

Villa Lanna International Colloquium Report

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At the beginning of the year (01/31/2018), The Czech Academy of Sciences organized an international colloquium titled “Consequences of Ethnography: Knowing Violence via the Self and its Aftermath”. It hosted a trio of acclaimed anthropology keynote speakers: Veena Das (John Hopkins University), a renown Indian-American researcher at the frontline of defining approaches to understanding violence and social suffering in anthropology since the 1980s, David Mosse (SOAS, University of London), known for exploration of studies of international development, cultural psychiatry and global mental health as well as the anthropology of socio-political systems, with a special focus on Indian caste inequalities, and Jonathan Stillo (Wayne State University), whose work examines the field of global health with a strong applied emphasis on reduction of health disparities, specifically with reference to tuberculosis (TB) in Eastern Europe.

The colloquium took place at the representative Neo-Renaissance style chambers of Vila Lanna, the conference center of the Academy of Sciences of the Czech Republic. The event was organized and facilitated by Michal Šípoš and Luděk Brož from the Institute of Ethnology as part of a research program within Strategy AV21 called “Global Conflicts and Local Interactions: Cultural and Social Challenges”. The program is coordinated by Marek Hrubec from The Centre of Global Studies at the Institute of Philosophy, both institutes being part of the Czech Academy of Sciences.

At the opening, Marek Hrubec and Michal Šípoš welcomed all guests and introduced the agenda of the research program, which relate to the issues of subjectivity, violence, and social suffering – explored not only by this international colloquium but other topic related events, such as annual conferences in critical studies. They then opened the floor for the first speaker, the socialite of present day cultural anthropology – Veena Das,¹ whose contribution was titled “The Character of the Possible: Modality and Mood in the Genre of Ethnography”. The author and editor of

¹ As part of the event, Veena Das agreed to a separate interview, included in this *Cargo* issue, that further explains her standpoints in the study of violence and in modern social/cultural anthropology.

classic anthropological titles such as *Violence and Subjectivity* (co-editor, 2000) or *Affliction: Health, Disease, Poverty* (2015), picked the theme of ethnography of realism for this event. Her talk addressed questions such as: How do anthropologists grapple with different modalities of reality when analysing narrative accounts? Can ethnographers distinguish between realization of the possible and the actual? She emphasized the fact that logical and formal possibilities and real possibilities in human experience were different: “The actual and the real cannot be simply collapsed together with the possible,” Das stated, “yet, they are imbraded in everyday life.”

She illustrated her assertion by two cases in point whose presentation showed the mastery of ethnography in identifying the two modalities and synthesising them in the analysis. The first case explored how previously socially sanctioned genre of literature and film exploring Sufi themes concerning gender and inter-ethnic marriage between the Hindu and Muslims have been recently recasted in India as controversial, reflecting the milieu of the rise of nationalistic rethoric. Within this rhetoric historical topics, such as “Hindu women given as brides to Muslims kings” have been re-opened as politically pressing problems. The second case study came from a larger study of social relations and violence in the environment of Indian slums. It concerned a search for a missing young woman who had been abducted, beaten, and sexually abused by her higher-class relatives. While a local police office was contacted, the staff failed to provide any effective assistance to the victim’s family. When the woman managed to escape and attract public attention in the street to which she fled, including a different police station’s officer, the original police issued a report describing their cooperative involvement from the very beginning of the case, eventually leading to a successful apprehension of the villains. When the case was presented at a court (and the in-laws were convicted of crime), the police figured in it as a diligent and competent defendant of the citizens’ rights. Das said that interestingly, but quite logically, the victim confirmed the police’s final narrative. The writings of court documents carried a high social credit, and thus were considered plausible and convincing. The reality of the presented case was re-created and told accroding to them. In this sense, a particular form of fiction (court document writing) became the actual vis-à-vis an act of legal rationalization. “After all,” Das concluded, “ethnographies are often retrospective rendering of what happened and cannot capture everyday life conversations.”

