

Navigating relationality

A note about ‘unusual’ methods in settings with ‘unusual’ speech

Els van Dongen

*Haste to thy audience, Night with her will bring,
Silence; and Sleep, listening to thee, will watch;
Or we can bid his absence, till thy song
End, and dismiss thee ere the morning shine.
(Paradise Lost, John Milton, Book 7)*

In deze notitie richt de auteur zich op technieken die men kan gebruiken om contact met informanten te maken. De auteur betoogt dat, hoewel zwijgen van informanten betekenisvol is en moet worden gerespecteerd, het soms noodzakelijk is verbale communicatie te hebben. Tekenen, filmen of fotograferen kunnen worden gebruikt als sociale gebeurtenissen die een bepaalde verstandhouding tot stand brengen en contact met mensen die communicatieproblemen hebben. De auteur illustreert haar betoog met voorbeelden uit eigen veldwerk in een Nederlands psychiatrisch ziekenhuis.

[zwijgen, spreken, veldwerk methoden, communicatie, persoonlijke talenten, tekenen, psychiatrisch ziekenhuis]

Verbal communication, in-depth interviewing, and listening to narratives or life stories are core activities in fieldwork. One of the assumptions behind these methods is that everyone has a story. When people refuse, cannot or do not want to speak, anthropologists sometimes get frustrated by their silence. In *Medische Antropologie* volume 12, number 2 (2000), several anthropologists had a debate about silence and speaking. They found many reasons for their informants' silences. Distrust, fear, hatred, the wish to forget, protection of themselves or others, having priorities other than 'talking about...' and such. Tankink (2000) focuses on the general misunderstanding that talking is always healing and informative. A conclusion is that silence speaks as much, or as loudly as talking. Silence is not negative per se. It may be healthy. Although the debate was placed in the context of war, violence and trauma, the issues can be similar to other situations. Some years earlier in the same journal, Van der Geest (1994) argued that secrecy is purposeful non-sharing; people may have good reasons to withhold knowledge or information. In both cases, silence and secrecy, anthropologists (and

others) know that 'there must be something to tell', yet that people cannot or may not tell. Richters (1991) speaks of a "grammar of silence."

I cannot but agree with many of the arguments, but there are moments of silence that are a serious constraint. Sometimes, we just need to talk albeit simply for rapport and contact. When anthropologists refer to 'speaking' and 'silence' they often have a specific way in mind. It is my opinion that, because anthropologists often rely too much on these specific ways of talking and being silent, considerable numbers of people are excluded from ethnographic research. Elderly, psychotic people, mentally retarded people, deaf people, young children, and all others who cannot speak in 'comprehensible' ways contradict anthropology's claim to communicate not only about different forms of human life but to do so from within those forms, simply because speaking *with* seems impossible. Their stories don't 'grab' others; they do not resonate with them. Their stories – if there are any – are not satisfactory. Habermas' theory of communicative competence may offer clues to the explanation why these areas of stories are seen as beyond the realm of approved social practices. This author states that those areas are repressed and split off as 'individual symbols' (Habermas 1968: 241-242). In anthropology, communication is sometimes constrained by intrinsically logocentric ideas about how communication should be. When ways of communication (speaking and being silent) differ it becomes difficult to listen and to understand. However, De Swaan (1982: 142) states: 'When one does not want to speak, others obviously cannot listen.' I have taken De Swaan's words as a starting point for this note about 'unusual methods' in anthropological fieldwork, because when I reflected upon different situations in my fieldwork when people did not speak, I wondered if I was listening in the wrong way. The objective of this note is to explore ways of speaking and listening between anthropologists and informants when the latter cannot or do not want to talk (in 'common' ways) and for this reason fall outside the scope of anthropologists. How can anthropologists get and remain 'in touch' with their informants in such cases? What 'tricks' can they use to 'make them speak'?

Silence everywhere... an anthropologist gets bored

Several years ago I worked in the nursing wards of a psychiatric hospital. Many of the elderly who lived there had spent years in other wards in the hospital before going to their last resort. There was not much conversing among them. The communication between older patients and the staff members was to a large extent non-verbal. I was already accustomed to silence in psychiatric wards and had learned that 'implicit social knowledge' (Taussig 1987) was very present and served as silent 'talk' between staff members and patients (see also Van Dongen 1997). Patients' reactions to nurses, their lies, nurses' approaches to patients, patients' lives and illness histories belonged to this implicit knowledge and patients as well as nurses would behave according to it. There was nothing to tell, one knew it all. Patients and staff members mostly kept silent and some of them were also reluctant to talk to me. But when they talked, they could continue for hours. I cherished those moments, because – at that time; at the start of my

research – I believed that those conversations were the most important part of my study. Of course, ‘hanging around’, looking-listening and having chats were more informative, especially when people did not want to tell their story, but almost unavoidably, I talked to patients who were able to express themselves and find words for their suffering in a way I could understand and I was tempted to ‘forget’ the others.

