.

There is also a formal ban on harvesting (and trading) some traditional medicinal plants (namely snow lotus). Dukhas must purchase yearly permits for harvesting dead firewood and special permits for green lumber used in the construction of winter cabins. Moreover, they obtain mandatory albeit formally cost-free yearly permits from the Khövsgöl Aimag government for inhabiting the taiga.

Five months into fieldwork I began to grasp discrepancies in what people know or say about park regulations. I also began to notice intra-community conflicts around TSNP, notably those deriving from some Dukhas’ participation in regulatory implementation.

Fieldwork affords the establishment and ongoing entertainment of intimate relationships with people in situ, setting the foundations for a way of life that shapes indelible experience(s), aptitudes, and inclinations that constitute dispositions inextricable from an anthropologist’s person and work.
Writing is a craft through which novel research occurs in domains of academic literature, popular literature and media, arts, dreams, conversations, etc. Anthropological dispositions are further shaped by this process and shape the latter in a feedback loop. Writing can be harnessed as a voice among other types of expression to create research ‘outputs’ that have value outside of the end product or ‘deliverable.’ Such outputs surge forth from the researcher much like an electrical current is outputted by a battery as crystallizations of all that one learns.

Grave contemporary issues are manifold and complicated and, despite their urgency, require the largest investments of time, energy, and relationship-building, along with careful research and output, to resolve them effectively and in an axiologically sound fashion.
WORKS CITED


APPENDIX:
Captions
Figure 1. Settlement group caravans circling around a cairn to worship local spirits while shifting from summer to autumn camps, atop Hulagiĭn Dawa, West Taiga. Photo by author.

Figure 2. Dukha man carving reindeer antler with an axe to make handcrafts for selling to tourists, in Huulag, West Taiga. Photo by author.

Figure 3. Dukha girl uprooting an edible lily bulb, in Dod Saĭlig, East Taiga. Photo by author. 
Figure 9. Dukha woman helping her daughters and sister uproot lily bulb, in Dod Saĭlig, East Taiga. Photo by author.

Figure 4. Dukha girl showing author an uprooted lily bulb, in Dod Saĭlig, East Taiga. Photo by author.

Figure 5. Darhad-Dukha man surveying land to situate stray reindeer while a friend distributes cigarettes among the men gathered after herding reindeer into pen, in Men Bulag, West Taiga. Photo by author.

Figure 6. Tengis-Shishged National Park ranger showing author pages from an official book of laws pertaining to the park while on a surveillance trip, in Men Bulag, West Taiga. Photo by author.

Figure 7. Snow lotus, in Dod Saĭlig, East Taiga. Photo by author.

Figure 8. Dukha elder tying medicinal plants in bunches before hanging them to dry. Photo by author.

Figure 9. Dukha person’s yearly Khövsgöl Aimag government-issued permit for inhabiting special border area.

Figure 10. Elderly Dukha household caravan shifting from one autumn camp to another, in Ded Sharzhas, East Taiga. Photo by author.

Figure 11. Author writing notes stove-side inside tent dwelling one October evening in a snowy autumn camp, near the shores of Hulag Nuur, West Taiga. Photo by author.

Figure 12. Dukha elder leading reindeer on foot down a steep deposit of scree while shifting from summer to autumn camps, below the peak of Uvaalagiĭn Dawa, West Taiga. Photo by author.

Figure 13. Dukha person demonstrating traditional fishing technique, with child on back.
ESSENTIAL TO WHOM? AN EXPLORATION OF PANDEMIC-ERA CARE AND RECIPROCITY

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ABSTRACT
The challenges of combatting the COVID-19 global pandemic are vast and systemic. It has required the world to adapt how we work, learn, and communicate. In this new reality, Americans have been confronted with what it means to provide and to receive care. The U.S. now looks beyond professional medical caregivers (doctors, nurses, first responders, etc.) to include others who provide additional services of care. The fluid label of “essential worker” recognizes a wider range of equally important frontline service roles (trash collectors, grocery store workers, etc.). After elaborating on the history of the term “essential workers,” I move on to discuss those in the immediate periphery of the medical community (workers in personal or self-care industries and those in traditional or alternative medical sectors—among others) who have been sidelined as nonessential. This sparks many questions: who determines who is essential and when? Who provides care during these times? Whose jobs have been suspended and not recognized as acts of care? To explore those questions, I compare contemporary American trends to patterns discovered during my fieldwork in Shanghai. Three months in a Chinese Integrative Medicine Department revealed a phenomenon of reciprocal caregiving: patients provide food and support to doctors who practice excellent care. My analysis will reveal how caregiving in the U.S. can also be reciprocated under current circumstances by community members. I reveal how COVID-19 has re-defined how communities value care and disrupt understandings of how, by, and for whom care should be practiced.

KEYWORDS
Essential workers, integrative care, reciprocity.

INTRODUCTION
Care is always central to our lives but even more so during a global pandemic. Crucial to the “constitution of personhood,” care often remains a “shifting” concept that lies at the intersection of daily practices, formalized relationships, moral obligations, and institutional structures (Buch, 2015, 280). Care in this context can be defined as a service provided to an individual or community that addresses a health need. These health needs or determinants span the physical, mental, socioeconomic, environmental, geographical, and so on. In this commentary, I will discuss how the dynamics of COVID-19 have shifted American understandings of care in three ways: (1) who can practice care, or who are deemed essential to this work, (2) how those on the receiving end of care have individually and collectively begun to reciprocate care, and (3) who is unable to practice care right now, or who is thought to be non-essential.

China, which has one of the most developed integrative medical systems in the world, offers insight into how the pandemic has expanded our understanding of care. This is because integrative care is an approach to care that centers the individual over the disease and considers all health determinants. Trends of reciprocity in Shanghai that mirror emerging mutual aid initiatives in the U.S. demonstrate the significance of integrative care.

EXPANSION OF ESSENTIAL WORK
The idea of being essential has taken on different meanings throughout history. Before the discourse around COVID-19, the terms ‘essential work’ and ‘essential worker’ spiked in use during World War II. Wartime efforts not only mobilized the munitions, mining and agriculture sectors, but also
recruited women, people of color, and people with disabilities into the workforce, expanding the definition of essential work. Subsequently, economic and social structures—like national childcare—were in operation during the war to support these new demographics of essential workers (Graves 2020).

Similarly, previous norms about essential workers in American society have diversified during the COVID-19 global pandemic. Grocery store employees, trash collectors, bus drivers, food delivery workers, and others are now being grouped with professional caregivers. New categories of essential workers, created by U.S. state governments during the processes of shutdowns and re-openings, acknowledge the significance of seemingly mundane tasks in our society’s function and care.

However, this expansion raises certain questions: who are the estimated fifty-five million essential workers in the U.S.? Statistics provide part of this answer: women make up 76% of health care workers and 73% of government and community-based services providers; people of color represent 50% of laborers in food and agricultural industries. Approximately 70% of those fifty-five million essential workers do not have a college degree. 50% of those in industries labeled essential earn less than those who make up the nonessential workforce (McNicholas and Poydock 2020). These disadvantaged subpopulations have been newly recognized as essential so that they can continue to serve others—but they have always been essential. Why has it taken dangerous health risks for these workers to be recognized as inherently valuable to our care?

Additionally, it does not appear as though many institutions are inclined to critically evaluate the implications of being “essential” during a pandemic. There are gross deficits in protection measures and national support as these essential workers take on high risks. Praise of essential workers dangerously disguises the national government’s lacking pandemic response. Their unpreparedness will likely contribute to a higher essential worker death rate and an exacerbation of structural issues that already marginalize many such essential workers. We cannot afford to dissociate

**RECIPROCITY**

Where the government and private sector have fallen short in both providing care and supporting essential workers, others rose to the occasion. In acknowledgment of the overwhelming difficulties in providing care without adequate resources during a pandemic, citizens have taken it upon themselves to reciprocate with their own acts of care. They have donated fresh meals, collected personal protective equipment (PPE), raised money, and helped with childcare and education for essential workers. Many of these efforts were developed from the ground up, spearheaded by dedicated individuals without medical training. Although not formally labeled essential, these volunteers are able to target and address the myriad health determinants exposed and exacerbated by this pandemic, and to provide necessary services that otherwise would have fallen through the gaps.

This is a phenomenon similar to one I observed at my fieldsite in Shanghai—an acupuncture clinic embedded in a hospital at overcapacity. In general, doctor-patient relationships in China have been fraught with tension over the past decade due to a lack of mutual trust, overcrowded spaces, malpractice, and even violent confrontations. However, this crisis has been largely present in purely biomedical settings, which is more beholden to neoliberal and capitalist ideas of efficiency. This limits doctor-patient face time, hinders effective communication, and exacerbates power imbalances.

The integrative care clinic where I observed proved to be an exception. There, a single acupuncturist was often tasked with treating up to fifteen patients at once but still made sure to provide care that matched each individual’s needs. As recognition of his sincerity and dedication despite the challenges, his patients would bring him food, ensure he sat down every once in a while, asked after his family, and even fold his white coat. The ethics of integrative care prompted their actions: every individual, no matter their status, is human first. Additionally, in China, this integrative combination of biomedicine and Traditional Chinese Medicine (TCM) maintains that health should be comprehensive. In other words,
integrative care in China does what COVID-19 has further necessitated in the U.S.—evaluate all health determinants when providing care—and provides a look into models of care that are not strictly biomedical.

Specifically, there are two dimensions critical to integrative settings that are not as developed in biomedical discussions about care: (1) behaviors of care recipients towards caregivers and (2) interactions between two care recipients. In this acupuncture clinic, these dimensions took the form of daily care and community building. On a larger scale in the U.S. during COVID-19, we’ve seen the rise of pandemic-specific nonprofits and mutual aid organizations. However, mutual aid has usually been discussed only in terms of quantitative resources; I attempt to expand the concept into qualitative discussions of care.

To encompass these observations, I choose to use the term reciprocal care to describe the meaningful dynamics that arise when there is simultaneously a recognition of a need and the ability to respond to that need. While this term does not appear directly in existing literature, it is tied to ideas of care as a gift exchange: in exchange for care, the recipient responds by re-affirming the care in “equally human ways” (Kleinman 2015). The exchange facilitates an intimate network of reciprocity.

Gift exchange still occupies a vibrant space in anthropological discourse, but classical theory provides foundational insight into reciprocal care dynamics. Expanding on Marcel Mauss’ The Gift, Claude Lévi-Strauss (1987) names these as (1) the obligation to give, (2) the obligation to receive, and (3) the obligation to reciprocate. Mauss (1990) pays relatively little attention to the obligation to give, which is the only one of the three that is not entirely dependent on a preceding action (to receive and to reciprocate imply a different actor initiating the giving). Nonetheless, the obligation to give is critical to understanding reciprocal care in this discussion.

In Shanghai, the origin of the first gift is the acupuncturist’s provision of integrative treatment and care. He is in part obligated to give because it is his job and in part motivated to give because of his empathy for other humans. Patients may conflate his moral and financial obligations to provide care, leading to them reciprocating his care. Additionally, when patients reciprocate, they compound his obligation to give: if he does not meet their expectations, patients will move on to another doctor, as is common in Shanghai. In the U.S., mutual aid appears to be the result of empathy, guilt, and a sense of responsibility, but determining the exact motivations behind such community efforts would require deeper fieldwork. Regardless, the observed result of reciprocal care—perceived better care and stronger community—may prompt professional caregivers to re-evaluate the one-way care relationships typical of biomedical settings. COVID-19 gives us the opportunity to shift towards caregiving work that is integrative, quotidian, and community-based.