In the social context in which this story happened, violence and female abduction was a part of everyday reality and to register a case with the police was something many families could not afford. Das explained that community leaders in the slums served as important figures in trying to prevent the crime, in colla-boration with (some of the) police officers and the courts. Through the figures of the leaders, the community considered the police officers and judges as diligent and col-

laborated with the law enforcement institutions – seeking as much safety for their daughters as possible in return. Therefore, if the case (did not but) could have happened in the way the court presented, showing the police as a competent agent, the community accepted the official legal judgement as a reality. “The real uses the possible,” Das asserted and added that a part of this process was the fact that, in general, people made agreements on criteria that unabled them to belong to a community and allowed them to be of the same world – a world in which a discussion or disputation “belongs to my world”. Within these criteria, humans gave substance to what was real.

Drawing on her case studies, Das summarized: “For an ethnographer, it is not simply like ‘here are the events’ and you record them. There are the events that are possible (formally or logically) and there are the events that are real. As realism is contextual, you begin to unfold the embrading of the two by studying the social context histories.” Indeed, she found out that the Indian slum’s police diary was written in a way in which some pages were deliberately left blank as they might have been revisited later when a case unfolded. When all gaps filled, a plausible story was produced. “Possibility is explored to the length of actuality,” Das commented and summed up her thesis by stating that “ethnographies often reflect accounts entered by particular forms of rational fictions in which the possible becomes the real”. In her view, rather than accepting a simplistic notion of realism, anthropologists needed to do ethnography of realism – a realization how the possible and the actual shape, rather than collapse into, life.

The second speaker, David Mosse, whose talk was titled “Trauma and Ethical Self-Making after Suicide: The Existential Imperative to Respond”, presented a remarkably intimate, self-reflective exploration of human psychology in the aftermath of losing a child to a suicide. Mosse broke the analysis of autoethnography into three stages. The first analyzed the process of recasting his own *identity* after his twenty-one year old son died. Mosse described this period as marked by inability to experience himself otherwise than through his son and by identity formation that came partly from trying to cope with suffering and partly from disconnection from others. His identity after the tragedy had been bound to dealing with what Mosse termed “the first person moral responsibility” for what happened, including everpresent questioning “what could I have done differently to prevent it?”

The second stage concerned *agency of death* and *personhood*. The author stated that suicide presented death with a different relationship to the living than death caused by an old age or prolonged (physically detectable) illness. It provoked judgments. As such it altered one’s personhood. “It infects the living causing its own spirits and demons,” Mosse explained. He further stated that the one source of moral protection from both the self-blame and the “demons of death” lied in

relational closeness in which he emphasized the role of *narrative*. Narrative as *preservation* of both the self and the others from blame presented the third stage. Mosse explained that the narrative of a personal tragedy followed a certain trajectory: from an animal houl stemming from profound sadness and rage, to silence when tragedy was taken in, to recovering one's place in society through refiguring time and space (creating a new world or continent, as the before-death ones were gone) and learning *to talk about* the event. The impact on overall social life, however, was huge, Mosse shared. He likened it to a social rupture that cannot be absorbed into an everyday life by any means. In closing, the author shared his experience with a peer group therapy, which became the one place where narratives about suicide being spoken became tolerable in a closed public group, a group of survivors. He called it a "moral laboratory", which allowed for emotional uncertainties to be expressed, moral selfmaking be recasted and in which the process of understanding the self after a suicide in the family could take place, including learning to be kinder to oneself.

