

The volume started with the individual's plight, the feeling of 'loss of control', and narrative as an empowering antidote that caused coherence. This in turn gave rise to more extended reflections on efficacy, both medical and political. By focusing on pain in essays emphasizing its trans-individuality, the potential of pain as a medium that causes coalescence within a group was highlighted. Such visceral relationality entangled in social, economic and political conflict is world-shattering, yet it contains the potential for transformation beyond the afflicted themselves.

This issue aims to demonstrate that anthropology matters, especially in times of crisis, as it emerged from a process of nesting texts inside other texts that introduce them. The mutual reading of and responding to each other's writing became a process that created a space for reflexive and fine-tuned reciprocal engagement, and this in the light of political events beyond our control referred to in essays that frame the volume at both the beginning and the end.

'Loss of control' over one's life is one of core dimensions of illness. People who are ill are no longer able to do what they used to when they were in good health. They might not be able to perform their usual tasks and pursue the same old habits unthinkingly. Everyday life tasks require additional focus and concern. As patterns of daily doings are undermined, the future appears even more uncertain than it generally is. There is a sense of the disruption of life's usual course, of disorientation and powerlessness. Medical anthropology is concerned with the strategies and expedients that people develop in such situations. In a way, it is about the creativity of being alive, despite disruption and crisis.

The essays in this volume show that narrative is one strategy that people adopt when confronted with the disruptions caused by sickness and illness. If illness is destructive, narrative is creative. If illness brings uncertainty, narrative restores some sense of wholeness. Cathryn Klusmeier (this volume), quoting Hyden (1997: 56), reminds us that narrative establishes a 'coherence' which allows one to get a grip on life's ruptures.

Narratives are never about one single person. Rather, '[p]ersonal narratives are products of complex interactive social processes, and they constitute powerful and dynamic means of communication' (Steffen 1997: 110). Narrative always implies a listener. It can become a performance which engages multiple actors – all participating in the creative act of storytelling. In Alcoholic Anonymous meetings, 'a story notches up to another, to become a tapestry of multiple stories' (Klusmeier, this volume). Stories do not simply generate

coherence and meaning, but can also challenge the boundaries of self and other. Vice versa, as boundaries between individuals are eroded, narrative can establish the ‘permeating relationships’ of those who are willing to engage with and attune themselves to it.

In a complex world, narrative is an important tool for orientation and navigation, and in the interconnected worlds we live in there are no self-contained stories or myths. Today, the navigation of narratives is like walking in a hall of mirrors, where everything reflects everything else and the perspectives multiply indefinitely. Choosing to come to terms with the multiplicity of this refraction may well be the only way to escape the dangerous tendency to recoil into isolation. Yet we should not allow divisiveness to rule our lives. In their personal reflection on fear and its potential for manipulation, Sarah Grace Black and Emma Anderson invoke the need to reintegrate our scattered selves through recognition of the other as part of our own selves. This involves accepting that ‘reality’ is more nuanced than some of us may believe or want to believe.

Accordingly, we should be wary of generalizing portraits of the ‘other’, as well as of those who claim to have easy answers to complex problems. Maie Khalil’s personal reflection indirectly brings to the fore how analyses regarding past US elections have their striking clarity only thanks to an analytically warranted (over-) simplification when she comments on the monochromic picture of Trump supporters as being ‘bound to demographics and presumptions of given (racialized, cultural, gendered, or religious) differences and which inevitably simplify reality’ (Khalil, this volume). To this she opposes the narrative approach that highlights relations and relatedness. She explains how narrative, whose particular trait is that of collapsing the ‘real’ and the ‘imaginary’, can help us understand how people experience their lives.

Stories need not appear in a discursive form to engage us: they can also come as images. This is obvious in the case of a Western ideal of ‘thinness’, which, filtered through aspects of popular culture, such as films and adverts, interferes with the recovery of women with eating disorders, leading them into relapse. Experience arises through a kind of ‘sedimentation of socio-political-historical realities in the lived body’ (Soled, this volume). Normative, sanctioned or idealized models can be disseminated in more than one medium, and in more than one form.