THE EXCLUDED AS NONESSENTIAL WORK

Logistically, the division between essential and unessential was based on what is “practical.” This differentiation draws a line between various types of work to steer populations through the pandemic: it was decided that there are those whose work is critical to maintaining life and those whose work is not. Therefore, personal care services (defined by state governments as being related to massage, nails, esthetics, cosmetology, TCM including acupuncture, health and fitness, and so on) were suspended. From the perspective of an anthropologist, the division is more problematic—the confines of essential care can never be completely clear because they differ between perspectives and contexts (Buch 2015). To artificially delineate who is essential can be damaging, particularly for workers already at the periphery of professional medical care. Ultimately, it can limit giving and receiving care.

All such divisions are made from the perspective of a particular worldview. In the biomedical industry, one result of this dichotomy is the aforementioned exclusion of TCM clinics. Although these clinics are run by licensed practitioners, they were forced to close their in-person operations at the beginning of the pandemic and limit their services to online consultations and delivery of medicines (if applicable). Some individuals
would argue that these TCM services are indeed essential to maintaining their lives, physically and mentally. When TCM practitioners are restricted in providing care, how does this erode the practitioners’ personhood and positionality in American society? It is possible that as a result of being deemed unessential TCM clinic workers and patients—already outside of mainstream medical care in the U.S.—might contend with increasing alienation and xenophobia.

Then there are other services – like haircuts and nail treatments – that appear less necessary or more selfish to desire during a pandemic. However, many believe differently: thousands have been willing to gather and protest for their right to access these services. While seemingly superficial, things like hair are tied to identity, culture, and freedom – elements that can powerfully inspire resistance (Abad-Santos 2020). That leads to subsequent unwillingness to adhere to important public health measures like physical distancing and quarantines. The misalignment of individual values with state mandates can be insightful for formulating future public health policies. While the pandemic necessitated a hierarchy of care to limit COVID-19 transmission, we should not forget or diminish the implications and consequences of these divisions.

CONCLUSION

COVID-19 has shifted our understandings of how we should both provide and receive care. As the division between essential and nonessential workers can create tension, it is paramount we uncover systemic conditions that divide how our society can provide and receive care and remind ourselves to think about the relative nature of “being essential.” Ideas about care that underlie (or contest) such a division reveal the competing values of American citizens. These dissonances help demonstrate the priorities of both those who create the division and those who are impacted by it. Reciprocal care may be a solution for many of the issues of these times, as well as after we are no longer battling COVID-19. Perhaps, as in the hospital in Shanghai, reciprocity could be a sustainable practice of community building. The long-term impacts of the changing dynamics of care remain to be seen. For now, discussion about them provides a glimpse into the division and provision of care in the U.S. today.

WORKS CITED


ANTHROPOLOGY IN HIGH SCHOOL: A MISSION TO EQUIP YOUNG STUDENTS WITH THE TOOLS AND KNOWLEDGE TO NAVIGATE SOCIAL JUSTICE INITIATIVES

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ABSTRACT
Anthropology as a field of study teaches many important concepts essential to understanding the human condition and accepting all forms of diversity. Unfortunately, most students only begin to encounter anthropological ideas at the collegiate level. In this commentary, I argue that teaching the concepts of cultural relativity and ethnocentrism, two foundational components of anthropological understanding, at the high school level can better equip our younger generation with empathy, understanding, and respect. These three capacities are especially crucial when reacting to today’s political and social upheavals, like the Black Lives Matter Movement. Anthropology encourages students to unlearn any prejudices by reflecting on the internalized biases that limit their acceptance of human difference. I assert that this necessary introspection extends to the discipline itself, as anthropologists recognize (and make students aware of) the role early anthropology played in perpetuating the racial biases still present today. Despite (and, indeed, because of) this weighted history, Anthropology and the awareness and appreciation of human diversity it inspires must be used as a tool to teach future generations in American secondary education to recognize and embrace the beauty of difference.

KEYWORDS
Anthropology education, ethnocentrism, cultural relativity.

INTRODUCTION
If you had to define anthropology, what would you say? After my three years as an undergraduate anthropology major, I’ve come to create a definition of my own, one that encapsulates all the dimensions of anthropology taught to me: anthropology is the holistic study of the human experience, from our biological evolution and our cultural belief systems to our language use and our material remains. I believe everyone can interpret their own meaning of anthropology because we are varied humans with varied thinking. This variation of thought needs to be brought to the fore; variation exists all around us in the diversity of lifestyles, language patterns, and food traditions. But if we fail to view this diversity (so coveted among travel bloggers and study abroad students) from a standpoint of understanding and respect, then we have failed each other as global citizens. Judging by the current rise in activism against human rights violations, it seems we have a lot of work to do. After describing anthropological principles and perspectives on human difference, I will discuss how offering anthropology at the high school level can benefit students who are struggling to understand and respond to the important human rights conversations happening today, such as the Black Lives Matter movement. I argue that an anthropology education in high school would help students develop three capacities fundamental to just societies: empathy, understanding, and respect. Encouraging these tendencies is vital at the high-school level when students are intellectually developing and forming their own opinions of the world.

ANTHROPOLOGICAL FOUNDATIONS: CULTURAL RELATIVITY AND ETHNOCENTRISM
Cultural relativity and ethnocentrism are two foundational concepts emphasized at the beginning of many anthropology classes and are taught together because they are two sides of the same coin. The Encyclopedia of World Problems and Human Potential defines the former as "the idea that a person's beliefs, values, and practices should be understood based on that person's own culture, rather than be judged against the criteria of another" (Cultural Relativism). Scholars define ethnocentrism as the attitude of "seeing one's own group as virtuous and superior, one's own standards of value as universal" (Hammond & Axelrod, 2006, 926). To practice cultural relativity, you must be actively anti-ethnocentric. These two terms are essential to a beginner anthropology education. They foster introspective thinking about one's own biases and force students to actively counter and unlearn internalized values about their own cultures as they learn about others. They teach students to approach unfamiliar practices with an open mind. To give a broad example: when faced with a culture that forages with tools created only from resources found in their immediate environment, the student should acknowledge the skill and resourcefulness required to perform that task rather than judging the group as less advanced or intelligent because they do not have the modern technology of Western cultures. This way of thinking can cultivate curious students who want to discover more about the world around them and ask questions like, "What can I learn from this?"

An anthropology education offers a chance to open students’ eyes to the vast expanse of lived experiences that happen around the globe. Lessons, readings, and films assigned in class can bring awareness to the diversity of lifestyles, traditions, and hardships that exist outside of our bubble of community and comfort. These real-life (ethnographic) stories begin to create a space for empathy, understanding, and respect for cultural differences. To raise a generation full of accepting, curious, driven and forward-thinking individuals, we must equip them with the tools to foster those capacities, and I believe anthropology taught in high school can contribute to this mission.

In the early 1900s, anthropologist Ruth Benedict said, "The purpose of anthropology is to make the world safe for human difference" (Appell-Warren, 2016). However, to date, anthropology has failed in this purpose. The Black Lives Matter movement is a reaction to an absence of safety, and I would argue that anthropology has played a role in creating and perpetuating the centuries-long oppression of Black people. Only in acknowledging anthropology’s role in the history of these injustices can we move forward as students of anthropology to reroute the path towards social and racial justice.

While anthropology courses will teach students about Franz Boas, who coined the term cultural relativism and argued against the racist theories of other anthropologists, they should also learn about the scientists who contributed, intentionally or not, to the false concepts of race we have today ("Boas, Franz", 2020), namely Johann Blumembach. Blumembach was a physical scientist and anthropologist who studied human skulls and divided them into 5 distinct categories based on cranio-

anthropology and the history of “race”
different cultures can be ranked and judged and therefore was crucial in legitimizing colonial efforts around the world (Pauls, 2019). A high school education in anthropology’s history can help young students dismantle the narrow-minded thinking that still predominates in the minds of our parents and grandparents.

APPLYING ANTHROPOLOGY TO BLACK LIVES MATTER

Learning about anthropology’s history allows us to understand its application to Black Lives Matter. The BLM movement for “Freedom, Liberation and Justice” was founded in 2013 by Patrisse Khan-Cullors, Alicia Garza and Opal Tometi (About-Black Lives Matter). A vital part of their mission is to “eradicate white supremacy,” as it is the chief factor driving white violence against black communities (About-Black Lives Matter). A white supremacist is defined by Merriam Webster as “a person who believes that the white race is inherently superior to other races and that white people should have control over people of other races” (White Supremacist). If we return to our earlier definition of ethnocentrism, we can see that these two concepts fall right in line. White supremacists only have their values in mind when encountering someone of another culture or race and, therefore, judge based on their standards of belief. If anthropology can get young students to make this connection, to see how this mindset is wrong, and to be aware of the fact that no two cultures can be compared or ranked, we have taken a step in the right direction.

I experienced one such transformative moment in my Language and Culture class where we learned about language ideologies and how intelligence is often culturally tied to language use. The lesson examined the use of Standard American English (SAE) versus African American English (AAE) and how Black Americans have faced, and continue to face, discrimination based on false ideologies surrounding AAE. MLK Jr Elementary School vs Ann Arbor School District Board was a lawsuit about the unequal treatment of black children who were placed in special education classes because the teachers (SAE speakers) could not understand the children who spoke AAE (Morgan, 2009). This case opened up a large debate surrounding AAE and its validity as a language. The most important takeaway from this study is that AAE, although different from SAE, is just as logical and effective. AAE is governed by its own set of complex linguistic rules and fully facilitates the expression of intelligent ideas. This case forced me to do a lot of introspection. As a white person who speaks SAE, I had to think about times I heard AAE and reflect on how I had reacted. Initially, AAE sounds grammatically incorrect, but that is because I based my judgment on the rules of SAE—an ethnocentric mindset. In reality, those linguistic pairings and phrases that sound “off” are actually following the rules of AAE, and if I made an effort, I would find that the sentence makes perfect sense. The issue with many SAE speakers is that they do not make that effort to understand. At the first hint of unfamiliarity or incorrectness, they immediately dismiss the speaker as wrong or uneducated.

ANTHROPOLOGY FOR THE YOUNG

Anthropology classes teach lessons that expose students to what at first appear to be minor issues that, in fact, aggregate into larger prejudices and legitimize systemic oppression. Introducing young students to anthropological ideas and methodologies can help them be cognizant of how they react to something unfamiliar and to question where that reaction comes from. There is very little data on the number of U.S. high schools that offer anthropology as an elective. National anthropology organizations have been campaigning for better incorporation of anthropology into precollegiate education since the 1970s. But in 2018, only 63 International Baccalaureate high schools (a small percentage of U.S. high schools and a decrease from 193 schools in 2012) offered an anthropology elective (Popson & Selig, 2019). Anthropology provides foundational tools for understanding and embracing the differences that exist in our world and I believe it should be considered a vital part of secondary education. In seeing so many young people championing human rights today, I have no doubt that younger generations will be open and eager to learn what anthropology has to offer.

WORKS CITED


SEXUALITIES OF IMAGINED BODIES DURING A TIME OF SOCIAL ISOLATION

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ABSTRACT
As the world shifted into social isolation at the onset of the Coronavirus pandemic, many found remote dating to be their only outlet for romantic and sexual interaction. In this paper, I examine the constructed reality of personal advertisements in the COVID-19 era. I focus on the meaning individuals find in online dating and how they use their imagination in the development of online relationships. I followed the stories of those individuals who took out personal advertisements in the New York Review of Books at the beginning of the Coronavirus pandemic in March 2020. Although I draw on textual analysis of these advertisements, I am less concerned with the genre and more concerned with the ad authors’ relationships to online dating. By conducting interviews, I found that online relationships offer their own distinct pleasures and that their format affords individuals more freedom of self-presentation and expression than in-person dating, thereby setting participants up for potentially more successful romantic first impressions.

KEYWORDS
Sexuality, Pandemic, Courtship.