The contribution was closed by Luděk Brož who thanked the author for an unprecedented intimate ethnographic account and opened the floor for questions, most of which were directed to changes the tragedy meant for Mosse as an ethnographer, his work in India and the local cultural mores attached to suicide. In response, the author talked about the fact that suicide echoed Indian caste system's untouchability and was tabooed in the public discourse. Peer support groups he attempted to coorganize in South India failed. In London, Mosse compared: "Forming a kinship of shared experience of survivors was possible. Despite the large differences in the British survivors, the connection was not precluded as it was in the Indian society." As for being an ethnographer with this particular experience, Mosse held that he was now able to pick up on more subtle, non-verbal cues, such as the apprehensiveness around disclosure of socially humiliating information. Specifically, in both European and Indian society he was very sensitive about asking about one's children, and in the Indian society he became sensitive to the potentiality for the Dalits' background to surface in a public discourse. As far as the impact of anthropology, Mosse did not believe that ethnography could make a fundamental difference in preventing suicide. Paradoxically the peer risk-prevention group, in which he participated, could not either, because risk in life simply could not be fully managed. What ethnography could do, he thought, was to contribute to preventing suicide by informing open-minded doctors and therapists (including epidemiologists researching PTSD, mood disorders, etc.) about the many "missing diagnoses" that needed to be identified not on the psychiatric level, but on the level of social functioning. In other words, we needed to shift our attention from what explained suicide (the outside causes) to what it is that suicide explained. What it indicated about our lives – on individual, family, com-

munity, and citizen level. Veena Das added a comment in the discussion relating to the importance of exploring the semantic space organization around suicide. She pointed out there was a morally charged questioning of the parents – “why was it that the life was not sustained?” – when a young person committed a suicide, but the same morality was not applied to a decision *not to be in the world* when young men and women decided to enlist for a war. When the argument that the person who overdosed “intended to kill himself” was made, she asked how could we know the young soldier did not intend. It was a socially, and indeed politically, made assumption that he did not. Thus different agencies were reflected in the legal language *categorization of death*.

Jonathan Stillo’s talk called “No One Leaves This Place except the Dead: Tuberculosis as a Socially Incurable Disease” was the third and final keynote presentation. The Wayne State University (Michigan, USA) scholar brought the colloquium focus to the applied sphere of anthropology, while digging deep into the researcher’s subjectivity. Stillo first gave a general overview of TB characteristics and prevalence, stating for instance that out the 25 % of the world’s population infected with MTB (*Mycobacterium tuberculosis*), with new infections happening in about 1 % of the world’s population every year, only about 10 % would get an active disease. However, if not treated, statistically every other person died of the infection. TB was the second-most frequent cause of death from infectious disease, with HIV/AIDS taking the lead. It was the number one killer of people with HIV/AIDS. The treatment of the disease required the use of multiple antibiotics over a long period of time. He emphasized that the pressing issue was the increasing rate of people with so called drug-resistant tuberculosis (MDR-TB) and extensively drug-resistance tuberculosis (XDR-TB), and that some 4.1 million people missed out on the access to TB effective treatment.

He confirmed the premise that TB was a “disease of poverty” as the communities exacerbated by social poverty, poor nutrition, and low social mobility were particularly vulnerable to the occurrence of active TB. Stillo stated that some of the so called “developing countries” areas might still engage in the belief that TB could be effectively treated by rest, better nutrition, fresh air and sunlight. However, as Stillo’s study made him realize, poverty and poor physical condition of the patient could not be the only key determinant to look at when researching places such as the institution where he carried out his research since 2010 – the Pines Sanatorium (pseudonym) in Romania.

Built in 1930s, the Pines Sanatorium was the biggest institution in Romania for TB patients. It consisted of a large building complex in the mountains – a geographically isolated spot in the South-East of the country. In 2011 it officially became a “hospital section”. Its capacity was over 800 patients, most likely rarely filled to its

cap. During the speaker's main research, about 200 people were hospitalized due to TB infection in the sanatorium, some of them diagnosed with MDR- and XDR-TB after treated more than three times without success. The original objective of Stillo's research was to carry out a study of biological citizenship among former Romanian industrial workers, in which he would focus on the correlation between poverty and medicalization of social welfare. At first, he stated, his hypothesis was verified by the common discourse of medical staff: "We protect society from them, and they are protected from the society (meaning *poverty*) here," Stillo would often hear. The state health care was substituting the workers' welfare. The reactions collected from the MDs ranged from professional reactions to openly racist statements such as: "The problem is we can't force the fucking Gypsies to take their pills", "they drink too much", "they are uneducated and unable to cooperate", "they live unbalanced, negligent and irresponsible lives, we cannot save them", and "they are non-compliant with the treatment regimen and just waste our time."