Narrative tends to be opposed to numbers, Derek Soled tells us in his personal reflection on multiple efficacies. Numbers are part of the language that politicians and other ‘professionals’ of public life use. However, instead of opposing the two, one may want to ask whether numbers are also a kind of narrative. While illness narratives hinge on direct

personal contact, relationality and empathy, the numerical narrative of statistics is based on abstraction, separation and distinction. These different approaches to knowing and organizing experience entail a different kind of power.

In her discussion of ‘efficacy’ in randomized controlled trials (RCTs) vis-à-vis non-Western, indigenous treatments, Leah Schwartz effectively deals with this different kind of power as grounded in different relationalities. She observes, for instance, that in the case of non-Western indigenous medicines, treatments tend to focus on process, rather than on magic-bullet effects. In contrast, ‘biomedicine sets out temporal benchmarks, at which point the absence of disease pathology becomes equated with cure’ (Schwartz, this volume). In Hausa treatment, for instance, ‘the evaluation of ... efficacy will include the evaluation of a series of outcomes over a long period of time rather than a single outcome investigated at an arbitrary point in time, as is the case with an RCT’ (Schwartz, this volume). This turns time into a dynamic process, experienced as inseparable from contextual variations. The efficaciousness of treatment is processual and relational.

In contrast, the RCT lacks what Schwartz calls ‘relational efficacy’ located in the sufferer’s social and ecological environment and encompassing ‘a broader set of social relations that include not only those between patients, providers, families and communities, but also the relations that each of these actors have with the medicine itself’ (Schwartz, this volume). Whereas an RCT is double-blinded and designed to isolate – for the sake of eliminating the factors that might influence the outcome – indigenous treatments rely on a different kind of assumption, namely that life, and illness as an aspect of life, can only be dealt with as a whole. Any sort of efficacy relies on this relationality.

Mason Alford and Carlota Solà Marsiñach extend their reflections on efficacy from medical treatment to ‘political leadership’. The move here is from RCTs as a tool which establishes efficacy by way of an arbitrary selection of significant events from the treatment procedure to the language of politics as a logic of abstraction that parallels the RCT: ‘The Economy’, ‘Healthcare’, ‘Immigration’ and the like work as the significant places of interventions that, abstracted from the actual lives of millions, and thereby rendered faceless, are seen as the target of intervention through appropriate policies – or ‘pills’. These ‘impersonal truths’ are built into a political narrative that, as in a self-fulfilling prophecy, presents them as ‘objective realities’, feeding back into the myth of its own legitimacy. Anthropological fieldwork and theory furnish us with a means to query such myths and the building blocks of their very foundations.

Reasoning along similar lines, in his essay on the sorts of efficacies left unaccounted for by the RCT, Mason Alford suggests that the types of efficacies proposed by those in power in the form of taxonomies objectifying and managing life may be incongruous with the type of efficacy that matters to ordinary citizens. While these taxonomies work as reassuringly comprehensive grand designs, they in fact simplify and overgeneralize. When misused, they risk making things better for a few at the expense of many others.

Moving away from the discursive, Noëlle Rohde's essay takes us into the domain of the body. Here, as Rohde tells us, anthropology is especially valuable because anthropological approaches differ from the biomedical in that they locate chronic pain not merely in the physical body, but in a body comprehended as the intersection of the person and the world. Experiences of chronic pain sufferers teach us that pain has not only disruptive but also creative powers. Pain can lead to deeply felt transformations in the person. For instance, the submission of one's autonomy that is often a consequence of being in excruciating pain means that interpersonal relationships may be strengthened. As an expression of a person's endurance as a member of a community, 'pain can create social belonging by bearing the signs of protest and injustice and becoming the site of bravery and heroism' (Rohde, this volume). Pain hence ceases to be a mere obstacle to be overcome, an unnecessary disturbance, and becomes a fundamental, even vital, source to life.