“RADIANT, BRIGHT EYED, BLONDE beauty in her early 50s seeks also fun, caring, kind gentleman aged 50s-60s for beautiful, loving relationship. Let’s golf, go boating, travel the world, and love each other endlessly...” This excerpt comes from one of the many personal ads posted in the back of the arts, culture, and literary publication New York Review of Books (NYRB). NYRB cranks out 20 issues annually, featuring cultural and literary critiques followed by a section of personal advertisements typically written by individuals aged 50-90 seeking sexual and romantic partners. I have conducted an ethnographic study of the NYRB personal advertising world in an attempt to deconstruct the acts of imagination and personal reinvention that facilitate online romantic exchanges. Although my larger project includes more participants, in this paper, I pull from my interviews with three female ad submitters, whom I have renamed Edith, Margaret, and Cleo for this text.

The NYRB advertisement guidelines forbid the inclusion of pictures and require authors to anonymously describe themselves by means of their physical traits, personality, interests, age, location, and profession. The personal ad section generally reflects the readership of the NYRB: most of the individuals who post or respond to ads are white, affluent, heterosexual, and well educated. In a 2017 NYRB survey, researchers found that 96% of subscribers held a college degree, 79% held post-graduate degrees, 75% were male, 52% had a net worth over $1,000,000, and subscribers’ average household income was $239,994. Tellingly, the most listed employment status is retired academic. Although a majority of the ads do not indicate a specific marital status aside from “single,” several individuals describe themselves as widowed. I have not seen a post that explicitly describes someone as in a relationship or as a divorcee. In general, the freedom of self-presentation and expression that online dating provides sets participants up for potentially more successful romantic first impressions while offering its own distinct pleasures.

At the outset of my research, I assumed that modern, picture-based dating platforms like Tinder might engender more superficial relationships than the NYRB personal
ads, which rely on text to attract potential matches. However, I found that many of my interlocutors exchanged photos with potential partners at some point, regardless of the initial NYRB limitations. One of my interlocutors, Edith, experienced an awkward situation with a potential romantic partner who sent pictures of himself that appeared to be twenty years old in an attempt to seem more attractive. A more unwonted case was Cleo, a woman in her late 20s, who received messages from a suitor imagining what she looked like before they exchanged photos.

Cleo’s ad, referencing her ethnicity, age, and sexuality, caught my attention because she is an outlier relative to the rest of NYRB readership: “PUNKISH, ALTERNATIVE BI/PANSEXUAL Asian woman seeks love during biocrisis: a lazy, late-20s millennial poet; sardonic & facetious. You: incisive, knowing, affectionate, w/o COVID-19.” After speaking to Cleo, I found out that her ad caught the attention of many others as well; she had received fourteen responses, all from straight men, within a matter of days. This was significantly more attention than the other women received, all of whom told me they were written between five and ten messages per advertisement. In my interview with Cleo, I asked if she received any particularly negative responses. “One response I got was from an older gentleman who sent me a description of a slim, petite, BDSM scenario with this version of me that he kind of cooked up which is...weird.” At no point had Cleo described herself as slim, petite, or into BDSM, and this description was received as totally bizarre. This man also sent unsolicited, lengthy descriptions of imagined sexual scenarios. Many of the other individuals who responded to Cleo’s ad explicitly referenced her ethnicity in a fetishistic way.

Judith Butler and Assumed Bodies

In “Performative Acts and Gender Constitution,” Judith Butler characterizes the body as “understood to be an active process of embodying certain cultural and historical possibilities, a complicated process of appropriation” (1988, 521). According to Butler, there is always assumed cultural and historical associations with a body. Because Cleo described her body as young (“late 20s”), her responders assumed that her physical body was not only beautiful and sexually active (“slim... BDSM scenario”) but also physically smaller (“petite”) based on assumptions tied to her gender and ethnic identity. Another man went so far as to inquire about Cleo’s ability to perform domestic tasks: “They would respond with lines of inquiry like ‘Do you do house cleaning? Do you wash windows? Did you know that Milton made money while washing windows and writing poetry?’” The same man who referenced Milton also explicitly mentioned Cleo’s ethnicity in a fetishistic way, seeming to associate her “Asian” feminine identity and domestic work. Cleo’s responders operated under the assumption that their imagination of Cleo’s physical body based on her brief description was reality.

As noted by Butler, “Just as a script may be enacted in various ways, and just as the play requires both text and interpretation, so the gendered body acts its part in a culturally restricted corporeal space and enacts interpretations within the confines of already existing directives” (526). Social and cultural stereotypes of how men and women enact gender lay the groundwork for many people’s assumptions about how specific individuals will present themselves in real life. Regardless of how the writers of personal ads described themselves, readers filled in the gaps and created a dynamic imagined body they continued to shape as they acquired new information over the course of the online relationship.

Kinks and Empowerment in Online Dating

In general, the personal advertisements themselves are fairly tame. Although most of the advertisements are flirty in some way, a majority are not overly salacious and do not explicitly reference sexual kinks. However, one advertisement struck me as an obvious exception, “CHANGING TIMES: Retired professor and lifelong nepiophile in his fifties, tall, handsome, and loving, seeks passionate, nurturing, and adoring Mommy for spiritual fulfillment.” After reaching out to this man over email in my initial desperation to find interlocutors, I learned that he had an adult baby fetish and was seeking a woman to literally play out the role of his mother.

In “The Privilege of Perversities” by Elisabeth
Sheff and Corrie Hammers (2019), they discuss possible reasons for the overwhelming percentage of white, middle class, highly educated individuals in BDSM and polyamorous communities. The predominately white researchers who study kink communities argue that race and class are a major deterrent from participating in kink communities as racialized individuals who are already seen as socially deviant are less likely to be sexually deviant. If true, it implies that the white people I encountered in the NRYB community (in other words, the majority of my interlocutors) were relatively more likely to be interested in sexual kinks.

It is also possible that my interlocutors’ sexual desire and that of their pursuers was magnified by a lack of sexual outlet in old age. In The History of Sexuality, Michel Foucault describes what he calls the repressive hypothesis, which details the process by which sexualities are meticulously defined as diverse and isolated so as to be controlled: “The implementation of perversions is an instrument-effect: it is through the isolation, intensification, and consolidation of peripheral sexualities that the relations of power to sex and pleasure branched out and multiplied, measured the body, and penetrated modes of conduct” (1978, 48). Elderly bodies are normally classed as asexual, and thus may have fewer opportunities to express sexual desires. According to psychologist Leni Marshall, “in North American youth-oriented cultures, an aged face and slower movements can brand a person as being less valuable” (2012, 58). The association of elderly bodies with inferiority or unattractiveness has the potential to act as a repressive force on the sexuality of older individuals. In the case of my interlocutors, sexual interaction via email exchange gave them the opportunity to escape their elderly body as means to achieve sexual pleasure.

Although the fetishistic interest that Cleo attracted seemed exceptional, Edith also mentioned discussing imagined sexual scenarios over email with a man who had responded to her ad. “I had met up with a man a while back in Seattle. The sex was okay, I mean we had discussed at length over email before I came out to meet him and I wasn’t impressed.” Through online dating, Edith not only had the opportunity to partake in a romantic and sexual exchange but also to simulate sexual intercourse free of the reality of her physical body.

When conducting my research, there was a sense of avoidance regarding being characterized as unattractive due to old age. One of my interlocutors, Margaret, made it a point to constantly insist that she was young and beautiful for her age. Although I never asked about her physical appearance, over the course of an hour she reminded me that she was beautiful seven times. Although men referred to themselves as handsome in only about half of their posts, almost all the ads posted by women described themselves as attractive in some way. Unlike the men who focused on other aspects of their identity, most women used language in order to fulfil unrealistic beauty requirements and appear young and beautiful to attract more attention.

CONCLUSION: LOVE, SEX, AND BODIES IN TIME OF PANDEMIC

Constructed identities and the resulting assumed bodies were central to the romantic and sexual exchange between individuals who had posted personal ads in the NRYB and their responders. This is not to say that the assumptions made about the imagined bodies were irreversible, as they were constantly changed as new information was exchanged. In general, most of my interlocutors found the experience of posting a personal ad satisfying and empowering in some way. Although in Cleo’s situation her assumed identity subjected her to racial stereotypes and objectified her as a young and therefore sexual being, for the two older women I with whom I spoke (Edith and Margaret), their engagement with this form of self-presentation enabled them to experience exciting and satisfying new relationships and pleasures during a period of pandemic crisis.

WORKS CITED


Foucault, Michel. The History of Sexuality


A STATE OF EMERGENCY, A STATE OF TRANSITION: HOW THE COVID-19 PANDEMIC MAY HELP RECONCILE HISTORICISM AND THE ANTHROPOLOGY OF CRISIS

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ABSTRACT
The incongruence between Bourdieu’s historical sociology and the ahistorical structuralist theories of Levi-Strauss’ students has often contributed to a complete disregard for the historical significance of cultural meaning on the one hand and the role of structural dichotomies (i.e. us vs them) and the phenomenon of the myth on the other. The crisis events of the 2020 Global Covid-19 Pandemic offer a unique opportunity for anthropologists to reconcile historicism with theories of ahistorical (or exceptional) phenomenon. In particular, the linguistic coding of the pandemic as a “crisis” reveals a two-fold, cultural understanding of the term. Crises entail some repetitive structural element (such that we recognize a given event or state as a crisis) but the structure repeated is, in fact, a sudden, novel change in the field of practice experienced as an “unprecedented time.” Comparing contemporary circumstances to other events coded as crises in the United States, I argue that the (perceived) catalyst of the ongoing rupture in social and economic order is best understood through Douglas’ lens of pollution: an external threat to the structural dichotomies and myths that define the boundaries of the social body. What emerges from considering repetition and rupture at once is a new understanding of crisis as a reoccurring phenomenon characterized by an incongruence between doxa and habitus—a state of liminality wherein the previously accepted myths, symbols, and dichotomies at the foundation of citizens’ habitus and society’s structures are suspended. This incongruence is resolvable by two mechanisms: either crisis-era praxis is integrated into habitus (providing the practical basis for a new set of myths, structures, and doxa), or the suspended schemata are reintegrated in a way that account for the expansion of what is considered possible according to pre-crisis doxa. In this way, a symbolic purification of the social body is enacted by the application of new or extant myths to changes within a field during the crisis-era. Bourdieu’s historicism can thus be applied to the anthropology of crisis alongside structuralist theories by treating crisis as a kind of transitional state of social doxa, not via inductive reasoning or extrapolation from historical phenomenon.

KEYWORDS
Crisis, pandemic, historicism, Bourdieu, social theory.

INTRODUCTION
The role of history as a methodology in the social sciences has long been debated; proponents often treat history as an analytical frame capable of revealing perpetual, timeless mechanisms of human behavior, while critics relegate history to a purely descriptive study and caution against its use in generalizing structures of social interaction. Concerning the history of crisis, it would certainly be problematic to assume all crises emerge, function, and result in the same conditions. To do so would disregard unique, temporal situations, inadvertently assuming, for instance, that the technology, communication, and class structures of the United States during the 1918 Influenza Pandemic parallel those of the 2020 Covid-19 Pandemic. The collapse of what is— at least as it is perceived from superficial observation—with theory potentiates fallible, circular arguments based on
confirmation bias and induction (Popper, 1968). This, of course, brings us to the root of anthropology: attempting to determine what is, not the absolute, philosophical account of what is real, but an interpretation of that which exists culturally and in unique systems of understanding.

The construction of these unique systems of understanding was of particular interest to Pierre Bourdieu, whose notions of field and habitus allowed him to mediate the epistemological divide between objectivism and subjectivism in anthropology. Effectively, the spaces of social interaction, composed of posts in which the agents act, constitute fields of practice. Bourdieu postulated that as long as the individual maintains the proper perceptual dispositions to act within a field, the field is given meaning. The schemata for understanding and perceiving which constitute individual habitus are informed by these objective structures in the field and are referenced when the individual acts within that field. The existing exigencies within the objective structure of a social field demand action, and the agent’s action is subject to their habitus.