At this stage of the research, the speaker developed more intimate relations with a few of the male patients, realizing his own sensitivity being deeply probed by the hopelessness of their cases: Iulian who contracted TB in the 1990s and kept returning to the sanatorium while leaving behind three children and wife without being able to contribute to the family budget, died in 2012 while only in his late 50s. Mircea, in his 60s, was casted out by his family when diagnosed with TB, lived in the sanatorium over 4 years without seeing any of his relatives. Only twenty-one year old Florin, a young man coming from an urban area middle class, whose father was previously treated for MDR-TB. Two months into his hospitalization in the sanatorium he was tested for the same drug resistant type of TB as his father. When the test results came confirming the diagnosis, Florin committed suicide. Tormented by the loss of his son, the father died within months. Stillo shared that during this early stage of his research, he suffered from nightmares and anxiety, often crying himself to sleep over the suffering.

In the second phase of his study, Stillo focused his attention on the treatment effectiveness after one of the young MDs said to him: "I wish one of the patients sued us." Upon Stillo's baffled face expression, the MD clarified: "I've read the international journals, I know what to do... I just need the tools to do it." In 2011, when data reflecting the MDR- and XDR-TB cure effectiveness for the past three years came out, he found out that with the 16 % success rate in the years 2008–2009 and 20 % in 2010, Romania ranked the worst in the world. He realized that poverty could not account for the devastating outcomes. After some investigation, he revealed that in the prolonged regime, the sanatorium patients were typically given only two out of five drugs crucial for MDR- and XDR-TB cure. Furthermore, there was an unnecessary delay in testing for the disease and less than optimal type of testing was used, together causing late start of effective medicine administration.

Stillo could thus assert that basically two problems, two approaches, and consequently two explanations and outcomes were in place in the sanatorium: A discourse embedding unsuccessful treatment in the low social status of the patients, rendering them as “social cases”, labeling the older former industrial workers “the discards of socialism”, and “impossible to cure”; and a second discourse admitting to the Romanian subversion of the health care system. The system resisted more effective testing (such as DNA based tests) and due to corruption and economic situation did not or could not provide the MDs with necessary medications.

Within the first model the medical staff and health care system could not be blamed for the poor treatment outcomes, while in the second one they could. Naturally, it took more open-minded MDs and staff members to engage in the second discourse. Stillo suggested that the discrepancy in the two models also seemed to copy a generational gap, and perhaps a rural vs. urban division in the view of TB treatment. In the past the approach was “to treat but not to cure”, which went along the line of “patients were not curable because they were poor” discourse, but this was not true anymore. Logically then, not just the MDs but also the patients who grew up in the old model had no clear expectations of being cured, but rather treated.

To complicate the matter further, Stillo arrived at what he called “the Iulian Test”. This test reflected the complexity of cases such as earlier mentioned Iulian, who was born and lived a significant part of his active years in communism in a rural area, where TB and other infectious diseases prevention education was non-existent, the jobs were mainly in manual labor, and if falling ill, one could not sustain them even part-time. His pension and disability had been calculated based on extremely low communist-era wages leaving him and his family in profound poverty deepened by the illness, a situation in which paying for private (potentially better quality) medical treatment was out of question. Iulian was a patient with multiple social (and indeed socio-historical) barriers based on which Stillo developed general questions applicable to any national or international case of TB: Could Romania (with the means available – state or private) cure Iulian? If it potentially could, did he have the access to this cure? Could your country provide treatment for such person? Under what circumstances? What is the treatment success rate for patients with multiple social and economic barriers? How well were we reaching the most difficult cases of TB? Applying Paul Farmer’s theory of structural violence in health care delivery, Stillo developed also a series of research questions: While many, if not most, patients in the sanatorium were poor (some abused alcohol, lacked education, were convicts) and the poverty and social factors were clearly visible and easily detectable, were these the reasons why they died? Or looking at them as the primary causes was distracting an ethnographer from the real problem? Or, was it mostly a combination of poverty and the lack of the full spectrum of

antibiotics, testing possibilities, and methods of medication administration in the sanatorium?