Sarah Grace Black takes the exploration of the creative side of chronic pain further with her essay on 'how the body uses imagination as a tool to formulate the sense of self and maintain social connections' (Black, this volume). She also starts from the observation, grounded in ethnography, that chronic pain is an isolating experience. This is not only because of the incommunicability of pain that the Harvard medical anthropologists, following Elaine Scarry (1985), have powerfully demonstrated in their work, but also because pain creates a world of its own kind. The self-referential world that pain creates is especially striking in the case of Good's interlocutor, Brian. Despite his social world being out of sync with that of the others and shattered by constant, excruciating pain, Brian was 'wonderfully and frighteningly articulate' (Good 1992: 35, cited in Black this volume) when it came to *his own* world of pain. Through figurative language and images, Brian was able to connect temporarily with the interviewer – a person who was interested in this world. While Good's ethnography shows that the world of chronic pain can be inherently creative – for Brian is constantly engaged in a process of meaning making and remaking by means of language and art – the extent to which this creativity can be used to connect with others is doubtful. Brian, in fact, 'is hesitant to share his works for fear of social rejection' (Black, this volume). [I]f I

reveal something about myself ... it will be likely to be met with scepticism or mockery. I can't show ordinary people ...' (Good 1992: 47, in Black, this volume). Isolation, however, can be overcome if pain is transformed by a society's moral worlds. Turning to Throop's (2008) ethnography, Black describes how the Yapese turn back pain from a disability into a 'merit, earned by working hard for family members and the wider group' (Black, this volume). Through the inherently creative social act of transforming pain from 'suffering from' into the socially valuable 'suffering for', suffering and affliction are made into a highly prized social value, 'a source of pride'.

Leah Schwartz and Cathryn Klusmeier take the reflection back to the starting point, that is, the questions posed by this *Special Issue* as a whole: does anthropology matter in times of crisis, and if so, in what ways? By combining their respective reflections and sensitivities into the voice of a single author, Klusmeier and Schwartz's personal reflection takes us straight to the heart of what anthropology is or can be today. While anthropology's primary characteristic is that of 'unearthing complexity' it is also well known that anthropologists can 'operate at the intersection of [different] disciplines' (Klusmeier and Schwartz, this volume.) – including creative writing, or practising medicine. This, for the authors, can be the source of anthropology's value, its transitivity to different disciplinary approaches which, in turn, can gain from anthropology's nuanced approach to the world.

So, in times of crisis, can anthropology still matter? Crisis is the thread running through the contributions to this *Special Issue*, in its various inflections as health, social and political crisis. Human responses to crisis – and to pain as its transindividual medium – include reflexivity, narrative and story-telling in a quest for coherence, the mobilising of relational efficacies in a balancing effort and manifold articulations of the imagination to reintegrate self and sociality. Anthropology, perhaps more than any other discipline, takes seriously the human potential for inventiveness and resourcefulness. In doing so, anthropological writing may take on some of the qualities of its subject matter and reinvent itself, while remaining committed to rigorous research, combined with the exploration of other ways of knowing and being in the world. This capacity to accommodate the unfamiliar, the changing and the unpredicted may make anthropology relevant in times of crisis.

With these reflections from medical anthropology master's students at Oxford, dealt with in essays written preceding the week of the Trump election and commented upon in personal reflections more recently, we hope to have shown that indeed 'Anthropology matters, especially in times of crisis'.

### *References*

- Good, B. (1992). A Body in Pain: The Making of a World of Chronic Pain. In M. DelVecchio et al. (eds.), *Pain as Human Experience: An Anthropological Perspective*. Berkeley: University of California Press, pp. 100-137.
- Hyden, L.-C. (1997). Illness and Narrative. *Sociology of Health and Illness* 19(1): 48–69.
- Scarry E. (1985). *The Body in Pain: The Making and Unmaking of the World*. New York and Oxford: Oxford University Press, pp. 161-190.
- Steffen, V. (1997): Life Stories and Shared Experience. *Social Science and Medicine* 5 (1): 99-111.
- Throop, C.J. (2008). From Pain to Virtue: Dysphoric Sensations and Moral Sensibilities in Yap (Waqab), Federated States of Micronesia. *Journal of Transcultural Psychiatry* 45(2): 253-286.