The reification of these perceptual schemata via practice within a field produces a doxa, or the sets of beliefs taken to be self-evident and objective; the doxic situation emerges when the perceptual understandings dictating habitus are congruent with the observed organization of the field. What is perceived as possible action, in the positive sense, is thus limited to the boundaries of the practices of that field’s organization. The organization of the social realm is taken as commonsensical and natural.

A mutual influence exists between habitus and field: as the actions informed by the habitus give the field its meaning, and the field informs the habitus, some prior congruence between field and habitus (doxa) must be assumed. That is, if we are to say that doxa changes over time as a result of this mutual influence, two states exist: the pre-change doxic state and the post-change doxic state. The continued interplay between action of individual agents and observed, objective structures of the social field would explain historical changes in doxa. The antecedent doxic states assumed here introduce a historical element to Bourdieu’s work, and one which allows us to analyze crisis as a state conducive to transition without applying inductive reasoning to assume that change will inevitably occur.

Thus, regardless of the role which history is to play in anthropology, a comparison of historical antecedents with the present allows for the analysis of change and transition. An analysis of the (Western) history of crisis offers insight into the cultural delineation of “crisis,” the conduct of a community in a crisis state, and the role of crisis in revealing a community’s system of meaning – though perhaps it is not as useful for predicting and alleviating threat when compared to disciplines more closely related to specific crisis conditions. In this paper, I will mediate between Douglas and Turner’s structuralism and the historicist assumptions of Bourdieu’s social theory by examining the linguistic coding of “crisis” in the United States, changes in practice which emerged with the Covid-19 pandemic, and the cyclic nature of previous theories on crises.

**THE LINGUISTIC CODING OF CRISIS**

To the anthropologist, noticeable changes in linguistic symbols often signal a shift in cultural focus and reveal the relationship between the linguacultural fabric and individuals’ frame of reference for action (Kroskrity 2009). From the onset of the pandemic, the phrase “unprecedented times” has appeared in numerous communications from businesses, educational institutions, and within the media. This phrase signals changes to anticipated conduct within that field of action or, in the case of alarmist rhetoric, reveals the existence of conditions which may undermine the integrity of current practice. An email from DoorDash advertising a $0 delivery fee reads “In this unprecedented time, it’s important that we work together.” Another example is an email from Emory University’s Pre-Health Advising: “We know we are in unprecedented times . . . and we want to be here to support you.” However, a direct reference to Covid-19 in either correspondence was notably absent.

The usage of this phrase suggests two
particularly curious lines of inquiry: [1] how (or perhaps, when) the term “unprecedented times” became synonymous with the global pandemic, and [2] the symbolic and temporal nature of the word “unprecedented” in historical context.

Upon returning to my home state of Colorado from university, I listened to myriad comparisons of the current pandemic to the 1918 Influenza, the 2001 attack on the World Trade Center, and even to 2005’s Hurricane Katrina. In conversation, the events were coded as the metonymies “Spanish Influenza,” “9/11,” and “Katrina,” indicating a shared familiarity with a system of meaning: the date “9/11” becomes a symbol for the terrorist attack rather than the date itself; the “Spanish Influenza” refers to the pandemic rather than the disease, and “Katrina” to the aftermath of the hurricane in New Orleans, rather than simply the name or the event itself (Geertz 1973, 25).

The comparison of the current crisis to these historically held crises seemingly juxtapose the present understanding of Covid-19 as “unprecedented;” how can something be both familiar and entirely new? That these two interpretations of the crisis can be held and applied commonsensically in the same culture reveals a dichotomy in how “crisis” is understood. That is, there appears to be both an understanding of crisis as a recurrent experience, while this recurrent experience maintains an element of uncommonness and irregularity.

**CRISIS EMERGES FROM INCONGRUENCE BETWEEN INDIVIDUAL HABITUS AND SOCIAL DOXA**

Understanding crisis as a sudden, unexpected change in a given environment is certainly not novel. In their deconstructions of crises into developmental stages, Barry Turner and Steven Fink characterize the origins of crises as unexpected and hazardous and examine the means by which the affected parties identify, classify, resolve, and integrate the hazard in comparison to a prior system of beliefs. That is, both Fink and Turner identify the first stage as one of pre-crisis and the final stage as one of cultural readjustment (Fink 1986; Turner 1976). By expanding this model of crisis in stages (beginning with a certain set of commonsense beliefs and ending with a readjusted set of commonsense beliefs) in the context of Bourdieu’s social theory, parallelisms emerge between the commonsense beliefs and doxa, the scope of the beliefs and field, and the application of the beliefs as habitus.

When observing the changes in actions that emerged with the growing concern of the coronavirus, it quickly became apparent to me that shifts in the field of practice were incongruent with individual habitus and a degree of uncertainty in how to act emerged. Under the limitations of prior doxa, the notion of wearing a face covering in public was not readily accepted by the public; that is, the natural practice in the field of public spaces did not include taking precautions to limit the spread of a pathogen, as there was no widespread element in the environment requiring such a practice. Here, the notion of a practice being required in this sense must also be addressed. There appears to be an element of pollution similar to that addressed by Douglas (1991) that occurs on the level of both the individual and social bodies. The pathogen itself has emerged as a pollutant to the purity of the individual body, while the pathogen’s disruption of the schemata which inform the actions of the community agents pollutes the social body.

Institutional dichotomies, like “essential” and “non-essential” worker, were introduced to provide a frame of reference for individuals to adhere to when deciding whether to self-isolate or continue the practice of going to work. Such delineations were determined according to an emergent, structural myth of “necessity:” work directly correlated with immanent needs (food, water, communication, sanitation, electricity, health) and work which contributes to the maintenance of economic stability.

These new practices disrupt the old doxa, for the incompatibility between individual habitus and the action demanded by the field resulted in a suspension (or adaptation) of previous symbols and dichotomies in favor of new ones. The threat to a cultural institution which mediates a dichotomy emerges parallel to an incongruence between doxa and habitus. For instance, the liminal state of college mediates the dichotomy between childhood and
adulthood. Yet this mediation collapses when education occurs in the home; the “college culture” field of practice adapts to the new location and regulations of that setting.

This confrontation of inconsistency between the field of practice and the schemata dictating action appears to be a repeated occurrence. When asking my grandmother to elaborate upon her comparison between Covid-19 and the attack on the World Trade Center, she told me, “things were never the same after 9/11, and things aren’t going to be the same after this [pandemic] is over.” For her, the terrorist attack was as sudden as the gravity of Covid-19 had been, and grocery stores were “raided” in similar ways. In her eyes, a sense of uncertainty and fear characterized both situations. In both crisis states, the imagination before the crisis – that is, what was considered possible according to prior doxa – was called into question, and the scope of that which was taken as natural had shrunk until a new “natural” had taken its place. The attack on the Twin Towers introduced uncertainty to the security of public workplaces and the availability of household necessities – the possibility of attack (or war) was an anticipated, readily imagined pollutant, much as the novel coronavirus has become. How then can a crisis state be “unprecedented?”

CRISIS AS A STATE OF TRANSITION FOR SOCIAL DOXA

I assert that a cultural phenomenon of transition is revealed by deciphering the characteristics which make the Covid-19 pandemic “unprecedented”—that is, by identifying what element of cultural existence is undergoing a noticeable change, and identifying how the changes, explanations, and organization of the observed world are novel. In what follows I analyze how the interpretation of social existence as “unprecedented times” produces a new doxic state as the linguistic, institutional, and individual practices Bourdieu (1990) refers to as “praxis” are integrated into individual habitus.

Before attempting to identify the catalyst for doxic change, it is important to consider the temporal implications to discern when the practice of referring to the ongoing situation as “unprecedented times” began. A quick search reveals that the use of the phrase in relation to the epidemic began as early as February 27th. This date precedes government containment efforts but emerges with my family’s increasingly frequent decisions to forgo ordinary daily activities and to practice self-isolation. The term’s usage also proliferated with changes in institutional policies (including the shift from in-person to remote learning) as well as in individuals’ actions to adjust commonplace activities and adopt self-isolation practices. Recently, I discussed the delay of rent payments with a young, academia-affiliated friend, and she justified the suspension of this economic practice simply as an adaptation to “unprecedented times.” The use of this phrase emerged independent of political directives but still signaled a shift in some people’s belief of how community members were expected to act.

This notion of “unprecedented” reveals that the crisis state is one of suspension – that is, practice during the crisis state is different than practice before. The cyclic nature identified in theories of crisis such as Fink’s and Turner’s, show the pre-crisis belief stage of a crisis is simply the post-crisis belief stage of another. This offers an ahistorical model which can be applied in the relative frame of the Covid-19 pandemic. The cyclic process of adapting new practice to a belief system under question is even revealed by crisis events within the pandemic leading to panic, such as the frequent change in theory behind the protective properties of face coverings and subsequent changes to the practice of when and which masks to wear. Thus, the attempt to classify crises as ahistoric becomes problematic in the unique practices which are confronted by the threat – the habitus schemata specific to the doxa pre-crisis.

TRANSITION IN THE FIELD OF PRACTICE

It is in this state of suspension that Douglas’ theory can be reconciled with the historicism of praxis – in the broadening of what is considered nature through myth and the delineation of the margins of the social body. While noting that understanding dichotomies as somehow natural is contested by Bourdieu’s theory of practice, agency, and power, there seems to be a place for these dichotomies in the reconstruction of doxa. For instance, essential
essential and non-essential workers are introduced in the Covid-19 pandemic, and the distinction is dictated by a quasi-natural understanding of necessity. The old habitus is threatened as the individual is confronted with the ambiguous nature of its associated doxa and replaced with a new, temporary habitus. In this case, our agency to go into public (old habitus) is confronted by the threat of spreading the novel coronavirus (ambiguous doxa); thus, one can go into public but should wear a mask (temporary habitus). This change in habitus in response to the change in field of practice can be equated with the suggestions made by academic researchers, public health officials, and healthcare professionals, which reveals an implicit authority and power with institutional education.

However, the political dictation of practice and divide in acceptable action across political boundaries suggests that the crisis only served to further entrench extant schemata. In this case, pre-crisis and post-crisis doxa would appear unphased. And yet, the simple act of explaining the change in field with existing habitus demonstrates a reintegration of individual schemata into one’s actions within the field. In other words, while the doxa remains unchanged, the crisis state was introduced by some sudden threat which undermined the doxic state. Thus, it appears the “crisis” acts as a transitional phase—that which is taken for granted shrinks, and the practice-theory interplay that is called into question is suspended, evaluated, and either adapted (a change in doxa) or reintegrated (no change in doxa). The boundaries of what is considered possible either changes or expands. The two seemingly contradictory notions of “crisis” (historically repeated or recognizable while unique or “unprecedented”) are reconciled by considering crises events as liminal states of transition. First, the field of practice before and during the event do not match; this incongruence between old habitus and new doxa creates a characteristic sense of uncertainty. Next, the liminal state: the purification of the social body and re-integration of suspended dichotomies. Lastly, the field of practice after the liminal state is historically observed to have changed or in response to a similar threat.

**Reintegration of Crisis-Era Myth into Doxa**

The doxa has shrunk in the face of temporary instability (Moore 2019, 236); new doxa has taken its place. The symbolic, lingual codes of “9/11,” “Katrina,” and “Spanish Influenza” mark these events as extraordinary. Thinking with Douglas’ lens of purity, it becomes clear that in each of these situations the constructed social self was under attack by something outside, polluting the social body and threatening the integrity of its constituent dichotomies (Douglas 1991). Turner’s (1986) suggestion that this threat is often rectified by curated ritual becomes particularly applicable here, where the previous frame of reference for action is suspended and a new regulation is set in place to purify the social body (Turner 1970): counterterrorism operations adapted quickly to 9/11, the US rallied to provide relief for Katrina victims, and individuals adopted a similar “self-isolation” in the wake of Spanish Influenza.