These findings turned Stillo to the field of advocacy and activism. Among other things, he contributed to making the critically low success rates more widely publicized, involved high ranking politicians such as Joe Biden and the Romanian ambassador in the US in a week-long marathon of fund-raising to help obtaining unavailable medication for the most serious cases of TB in Romania, found ways to admit some of the most ill Romanian patients to other EU countries' hospitals, and developed a long-term collaboration with Pharma Web Canada. Most importantly, in 2017 he and Nonna Turusbekova published guidelines for decentralization of TB treatment and community-based health care under the title "Romanian Integrated Community Support Services for Tuberculosis",² that aided in Romania coming out of the crisis, bettering national TB control and health – resulting in the cure success rate's rise to the current 34 %. Furthermore, the individuals sent abroad and cured played a crucial role in transition of some of the Romanian doctors from the old discourse (blaming the patients' inability to live healthier lives) to the discourse emphasizing the quality of treatment. For example, a malnourished lady, considered dying of TB in one of the Romanian capital's clinics, was airvaced to Italy, gained 20 pounds and was fully cured of the disease. As a result, Stillo documented several MDs' shift in thinking, recording statements such as: "I was wrong, now I see what is possible by different medical regimen..."

The third talk was concluded with a polemic over the qualities of an anthropologist, such as empathy and the studied "cases" becoming personal. Could we maintain objectivity, or at least the illusion of objectivity in these types of research, and how? Stillo linked empathy to a window that opened an ethnographer's pathway to information that he/she would not otherwise get to. A window one could close when needing to decompress and distance himself/herself. He did not think he could ever fully know how the people hospitalized felt and what levels of suffering they went through but, for instance, if he did not reveal to one of the MDs that he cried himself to sleep most of the nights, he would not have learned the doctor used to as well, and probably would not have the doctor telling him he wished one of the patients would sue the sanatorium.

Stillo admitted that he played the cards of empathy in his audiences during the fund-raising campaigns and overall in his activism. Was this ethically problematic? Once he got involved in activism, another range of ethics-related questions unfolded: "Where does research begin and end? As a researcher you stand alone and it is straight forward, but once you organize donation programs and get

² Available at: <http://stop-tb.ro/wp-content/uploads/2017/05/Romania-Integrated-Community-Based-TB-Support-Services-FINAL-2.pdf>

involved in regulatory issues and national strategies (as a foreigner, outsider), is it still ethical? Should one's work as an ethnographer and an activist be kept separate?" Some of the reaction to the speaker's analysis of subjectivity came from the other keynote speakers asking whether as anthropologists we were not sometimes caught too much in the "objective vs. subjective" spheres of work. What clearly mattered here was lowering the TB prevalence. Veena Das suggested looking into the rates in the rest of the country, comparing community hospitals and clinics' success rates with the sanatorium and the potentially different procedures and see if varied rates existed. In addition, diagnostic delay was according to her a global problem and needed to be studied and compared quantitatively. Analysing one's ability to keep the work objective and the consequences of becoming too personally involved, were perhaps interesting, she said, but not central to the research.

The key note session was followed by an afternoon forum of three local speakers who presented short synopses of their ethnographic work. Jaroslav Klepal from Faculty of Humanities (Charles University, Prague) talked about his research of multiple ontologies of PTSD and their enactments among Bosnian veterans (of the 1992–1995 war) carried out primarily in Tuzla in the years 2006–2012. While summing up the main thesis of his dissertation (stating that medicalization of psychiatric condition into the official diagnosis such as PTSD may be seen as problematic from the sociocultural theories' point of view, but through therapeutic solidarity it gives the veterans political agency and powers preventing them from further mental problems, including suicide – a process Klepal labels therapeutic heroism), he emphasized, similarly to Jonathan Stillo, an analytical approach to his own subjectivity. He described going through periods of disturbing thoughts and mental turmoil when forming his research data into the dissertation draft. He concluded that he inserted this analysis into his work openly, not hiding his emotions behind the lines.