However, what emerged after these liminal states is what Bourdieu would recognize as a change in practice, for commonplace practices were no longer taken for granted. Many of the adaptations which emerged to “purify” the social body in the liminal state were adopted permanently, concreted through practicing, and eventually formed a new habitus in the individual (Bourdieu 1990). If these practices are rejected under the pretense of existing schemata for action –along political boundaries in the case of Covid-19 – the imagination is expanded to consider similar crises a possible extension of this schemata as well.

While individuals no longer anticipated a large-scale or total war scenario after the initial shock of 9/11 subsided, the assumption that public space was secure was no longer taken for granted. The dichotomy of safe versus dangerous spaces (security versus threat) was thrown off balance by terrorism. It was eliminated in the initial aftermath of the attack (when all places seemed unsafe) and ultimately reestablished along slightly different parameters after new counterterrorist efforts were developed: a new “stability” arose with the emergence of a new field of practice.

As a disease, Covid-19 threatens the individ
ual body. Yet, it is also an event – a crisis – understood to threaten to the social body; the health and illness dichotomy of the social body becomes ambiguous as the state of “illness,” or pollution of the social body, becomes associated with the number of cases, the death rate, and the disruption to the schemata informing action within the economic, political, and social realms of practice. The margins of the social body become clear during attempts to purge it of the pollutant, particularly through the ritualistic practices of self-isolation and the closing of state borders (Douglas 1991). The disease – and its vectors – are kept “outside” the margins of the social body. What is doxically considered part of the “community” evolves with practice.

CONCLUSION
To say the doxa will undeniably change would be a hasty judgment based on inductive thinking—a logical fallacy I warned against at the start of this paper. However, to recognize Turner’s liminal states as transitional states blends the structuralism of unquestioned dichotomies with the socially defined systems of meaning in doxa. This synthesis allows us to see how some Western cultures understand “crises,” like the Covid-19 pandemic: as [1] a contamination of a social body (through a blurring of accepted dichotomies) by a threat deemed to be from the “outside,” and [2] a liminal state of transition deemed extraordinary, which is characterized by the incongruence of doxa and habitus from which a new doxa emerges.

WORKS CITED


THE AMERICAN CULTURE OF FACE MASKS

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ABSTRACT

Because of a global pandemic caused by the novel coronavirus COVID-19, people across the United States of America are sequestering themselves in their homes in compliance with their state’s quarantine mandate. Many have found innovative ways to cope with the consequences COVID-19 and related public health guidelines have had on their lives. Amidst this crisis, hundreds of thousands of Americans are protesting in support of the Black Lives Matter movement, the highest numbers yet to take to the streets for the issue of ongoing police brutality (particularly the murder of an unarmed black man, George Floyd, by a white police officer, Derek Chauvin). Social distancing guidelines are quite difficult to follow at these densely populated protests. Thus, in this time of uncertainty and risk, one piece of material culture has become especially relevant and contentious: the face mask. My ethnography on Los Angeles County residents and their experiences with face masks during both quarantine and the Black Lives Matter protests helps illuminate some of the social context surrounding this controversial garment in American society. I conclude that people’s relationships to face masks reveal a culture of individualism, paternalism, and fearmongering at the heart of American society.

KEYWORDS

Ethnography, collectivism, guilt society.

The COVID-19 pandemic and subsequent state-level quarantine have restricted our agency to do everyday tasks such as buying groceries, picking up medication, or for anthropologists like myself, conducting ethnography. The novel coronavirus has created a new way of living, something the majority of the population has never experienced. Although the government perhaps should have been more prepared, the rest of us are having to learn as we go. The pandemic and the later protests have forced us to create and perform rituals to survive and accomplish our daily necessities. Face masks have become the facilitator of all activities done outside the home. Although many types of face coverings have been proven to reduce the release of infectious particles into the air from COVID-19 positive people (both symptomatic and asymptomatic), this article of material culture has become associated with different social values around the world. In East Asian countries such as China, where COVID-19 is believed to have originated (Bashir et al 2020), wearing a face mask is a selfless act for the community and the family, an act of collectivism and care for others (Wee 1999). Although very uncommon in America before the pandemic (unlike in East Asia where pollution and fear of infection led many to add such garments into their daily routines), face masks have become a newly integral part of our lives. My paper seeks to address the following question: What is the American culture of face masks?

Because traditional anthropological methods are not possible at this time I employed a dual approach, combining both in-person and virtual ethnography (the latter conducted through FaceTime) for my fieldwork. I conducted my in-person ethnography at an Albertsons Supermarket in the San Gabriel Valley and my virtual ethnography at a CVS Pharmacy in South Central LA by following a peer’s experience in the store. I also conducted an in-person ethnography at a protest in Downtown LA. From my participant observation at these sites, I have concluded that in the US, the reasoning behind wearing a face mask seems to be more individualistic and paternalistic:
individuals solely seek to protect themselves (and not others) from the virus. I hypothesize that this perspective is due to fear and misunderstandings about the coronavirus and its rate of infection. While it is necessary to wear a face mask, I question whether most people understand that face masks do not guarantee immunity. Face masks can reduce the spread of infection, but they are not enough without additional social distancing, hand washing, and staying home when ill.

**MASKED FEARS**

An Albertsons Supermarket, a typical corporate American grocery store, is down the street from my house in the San Gabriel Valley (a community which has not partaken in protests the way people have in neighboring Long Beach). The supermarket operates under strict social distancing rules and requires face masks be worn inside in accordance with California state mandates—regulations which are enforced by the police. The LA County Department of Public Health recommends using a bandanna, neck gaiter, scarf, or any tightly woven fabric such as cotton t-shirts or towels (Los Angeles County Department of Public Health). From my observations, LA residents have mainly bought and worn surgical face masks or N95 respirators, popularly known as N95 face masks. However, one informant reported seeing a crocheted face mask, a full hazmat suit, a motorcycle helmet, and frightening gas masks at our local Albertsons.

COVID-19 is spread person-to-person through respiratory droplets; so, if face masks are best used for covering one’s nose and mouth, does a person need to wear such outrageous and fear-inducing masks? The answer, frankly, is no. Perhaps a person’s rationale in wearing a large M04 Tactical Full Face Mask is to purposefully invoke fear so that others stay away from them and they therefore have no risk of infection—a very individualistic way of acting. My informant reports having “some fear” when going to the supermarket, “but not so much because we live in a primarily Asian neighborhood.” She says “when [she] sees people with those crazy masks [she’s] shocked for a moment and has increased fear,” not so much for infection but rather for her safety. Since the outbreak of COVID-19, and coupled with President Trump’s renaming of COVID-19 as the “Chinese virus,” there have been reports of over a hundred anti-Asian hate incidents in LA County alone (Ormseth 2020), adding to many people’s (including my informants’) anxieties.

My second informant, Laura, carried me with her on FaceTime during her visit to a CVS Pharmacy in South Central LA in late May. Through her phone’s camera, I observed how empty the pharmacy was as most people were trying to stay in their homes. Before she left her car, Laura put on her face mask, made of an anti-dust cloth, a breathing valve, and filter. While walking inside, Laura sneezed twice. When I asked her if she was afraid to sneeze, she answered that she had “some fear when sneezing” and she only did so “because there is no one on the street right now.” She added that because she is afraid of the social consequences of sneezing in public during the COVID-19 pandemic she usually holds in any sneeze or cough even though she understands that the purpose of the face mask is to stop any particles that might be released. She worries people will think she is infected, or that people will look at and treat her differently. She worries for her safety. Laura, a Black woman, is keenly aware of the increased racial tensions in her community after the tragic murder of George Floyd and is concerned about the high infection and death rate amongst African Americans. The Internet is littered with reports that describe how “COVID-19 [is] killing African Americans at shocking rates” (Hlavinka 2020) without expanding on the racism rampant in health care or the health disparities caused by socioeconomic marginalization which disproportionatly affect people of color.

As Laura waited in line to pay for her items, a man walked into the pharmacy without wearing a face mask. The security guard immediately stopped him and ordered him to put on a face mask. The man tried to interject but was interrupted by the guard who now held out his hand and yelled back the same order. After the security guard’s paternalistic gesture, the man swiftly left. A table a few feet away with boxes of face masks remained untouched. We cannot know why the man entered the pharmacy or if he was contagious, but by enforcing the mask rule (without offering the
man a mask), the security guard may have stopped him from accessing medication while also saving those in the store from a possible coronavirus infection. Social distancing and the face mask are supposed to mitigate fears over (and confusions about) viral transmission, yet the fear remains (with face masks—or the lack thereof—as a visual trigger). This leads to Americans performing scare tactics to ward off infection and fight for safety, even if it means denying an essential service (like medication) to another person. American society is still rooted in individualism and paternalism.

PROTESTING: DIVIDED WE FALL

In response to such paternalism, many Americans took up mass collectivism at the Black Lives Matter protests across the country. For the first time, the Black Lives Matter (BLM) movement has gained thousands of new supporters who are willing to put themselves at risk and protest racism and police brutality during a pandemic. Even though BLM protests have occurred across major US cities from Los Angeles to New York City, where people show up by the thousands every day, there is no significant correlation between the increase in positive COVID-19 cases and the nationwide protests (Dhaval et al 2020). From what I observed at a protest at LA City Hall, all protesters had on a face mask and whenever possible were social distancing, though perhaps not exactly six feet apart. Around the outskirts of the large gathering were tables set up by volunteers and fellow protesters, providing snacks like granola bars, water bottles, and hand sanitizer for free. Some tables had a limited supply of free surgical face masks to be distributed as well. My informant Laura protested numerous times throughout LA. Each time she protested, she saw two to three protesters who brought extra surgical face masks to hand out to other protesters who forgot or lost their own. Even at these protests where tensions and emotions are heightened, the genuine care for others is palpable and transparent within the community of protesters. The protesters demonstrate that by helping one another (through the simple exchange of a face mask) they can reach their goals while safely avoiding viral transmission—a truly collectivist way of acting.

Positive collectivism, though, cannot be seen in the subpopulation of face mask deniers—those who have protested against the face mask rule. The deniers seem to be motivated by individualism. Rather than protecting their communities by wearing a face mask, face mask deniers simply protest wearing one themselves when they go out in public. Their reasoning seems to be based on medical misinformation and and negative media portrayals of face mask use. The media has focused their attention on President Trump and his once-daily White House coronavirus briefings to the American public, even though the President has repeatedly denied wearing a face mask due to his personal belief that wearing one will hinder his chances at reelection (Lemire and Weissert 2020). This is a very individualistic act for the leader of a nation.

Four months into quarantine, President Trump was seen wearing a face mask for the first time. Not only does our national leader resist wearing a face mask, many local police officers also do not wear them. Laura and I observed that numerous police officers were not wearing masks at protests across Downtown LA; the Los Angeles Police Department reported a 21% positive infection rate amongst the 1,900 officers tested after (most of) the protests subsided (Rector 2020). In contrast to these high-powered and prominent dissenters, many state government and public health officials do follow mask orders. Therefore, it is not hard to guess why Americans would be confused as to what to do regarding the face mask. People most often take the advice of authority figures because it is assumed that their advice is informed and sound. But the constant spread of contradicting information about face masks has created great uncertainty and politicized the face mask. For many, the civil unrest and global health crisis have been incredibly unique and difficult to navigate. People’s lives have been uprooted by a seemingly unending quarantine and near daily protests and they do not know what to do. Americans are left utterly confused and afraid, without government aid, and thus act accordingly—with or without a face mask.

GUILT SOCIETY

Along with mass confusion and hysteria, the COVID-19 pandemic has created a crisis of pure versus impure, and clean versus dirty. The coronavirus itself is deemed an impure condition, while the face mask comes to symbolize purity (even as it reminds us of impurity). Thus, COVID-19 follows the four kinds of social pollution Mary Douglas outlined in her famous take on the classic symbolic dichotomy: “first is danger pressing on external boundaries; the second is danger from transgressing the internal lines of the system; the third is danger in the margins of the lines; the fourth is danger from internal contradictions” (Douglas 1966).

The American people have shown that they know how to avoid others with their outlandish face masks and fear-mongering distancing methods. The uncertainty caused by the infection’s varying levels of severity—from asymptomatic to lethally symptomatic cases...
—means people will do anything to avoid infection. Sometimes, tragically, this extends to violence, as seen in the rise of racist hate crimes across Los Angeles. As Douglas says about the phenomenology of primitive religions, these religions’ followers “were inspired by fear . . . they were inextricably confused with defilement and hygiene” (Douglas 1966). From my observations of LA residents, the same can be said about all of those subjected to a quarantine and face mask rule during the COVID-19 pandemic. Because it is difficult to fully comprehend medical research and the effects of medical racism (especially as these issues are not often part of mainstream national dialogue), there are widespread misunderstandings about COVID-19 which perpetuate fear-based responses. As the most prominent visual marker of the pandemic era, the face mask is a site for negotiating (perpetuating or assuaging) these fears.

Anthropologist Ruth Benedict first described America as a guilt society (Benedict 1946). People’s reactions to the COVID-19 pandemic and statewide quarantine—such as their aggressive face mask stances—have established America as a truly individualistic and paternalistic guilt society. Many Americans in the current crisis are acting only to protect themselves (as they may also do under normal circumstances), thus reinforcing a system of guilt-inspired action by punishing those who do not comply (in this case, those refusing to wear a mask in public settings). What I have observed of the American culture of face masks is ruthless; Americans weaponize their individualism in order to ward off potential infection or anything deemed impure. While the mask literally covers our faces it has, in a greater sense, exposed the underbelly of American culture. The pandemic and protests have reawakened the beasts of the United States of America: our fearsome desire to protect our individual bodies. Americans fail to realize that they and all of those around them are experiencing the same pandemic and all deserve to win a fight for equality. Solidarity with others and sacrificing some comforts for others’ benefit is not ingrained in American culture. Perhaps we could learn a thing or two from the collectivist mindset harbored by Asian cultures, which favors collective care for others over individualism. As Jean Paul Ricoeur pointed out, avec la souillure nous entrons au règne de la Terreur: “With defilement we enter the reign of Terror” (Douglas 1966).

WORKS CITED


ABSTRACT
The internet has proven itself an invaluable resource in providing information about the Black Lives Matter movement in real time. As people around the world make a commitment to anti-racism and equality, social media has become a tool for meaningful engagement with the issues and, for many, a platform on which to begin their journey of anti-racism. However, there are notable inconsistencies between people’s declared commitments to social justice on social media platforms and the content they share publicly. Following posts on Twitter and Instagram, I examine the moral policing which takes place in discussions about the Black Lives Matter movement. I argue that the typical forms of virtual policing operate through similar mechanisms of whiteness that are present in respectability politics, in which only those lives deemed worthy and “good” are valued. These conditions allow for room to debate on whether an individual victim of police brutality ultimately deserved to die or not, instead of meaningfully engaging with the systems that enabled a victim’s death. The conditionality of death paired with misogynoir—an intersection of racism and sexism that the BLM movement explicitly tries to disavow—has set the stage for the trivializing of Breonna Taylor’s passing: some turn her untimely demise into the punch line of a joke while others comment on it in a purely performative type of activism for the sake of their social media aesthetics. I argue that these individuals’ ease in piggybacking off of this movement for their own personal gain should be held up to critical scrutiny so that we can progress towards a community that benefits from meaningful solidarity and not empty performativity.

KEYWORDS
Black Lives Matter, Respectability Politics, Performative Activism, Social Media.

In anthropology, we are tasked with watching. Through our efforts to make space for unfamiliar cultural phenomena in the public sphere, cultural anthropologists are uniquely positioned to be vehicles for the expansion of people’s worldviews. I would like to believe that empathy drives the urge to give communities a space to speak, to tell us about how they find and convey meaning in a world that is often all too comfortable with their erasure.

Right now, as a Black woman, I am both an active viewer of this moment in time and the cultural phenomena being studied. As I engage with a virtual community and assess the actions of well meaning “allies,” I am experiencing a tension between hoping for better-informed solidarity and denouncing ill-concealed performative activism—all the while watching a movement, historic in size, span across continents (CNN 2020). Right now, the internet functions as an invaluable resource for those trying to stay abreast of protests, of Twitter threads about petitions against injustice, and of mutual aid funds that need support. It is providing a long-overdue reality check for countless people who never knew how white supremacy touched almost every facet of their lives. On these feeds, I am watching Black folks, myself included, campaign for nothing less than unequivocal equality. I am also watching non-Black people—high on the idea of showing solidarity with no clear idea of how to effectively do so—make that campaign conditional by ascribing value to the deaths of black folks based on their choices while alive, and ultimately using that conditionality as a mechanism for social
policing within a movement.

In the journey of unlearning, people often seek to disassociate themselves from the mechanisms that have enabled them or others to be oppressors (Alberta Civil Liberties Research Centre). Unlearning is a process that takes time, takes energy, and takes a willingness to make mistakes. It also calls for a desire to think critically about your actions. White supremacy at its foundation is hierarchical and, using the Internet as a method of anthropological assessment, I see people disavow the ideology behind this violent system while keeping its structures in place. The performative activism espoused by people on social media and the social policing by people discomfited by the behavior of activists within the Black Lives Matter movement perpetuate the fundamental problem at hand—that my and other’s safe existence in our Black bodies is determined by how well we can adhere to a politics of respectability, one that is ultimately subject to approval based on a scale dependent on the closest possible proximity to conceptions of whiteness.

For years, Twitter has been the unpleasant broadcaster of the last moments of unarmed Black folks. With no warning, a clip of someone’s final seconds on this Earth will flash in front of me as I scroll. Instantly, I am devastated, I am enraged, and I am exhausted. And as I wait for the next inevitable incident of a life being cut short for no reason at all, I will picture my family, my friends, the people I hold closest to me in the same position—and I will have to come to terms with the fact that the terror I feel is not unreasonable.

Now, during this pandemic, when the New York Times was forced to sue the CDC in order to obtain information about people of color dying of COVID-19 complications at disproportionate rates, I am finally seeing people acknowledge that racial violence exists outside of interactions with the police (Oppel Jr. Et al, 2020). It exists in medical facilities, unemployment offices, government relief programs, and in the selfishness of folks who would put essential workers at risk by not wearing masks. According to the Economic Policy Institute, 50% of essential workers in food and agriculture and 53% in industrial, commercial, residential facilities and services are people of color. I am watching these same people be forced to understand that not even a pandemic will stop the over-policing of Black folks and it will not stop them dying when they are unarmed, when they are terrified, or when they are begging for their lives.

I am witnessing a world enraged. But I am also watching the world set standards about who deserves to die and who does not. Countless tweets describe Elijah McClain: a man who loved to dance and play his violin to soothe homeless cats, and who begged the police officers that murdered him to see his goodness and to account for his disability (@ohsnapitztab June 23, 2020, Youtube 2019). He was ignored, and I watched the internet make claims that his inherent goodness meant that he did not deserve to die.

I watched Breonna Taylor be lauded as a public servant. I saw David McAtee be remembered as someone who shared his kindness with everyone, even the police force that killed him (Carman 2020). I watched people remember George Floyd as a pillar in his community, a man who wanted better for himself and for the people he loved (Ebrahimji 2020). And I reminded everyone in the networks I followed and subscribed to on my small platform in my corner of the Internet that their lives mattered no matter what they did with them. That their kindness should not be a necessary condition for their survival. That they did not deserve to die whether they bettered the world around them or kept to themselves.

Respectability politics mandates that groups of people must act a certain way because they reflect the community to which they belong and therefore must reject the negative stereotypes frequently associated with them (Harris 2003). The moralistic ideology of being a “good” member of society is part and parcel to a system of standards that marks a proximity to whiteness as ideal and determines all else less worthy. It is deeply concerning to see such mechanisms of social policing occur within a movement explicitly dedicated to dismantling them. Every tweet that ascribes value to the choices people have made in their lives so as to
determine their worth (as Black people) is the policing of a memory. It wedges open a space where people can debate whether someone did or did not deserve to die instead of critically engaging with the system that enabled their deaths. In doing so, the victim is blamed, and the point is missed.

Media outlets have employed the same tactics to diminish the movement as a whole. Dr. Martin Luther King, Jr. is regularly invoked on Twitter to police the way that Black people express their rage in continuing protests (Stevie321 July 20, 2020, Jon Garcia July 22, 2020). They criticize the perceived violence and lawlessness of these protests, using moralistic shaming to try and curb protestors into behaving in a way that makes observers feel more comfortable and less threatened. That the looting and burning was done by a minority is irrelevant. That most of the violence was instigated by the police is often ignored (Ongweso Jr. 2020). The perception of minority groups as monoliths gives people the opportunity to vilify the entirety of the Black Lives Matter movement and in turn imply that victims of police brutality are to be blamed for their own deaths (Donald J. Trump May 29, 2020). If your goal is to break away from white supremacy, logically you should not police people using a system that they are trying to break away from. Reinforcing mechanisms of whiteness—even as you disavow them—does not make them any less oppressive.

A fundamental part of embracing anti-racism work is leaning into the discomfort of unlearning. Yet the injustices which impact the families of victims of police brutality continue to be reduced to "the cleverest way to hide the message," ultimately allowing people to avoid any meaningful engagement with the issues (All Things Considered 2020). The constant creation of memes from instances of brutality is one such technique that trivializes issues without addressing their causes. Injustices intersect with one another as oppression about one facet of a person's identity (racial) overlaps with another (gender), obvious in the case of Breonna Taylor. There has been no indication that any of the officials with the power to prosecute those responsible for Breonna Taylor's murder will try to seek justice on her behalf. The oft-retweeted phrase "arrest the cops who murdered Breonna Taylor" emerged in an effort to remember her personally, to keep campaigning for her just legacy, and to remind society that Black women are subject to both the brutality of racism and the violence of the patriarchy. From this rallying cry came memes and offensive internet jokes. There are astrology posts that are labeled "Your Summer Drink According to Your Horoscope" with each drink reading "Arrest the cops who killed Breonna Taylor" (we are mitú 2020). There are photographs of celebrities posing in idyllic scenes with captions reading "now that my sideboob has gotten your attention...Breonna Taylor’s murders have not been arrested. Demand justice" (Bramesco 2020, Watts 2020). Of all the Black people who have recently lost their lives at the hands of white supremacy, it is no coincidence that the death that has become a joke is that of Breonna Taylor’s. If the social policing of Black lives makes their value conditional, misogynoir (tying Breonna’s gender to her racial identity) reduces the gravity of her death to nothing more than a punch line. It is alarming that people in a movement must be amused by a gross injustice to care about it.

Posting a highlight reel of your life on a social media platform has become a fundamentally and amorally parasitic performance that leaches meaning from strangers’ pain and reduces the gravity of a tremendous loss – just to boost your own carefully curated image. If "meaning well" continues to be an excuse for disrespecting the memory of Black people, under what circumstances will performative activists finally hold themselves accountable and "do better" like they promise? When do victims of oppression have time to deal with the trauma of watching the world debate the value of our existence when, once again, we must bear the burden of course-correcting a movement full of individuals who make no attempt to show meaningful solidarity or educate themselves?