The second research synopsis was by Václav Walach – a member of the Centre for Applied Anthropology and Field Research (CAAT) established by the Department of Anthropology (University of West Bohemia, Plzeň), which explores the themes of social exclusion and inclusion, migration, group identity, human and civic rights, and criminalization and victimization of vulnerable groups. Contrary to his earlier plan to present an official research, Walach chose to present a meta-reflection of a physical assault on him by a former research participant. Walach offered a spectrum of positions or categories vis-à-vis which critical security studies analyze a violence aftermath. He mentioned that a victim was often described as "arrogant" or, on the contrary, "heroic", or a "victim", which aided everyone involved (police, criminalists, courts, MDs, etc.) in not having to deal with the full fledged trauma. The "subject" also adopted these positions. A self-blame

for being “vengeful”, or being “silenced”, or “overanalytical” could also contribute to disguising the trauma, Walach added in commentary to his own feelings after being beaten, which he felt best characterized by “feeling inappropriate”. The theory of critical security studies, and cultural and narrative criminology could thus contribute to therapeutic interventions in cases of physical violence.

Michal Šípoš from the Czech Academy of Science was the third speaker, concluding the afternoon session. He talked about the relation between the researcher and participants (with the experience of violence) in relation to his study of the Chechen-Russian conflict survivors – recipients of asylum in Eastern Poland who dealt with trauma of displacement and hostilities linked to decades of ethnonationalism. He felt like his main role as a researcher was to listen to the participants (speaking, crying, staying in silence, etc.) and preserve and protect their views to be analyzed. The quality of analysis of violence, he asserted, was often enhanced by unexpected experiences that directly or indirectly related to the research itself and that enabled deeper understanding of the participants’ experience – such as providing transportation to the refugees and thus sharing into their immediate situation, or losing a close family member (father, in the speaker’s case) when writing up the research data into an article, dissertation, or a book.

The final discussion that followed the afternoon research synopses presented several interesting points. David Mosse commented that the introduced studies, mainly Stillo and Šípoš’s works illustrated that we were “the instruments” of the research because our experience shaped effective connection (or the lack of) to the collected data and engaged us with the ethnography. Things that happened to us shaped our interpretative abilities and possibilities. In that sense, ethnography was *autoethnography*, added Václav Walach, and as such it was a self-protecting genre, helping us deal with our trauma. Veena Das and David Mosse expanded this idea suggesting that autoethnography, or using autobiographical voice in ethnography, made it a reconciliation genre. After all, what was the 1st person in ethnography trying to do? It reflected how things were “with me”, with the “world I looked at from inside”. Anthropologists, they held, used and created explanatory frameworks based on what mattered to them, identifying things that resonated with them, rendering what was relevant to the self. And, if we were to reverse it, what was the way of preserving oneself in the process of doing anthropological research? Mosse answered the question by stating that if he had to write a narrative of his son’s death, it would only have to be expected that the underlying (and perhaps subconscious) concern would be: “Do I and my son come out of it (for the public) all right?” Das shared a thought that if she were to write up all the record collected in a study, she would have to “write” a picture, a picture that would include reflection of her own life’s colors.

The next question discussed in the final polemic was the one of productivity. How did trauma influence an ethnographer's productivity? His/her ability to keep returning to the trauma capturing fieldnotes that often became traumatizing for the ethnographer himself/herself. Using the example of critical medical anthropology writings of Nancy Scheper-Hughes, the conference speakers mentioned that her nightmares reflecting the traumas of the Brazilian shanty-towns' dwellers increased her publishing productivity. In that sense, dark sides of human minds released something good, similarly to activism for an effective TB treatment presented by Jonathan Stillo, or advocacy by David Mosse for more informed understanding of families that lost a member to suicide.

The international colloquium was concluded by the organizers in the late afternoon hours by thanking the audience for engaged presence, the international guests for captivating and thought-provoking key note presentations, and all the speakers for creating a cordial, yet critical, forum for discussion. In closing, they invited all the guests for the upcoming Critical Theory Conference in May as part of the 26th series of critical studies.

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