Despite these concerns over the trivialization and instrumentalization of Black lives on Twitter, I do not want to diminish what is, without a doubt, a transformational moment. I do not undervalue the incredible successes that have already been achieved:
the Minneapolis Police Department has been defunded; across the country, municipalities are beginning to have critical conversations about exorbitant police budgets, their lack of oversight, and militarization; over 30 million dollars in donations received by the Minnesota Freedom Fund, an organization dedicated to criminal justice reform (All Things Considered 2020); corporate and celebrity performativity regularly being met with the sharp demand to “open your purse” (Feller 2020); and statues memorializing slave owners, colonizers, and violent men – who historians and politicians have reframed as heroes – have been toppling for weeks (New York Times). As critical as I am about the ways people are choosing to keep Breonna Taylor on their minds, I am also aware and proud that protestors are still taking to the streets to demand justice in her name more than 120 days after her death. I simply will not do a disservice to this movement and the people within it by not engaging with their faults.

It is so much more difficult to grow if we do not discuss the ramifications of decisions as they are being made. Large swathes of “activists” are refusing to think critically about what they post online and how it might impact others and the movement. In doing so, they ultimately perpetuate the cycles and systems of white supremacy and oppression they claim to oppose. This is a moment where incredible things are happening; but to live up to this moment’s full potential, we must strive for solidarity that exceeds our own expectations and actively strives to do better.

WORKS CITED


Bramesco, Charles @intothecrevasse, Twitter Post, June 29, 2020. https://twitter.com/intothecrevasse/status/127769281890222080


Garcia, Jon @jongarcia117, Twitter Post, July 22, 2020, 3:32 a.m., https://twitter.com/


Stevic121 @Stevic777, Twitter Post, July 20, 2020, 4:50 a.m., https://twitter.com/Stevic777/status/12851350380407772608


Trump, Donald J. @realdonaldtrump, Twitter Post, May 29, 2020. 12:53 a.m. https://twitter.com/realdonaldtrump/status/1266231100780744704

PLANNING AN
ANALYSIS OF STUDENT
STRESS DURING A
PANDEMIC: ADAPTING
BIOANTHROPOLOGICAL
METHODS TO SOCIAL
DISTANCE GUIDELINES

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ABSTRACT
Undergraduate college students are overworked and under great stress. Before the recent pandemic, we were interested in understanding this stress and its ramifications on our diet and health. Northern Arizona University (NAU) is an important place to do this type of research, as many first-generation students enroll here. First-generation students may have a difficult time asking for help with their studies and are more prone to dropping out of college than students with family college experience. As interns in a Biological Anthropology laboratory, we looked for ways to use bioanthropological methods to understand this stress and were recently awarded funds from NAU to conduct human hair research on fellow students. We proposed to analyze both qualitative and quantitative data to determine the correlations between different aspects of a student’s stress level, dietary habits, and health and plan to collaborate with a bioarchaeologist, an anthropological human biologist, and a hormone biologist to examine these correlations from as many angles as possible. With the COVID-19 pandemic, we have had to restructure our methods and hypotheses to better account for the new stressors that are affecting students. In this commentary, we discuss the specifics of these new stressors students are facing - including a modified school calendar and student job loss - and propose best practices for biological research of this nature during a pandemic.

KEYWORDS
Stress, isotopes, hormones, methodological innovation, pandemic.

Global pandemics are outbreaks of disease, generally caused by a virus or bacterial species, spread over large geographical areas. Anthropological and archaeological data have shown that earlier pandemics have wreaked havoc in past societies. The bacterial species Yersinia pestis, which caused the Plague of Justinian in Asia and, years later, the Black Death in Europe, led people to believe that their only option was death. Many individuals stopped caring about others’ fates and blamed certain groups of people for the horrible things happening to them (DeWitte 2014). The 1918 Influenza pandemic, or Spanish Flu, which spread globally, similarly left panic in its wake due to its high rate of transmission and how frequently it led to death (Parmet and Rothstein 2018).

Fear associated with pandemics stems, in part, from the fact that outbreaks are difficult to understand, prepare for, and control. Scapegoating a certain group of people, such as the Jews during the Black Death, only creates more panic, fear, and stress. Societies’ reactions to the COVID-19 pandemic are - so far - in line with past responses. Powerful individuals are blaming Chinese people for the creation of the virus; misinformation is spreading like wildfire and large groups of people are refusing to wear basic face coverings to help protect other people, hinting at an every-man-for-himself scenario. The constant, dramatic
(and often unreliable) reporting on hourly news broadcasts and on social media make it extremely easy to be fearful and stressed during this time.

Prior to the outbreak of the pandemic in the United States, all three authors were interning at the Northern Arizona University (NAU) Paleodiet Lab under the direction of faculty mentor Dr. Corina Kellner. In this laboratory, we analyze archaeological skeletal materials via the stable isotopes of carbon and nitrogen from bone apatite and collagen. Prior to the switch to online classes, we applied for the Hooper Undergraduate Research Award (HURA) to fund our mixed-methods hair study, which was planned to include surveys, anthropometric measures, and hair isotopic and hormonal analysis. The purpose of this interdisciplinary study, which is to be completed during the 2020-2021 school year, is to determine how stress correlates with diet and health in NAU college students. The interdisciplinary aspect is important because it teaches us that we can produce data that is relevant to our lives and can be used to improve the student experience at Northern Arizona University by learning new skills and collaborating with various disciplines within and outside of Anthropology, such as a bioarchaeologist, an anthropological human biologist, and a hormone biologist.

We hoped to bring to bear a different perspective on our question of student stress by using a mixed methods approach and consulting with experts in human biology, hormone biology, and dietary isotope. Self-surveys give us a look at students’ lives from their own perspective so we can understand how they view and deal with stress. The Anthropometric Empirical Indicator (circumferences of the waist, hip, neck, and chest) is a more accurate way to ascertain body fat than BMI (Mohan et al. 2013), which can be misleading and discriminate against certain population groups (e.g., Carey 2019). Isotopic ratios and stress hormones deposited in hair keratin provide a permanent quantitative marker of diet and stress, respectively (e.g. Kusaka et al. 2016; Stalder et al. 2017). As diet and stress are known to be linked, college students with high levels of stress are also more likely to have disordered eating patterns (e.g., Nastaskin and Fiocco 2015). A comparison of qualitative and quantitative data will show us a broad picture of the student stress experience.

When we first submitted our HURA application the world was considered “normal”—meaning that the virus had not yet hit the United States in the large waves seen today, mass protests over racial inequality and injustice had not yet broken out, and the prominent “mask fights” over whether the government has the power to force someone to wear a mask were not yet occurring. In other words, factors that we did not think we would have to consider in our initial comparison of stress and diet in first- and continuing-generation college students must now be considered. Instead of just focusing on school-related stress during times perceived as high-stress (like finals week) and low-stress (like winter break), we will now have to consider global factors and how these current worldly triggers may be affecting college students.

Among these factors is the revised school year, which is scheduled to begin and end early. NAU changed its academic calendar to begin (August 12, 2020) and end (November 25, 2020) to tamp down virus spread during the height of the flu season by diminishing student travel back to campus after Thanksgiving. We noticed that this announcement, made in June 2020, caused panic among the NAU community. Faculty would need to have course materials ready nearly two weeks before originally anticipated. Students would need to figure out where to live until their apartment complexes would let them move in, as most student-housing leases in Flagstaff do not start until the weekend before school typically starts. Additionally, out-of-state students would need to purchase new arriving and departing flights. Finding housing in Flagstaff is already difficult and the rise in COVID-19 infections in Arizona is causing many students to question whether they should even return to campus this semester. The combination of all these factors is sure to increase student stress. Although stressors impact each student differently, it is likely that their accumulative pressure will make normal high-stress times, like final exam periods, even more volatile than is usual.

This upcoming fall semester, NAU will also
integrate more online options into the class schedule, and likely continue doing so in the years to come. While this plan allows for more social distancing measures to be observed on campus, it does not consider the fact that many students do poorly with fully or partially online classes. Research has suggested that college students must be self-disciplined and heavily self-reliant in order to succeed in online classes compared to fully in-person classes (Gregory 2016). Freshman students coming to college straight out of high school may have difficulty doing this, especially as college is generally a young person’s first time fully away from their parents who typically hold teenagers accountable at home. Additionally, reliable Internet access is essential for completing fully or partially online assignments and classes. Yet, some students do not have reliable access to the Internet, such as those living in the Navajo Nation (Donnellan 2017). If an optional pass/fail class format is not enacted again, as was seen in the Spring 2020 semester, students may become more stressed about doing poorly in classes due to factors beyond their control. COVID-19 has also created a loss of jobs, both on-campus and off-campus, for students across the university. For example, NAU advertises and offers a wide range of fitness classes for students to take, from CrossFit to aquatic classes to horseback riding. However, many of these fitness classes have been cancelled due to worries over transmission between participants in an environment where they cannot safely wear masks or other face coverings. Many students count on the income these types of jobs provide to pay for rent and other college-related expenses. Other jobs on-campus, such as those at the Health and Learning Center (recreation center) and Wall Aquatic Center (pool), are running at reduced hours, leaving fewer chances for students to earn additional income. The bleak job market in Flagstaff cannot offer much hope for students looking for replacement jobs unless they are willing to work in the Flagstaff Medical Center, where several new full time and part time job opportunities have been added (Job Listings n.d.). Individuals at high-risk for catching the virus, or those living with family members in the high-risk category, likely cannot apply for such positions unless they want to put themselves or their loved ones in danger of contracting the virus.

Because Flagstaff and NAU are located extremely close to the Navajo Nation in the northern Arizona region, many enrolled students come from this area, which has been one of the hardest hit in the country. With the high number of cases on the reservation, public health officials have ordered families to stay in-place, ideally within their homes for weekend periods of 57 hours to decrease transmission of cases between individuals in the community (Dikos Ntsaaígíí-19 2020). As previously mentioned, these lockdowns will be problematic for NAU students who live in the Navajo Nation, as will the low internet access in indigenous communities. Approximately 70% of families have no access to high-speed and high-capacity broadband (Blackwater 2020). If students are given assignments over the weekend and they live on the Navajo Nation, they may not be able to complete the task on time due to a lack of internet access. Additionally, it may be impossible for these same students to complete mandated online (NAUFlex) class days, unless they go to campus—in which case they may be putting themselves in a high-risk situation.

Our protocol, methods, and hypotheses have shifted to account for these new stressors. If we are allowed to go forward with our hair study, our research protocol will change. We will have to include PPE for ourselves and face masks for our participants. Additionally, even though we will have to carefully collect hair, we should limit contact with each participant by modifying AEI collection by instructing them to measure themselves with a tape measure, which we will clean after every use. Our survey will drastically change and incorporate the new stressors that students are facing in this new normal of pandemic. Last but not least, our informed consent will outline these new safety protocols and highlight the right of participants to leave the study. In the lab it will be essential to wear PPE such as gloves, lab coats, masks, and face shields. Luckily, we are able to make these changes and maintain social distancing since we are located at a smaller university.

In this time of change, uncertainty, and
illness, stress research is particularly relevant. We hope our study will provide actionable findings valuable to the students of NAU, its administration, and to us, as researchers. Listening to student experiences and studying their physical counterparts in hair (and bodies generally) is crucial for understanding how to help students better balance social, work, family, and class obligations. We believe a mixed methods approach is the best method to tie all these disparate data sets together.

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WORKS CITED


Gregory, Cheri B. "Community college student success in online versus equivalent face-to-face courses." (2016).


ABSTRACT
During the 2020 coronavirus pandemic, we Americans have entrusted our safety and wellbeing to our most reckless and responsible citizens alike. The puzzling reality of American health care is that although U.S. medical technologies are foremost in the world, public deficits in scientific knowledge and a confusion about the value of “individual freedom” versus “public health” hinder efforts to contain the spread of COVID-19. Today, expert advice surrounding the dangers of the coronavirus and the importance of face masks should be taken with the utmost seriousness. By July 22, 14 million people are known to have been infected and as the number grows, it is increasingly important that we, as a national public, educate ourselves and others about scientific developments concerning COVID-19 to slow this crisis. The theory of confronting ignorance to avoid prolonged suffering is hardly a new concept, having existed for thousands of years in ancient Tibetan-Buddhist texts. In this essay, I apply some Tibetan-Buddhist fundamentals to our present context and argue that an understanding of how ignorance leads to suffering—and a sense of individual responsibility to overcome personal ignorance—is direly needed in our present context. I am by no means claiming to offer a fix-all for everything wrong in America, but I hope that popularizing concepts from an ancient yet evolving philosophy will help us deal with public and personal health in manageable and practicable ways.

KEYWORDS
Ignorance, Tibetan Buddhism, Pandemic, Suffering.

What separates Buddhism from other world religions is that it is a belief system based not on faith but on logical inquiry. Similar to Western approaches to the scientific method, Buddhism’s core tenent is to accept any concept and principle only after thorough investigation and the application of logic and reasoning—as opposed to ritualistic practice or faith (Katzman 2019). Tibetan Medicine branched out of Buddhism’s scientific and inquisitive foundation and seeks to understand suffering in order to properly identify illnesses (physical and mental) and prescribe treatments (Katzman 2019). Through such discernment and healing practices, followers develop a healthy mind/body connection in order to practice and attain Enlightenment—the extinguishment of suffering.

Western audiences often view Eastern Medicine as mystical, ritualistic offshoots of ancient religion. In actuality, as Dr. Menpa Namgyal Qusar (2019) (teacher, researcher, and established clinical practitioner of Tibetan Medicine) affirms, Eastern and Western medical approaches are more similar than different (Qusar et al. 2019). As in western medicine, Tibetan Medicine recognizes that people have different physiologies and body constitutions and acknowledges that different patients affected by the same disorder or disease (like COVID-19) can experience dissimilar symptoms. In Tibetan Medicine, a healthy body is in a “delicate state of dynamic equilibrium; unwholesome diet, improper lifestyle, seasonal variation, [and] evil spirit influences can easily upset homeostasis”
(Khang 2001). One practice unique to Western Medicine is the tendency to divide “mental” and “physical” health into separate departments. In contrast, Tibetan Medicine sees an intimate connection between one’s physical and mental components and understands that both components (the material body and non-material mind) profoundly influence one another and one’s overall health. Geshe Dadul Namgyal La (an experienced Tibetan-Buddhist monk and English translator for His Holiness, the Dalai Lama between 2007-2009) says, “many sufferings begin with internal suffering, which leads to external suffering, mostly health problems . . . The Buddhists attribute the source of this internal suffering to the mental component of the [non-material] mind” (La 2019). It is through such a connection that ignorance can manifest itself in bodily suffering and/or a distorted perception of reality that leads to later suffering. One such example of community ignorance is the continued use of wet markets in Asian communities despite proven public health dangers.

SUFFERING IN TIBETAN BUDDHISM

In Tibetan culture it is believed that suffering is an inescapable reality of life. Suffering is what helps guide those along the path towards Enlightenment via the Four Noble Truths, the essence of all Buddhist teachings:

The Four Noble Truths are: 1) the truth of suffering, 2) the origin of suffering, 3) the truth of cessation, 4) the truth of the path towards cessation. They are called noble truths because they are truths realized only by noble or superior persons. After identifying the four truths, the Buddha [teaches] how to realize suffering, how to abandon the cause of suffering, how to achieve the cessation of suffering, and how to practice the path to cessation (Dalai Lama 2001).

In American society, these noble or superior persons should be our medical professionals - not politicians. Our medical professionals are the most educated about suffering and methods of treatment. According to Geshe Dadul La, “the root of suffering and illness is tied to ignorance.” He then refers to a passage from Terry Clifford (2001):

There is but one cause for illness, and this is ignorance due to not understanding the meaning of identity-lessness [lack of permanent ego]. For example, even when a bird soars in the sky, it does not part from its shadow. Likewise, even when all creatures live and act with joy, because they have ignorance it is impossible for them to be free of illness.

From this perspective, the ignorant belief that one’s permanent ego exists independently from the universe obscures one’s understanding of the Buddhist concept of impermanence. One example is - until recently - President Trump’s intentional choice to not wear a mask (in an attempt to not show weakness as a leader), which has had a toxic effect on impressionable Americans that look to him for guidance. The message of not wearing a mask subliminally advertises that COVID-19 is not an immediate public threat. Tibetan Buddhism teaches that people must be aware of their own mortality and ignore their own sense of self in order to appropriately nurture and maintain a healthy life. It is counterproductive to appear strong and invincible when millions of Americans are faced with a deadly disease. Understanding impermanence means accepting that the U.S. can never become ‘virus-free.’ For as long as we live in the natural world, there will always be viruses circulating our communities. It is for this reason that American entities should fund disease prevention protocols during times of health. Many Tibetan-Buddhist physicians and philosophers hold that “everything in the universe is in a constant state of flux, that all phenomena are characterized by impermanence . . . it is this very impermanence of creation that causes each and every being to suffer.” The temporary lifespan of every being necessitates that each being experiences the inevitable traumas of birth and death, including countless other causes of suffering in between these events. The concept of reincarnation comes from the idea that “[s]uffering is not only accidental or random, but stems from a specific cause, whether from this life or from previous lives.” COVID-19 was caused by the bad karmic practice of cruel animal treatment within wet markets. The liberation of oneself from the vicious cycle of existence can only be
from the vicious cycle of existence can only be extinguished through reaching Enlightenment. Enlightenment is achieved through “proper learning and practice of Dharma” (or simply, Natural Law) and is regarded as a lifelong practice of mindful meditation (Khang 2001). Through compassionate meditation and mindfulness, many will begin to recognize the inherent problems with wet markets for both ecological and human health. The extinction of suffering through Enlightenment is the ultimate goal of Tibetan Buddhism as well as Tibetan Medicine. To initiate the journey towards Enlightenment, it is paramount that one confronts their ignorance to prevent a downward spiral into suffering via the three mental poisons (hatred, attachment, and delusion) which arise from ignorance. These mental poisons, brought about by public ignorance, hinder our societal recovery from the ravages of COVID-19.

**DIFFERENT FORMS OF IGNORANCE**

Geshe Dadul La describes two distinct forms of ignorance that develop into suffering: 1) confusedness about the relationship between one’s actions and their results (law of causality); and 2) confusedness about the ultimate (reality of phenomena). He explains that Form One involves not knowing the appropriate law of causality which encompasses the causes of suffering and paths towards its cessation. One’s ignorance of specific causes of— and treatments for—suffering leads to the subconscious manifestation of harmful mindsets and produces negative health effects. China exemplifies this by Asian communities’ ignorance of the human mistreatment of animals and livestock within Asian wet markets and their potential for creating a highly infectious disease. A local example is the ignorant acceptance of findings that describe COVID-19 as potentially lethal exclusively for elderly and immunocompromised people, or those with certain blood types, when the statistical studies are actually inconclusive. Those individuals that hastily generalize and misinterpret scientific literature can unknowingly exaggerate the viral spread. Geshe Dadul La adds that “ignorance with regard to the mechanism of causation can be stretched to encompass almost everything, including karmic cycles that span across lives, but within this life, it is just as relevant” (La 2019). This first form of ignorance is more frequently used in the context of Tibetan Medicine, as this form deals with physical, tangible consequences of ignorance from improper health practices that led to the appearance of COVID-19.

An interesting difference between the physician-patient interactions in Tibetan and Western Medicine is that western physicians typically go through a checklist while communicating to the patient the state of their health, while in Tibetan Medicine the patient is tasked with informing the physician of their ailments. The personal responsibility of being a ‘good’ patient in Western Medicine could help popularize medical literacy and inspire widespread general-health practices for the community. The path towards cessation is dependent on the patient’s willingness to heed the physician’s professional advice. After all, a physician cannot force his or her patient to be healthy. This patient’s responsibility to cease their own suffering is part of the Buddhist journey towards Enlightenment and is part of what makes it an individual and subjective practice.

Geshe Dadul La explains that Form Two takes the shape of obscured information, which can easily distort one’s perception of reality, completely disrupting one’s journey towards cessation. Our senses contribute to our ignorance. To our faculties of seeing, hearing, smelling, tasting, and feeling, objects seem to exist [independently] right on their own. Presented with distorted information, the mind assents to this exaggerated [falsely objective] status of things... When the mind adheres to an object in this way – thinking that it appears as it exists – lust for the object and hatred for what interferes with getting it can set it (Dalai Lama 2007).

The politicization of coronavirus is a major cause of obscured information in America. Politicians on both sides are transforming the virus into something that it is not in order to sell their agenda: a debate about policy, government action, and who is to blame. For one side, safety measures are an...
This [second] type of ignorance prevents people from understanding the true nature of the universe as described in the famous parable of the ‘three blind men and an elephant.’ It is impossible for a blind man to soundly contemplate an elephant’s appearance by touching its trunk, torso, or tusk...

Each blind (ignorant) person holds his or her falsely objective perception of the elephant (the universe) to exist independently of how a sighted (Enlightened) person would view the elephant. This mindset to refuse to explore different perspectives for a more holistic view of the ultimate reality evokes ignorance and wakens the mental poisons from their dormant form to “evoke grosser destructive [afflictive] emotions, such as arrogance and belligerence [creating suffering] for yourself, your community, and even your nation” (Dalai Lama). In Tibetan medicine, health is highly influenced by how one thinks and how one allows their mind to function. It is important to prevent harmful closed-mindedness by comprehending the Buddhist principle of interdependence: everything in our universe exists in dependence with one another -- our universe is a collective of subjective experiences. This distorted view of reality makes correcting oneself much more difficult. In order to liberate oneself, a person must unlearn their harmful thought-habits before opening their minds to the possibilities of alternate perspectives that accumulate to form our subjectively composited universe (Katzman).

A relevant example of this ignorance is some people’s prioritization of individual rights over government social distancing policies. These individuals falsely view the quarantine efforts as pointless because they do not perceive any benefit from such policies and only focus on how these measures limit their life choices. They fail to recognize that the tremendous political and religious freedoms celebrated in America were implemented with the noble intention of protecting our communities and maintaining social order. These individuals cannot see the virus as a poison that can kill infected peoples; rather, their freedoms and leisure are being suspended. The politicization of coronavirus has only divided American attitudes towards adapting to our new epidemiological climate. Although the political motivations of researchers and scientists must be scrutinized by academia, our political beliefs and public leaders should neither ignore nor contradict the advice of qualified medical professionals.

CONCLUSION
In the case of the coronavirus pandemic, we must acknowledge that this disease is not only how we, as individuals, perceive it. The coronavirus is many things to many people. For
small business owners, it is a natural disaster. For the youth, it is a secluded childhood. For the elderly, it is bleak isolation. For the wealthy, it is a massive inconvenience. For the average American, it is financial and economic uncertainty. For the immunocompromised, it is a potential death warrant. All of these are legitimate concerns. Although Tibetan Medicine recognizes the complexity of the COVID-19 pandemic, Buddhist philosophy teaches us to recognize this virus beyond how it immediately affects ourselves. One must study the virus and how it affects one’s neighbors, coworkers, communities, and others’ communities, to promote a more compassionate and robust effort to social distance and create a brighter and more optimistic future during this time of crisis. This virus goes beyond who you want in public office, what you like doing on your weekends, what places you like to visit, or which restaurants you like. This virus is an opportunity to protect those in our communities that are more susceptible to COVID-19. Mahatma Gandhi said, “the greatness of a nation can be judged by how it treats its weakest members.” It is for this reason that American individuals have a tremendous personal responsibility for the safety of our communities. Doing so requires one to imagine oneself within the groups that are most vulnerable to the virus. This thought experiment or ‘exercise of compassion’ will most likely influence one’s behavior to be more mindful of how one conducts oneself. A dominant philosophy in America has always been ‘every life is precious.’ If we are true to that philosophy, then we as a people must not let our political and religious freedom distract us from our responsibility to protect our communities.

WORKS CITED