In the nursing wards the situation was different. While patients in other wards could talk and find words for their experiences, the older people often could not or would not. There were days that the only voices I heard were those of the nurses and the cleaners. Sometimes this talking seemed quite loud, because I was used to the silence in the ward. The elderly could sit for hours without exchanging one word; some of them could not talk because of an illness; others had difficulties to communicate verbally because they had become deaf or hard of hearing; a few bluntly refused to say a word. There were many other reasons. Nurses had become accustomed to it and stressed the ability to listen to the unenunciated words the elderly spoke: a gesture, a shriek, a grunt, or a howl. They ridiculed for example the conversation they had with the elderly to make a care plan, to know their needs and wishes. This conversation was obligatory, but did not work; it was simply impossible in their opinion. Such conversations often turned into monologues, in which a nurse was questioning the older person and tried to verbalise the answer herself. The nurses were good listeners to those ‘silent’ communications and I could refine my abilities of observation by watching them and talking about the ways they ‘listened’. After some weeks I understood that when a man started to walk restlessly in the living room, I had to be careful and keep a distance in order not to bear the brunt of an aggressive outburst. Or, when a woman withdrew from the living room, I would know that there were tensions between other older people and she would like to avoid being involved in a quarrel.

However, an anthropologist wants different things than a nurse. I wanted to know from the elderly themselves how they had managed to live a life in a mental hospital; I also wanted to understand what role past experiences had in their present lives; I wanted to understand what it meant to be old and sick. I also wanted to have some response. But this was sometimes hard to establish. Many of the elderly were not able to make contact in the way others are used to. Like one nurse put it: “Many of them are withdrawn and socially handicapped.”

There was also another ‘constraint’; because I had worked for several years in the hospital, I was taken for granted by nurses and patients. They must have thought that I knew life in the hospital. For them, there was no need to explain or to talk about the daily life of the wards. Although I was ‘knowledgeable’ to a certain extent, I did not know and understand it all.

I became bored... After hours of observation and hanging around in the living rooms, corridors and other places where the elderly used to be and ‘tasting’ the atmosphere in the wards, I felt myself merging into this silent world and I was not able to give any meaning to it. When I tried to talk with the elderly, people would often limit themselves to a couple of words or a nod. Was there nothing to speak about? I started to sit in the same way as the older people; my shoulders down, my eyes seeing nothing, my hands without something to do other than playing with a pen. I felt lonely and started to

wish that my time in the wards would end. One spontaneous word would be enough. I could not 'listen' anymore. One might remark that I experienced something similar to what the older people felt and that I could better understand the much heard cry from the heart: "I wish I was dead!" Yet I don't believe my experience was similar to that of the elderly. I found it extremely difficult to imagine how their lives had been and still were.

Anthropologists are probably well familiar with boredom. Malinowski (1984: 4) reported:

I well remember the long visits I paid to the villages the first weeks; the feelings of hopelessness and despair after many obstinate but futile attempts had entirely failed to bring me into real touch with the natives, or supply me with any material.

Malinowski had his own way of dealing with his boredom:

I had periods of despondency, when I buried myself in the reading of novels, as a man might take to drink in a fit of tropical depression and boredom (1984: 4).

According to Zwier (1980) Malinowski was not the only anthropologist who had to overcome loneliness and boredom in the field. Of course, the reason for boredom was not only the informants' silence; reluctance to cooperate with the anthropologist was another important one. Malinowski and others taught that one should not give up so easily.

Less known is how and for which reasons anthropologists have excluded those people who 'cannot communicate', such as frail and demented elderly or mentally handicapped people from their research. An important reason might have been the assumptions about communication. Anthropologists cherish narrative approaches, in-depth conversations, life stories and other verbal activities and are at a loss when their 'informants' silent.

My boredom may be a result of my own 'oral fixation' and of my training as anthropologist. Maybe I did not want to be involved in the sad lives of people who had lived for so long in a mental hospital, because I felt that I could not do anything. Or maybe I thought that they were not 'interesting' enough. Powerlessness and not-knowing sometimes lie at the basis of the reluctance to listen properly.

I could have used – and did use– other methods. By writing about what I smelled, felt and tasted I could have described the world of older people in the wards (Stoller 1989). I could have relied on observation and participation. In fact, I did. I dressed the woman who used to walk naked in the corridors, I smelled the odour of old age, I changed diapers and I fed those who could not feed themselves. Such methods are evocative media that transfer knowledge and understanding. However, I thought that it would only be my words in my descriptions; I still wanted to have words of the older people.

Scribbling, drawing and ... speaking

The silence and inactivity in the nursing wards became unbearable for me. After some time I started to scribble and draw on the many empty pages of my little notebook that I always carried with me. Almost unaware I used a long forgotten talent. I found myself drawing; first objects, then the elderly: a woman who had just been fed by a nurse and still wore her napkin. She did not speak at all and I saw no possibility to have contact with her, but when I made my drawing she disapprovingly looked at me with wide-open eyes. I sketched another woman who also did not speak and played with her bag at the table, totally absorbed in her own world. She did not look at me when I was drawing, but other patients came and looked at what I was doing and commented upon the sketch and the person. We had made contact and the silence was broken. The empty pages of my notebook gradually filled with little written notes. Rosemary, a woman I still knew from another ward, had stopped talking. I could not ask her how she was doing, but she gave her comment when I showed the sketch I had made of her. She said that she had been more beautiful in the past and we started to talk about bodies in old age (see also Van Dongen 2003).

My sketches were not meant as a report or documentary of the lives of the elderly; nor were they to illustrate ideas and perceptions of old age. They served to establish rapport and social contact in the first place. Anthropologists, who work with people, who cannot easily verbalise their lives and worlds, will recognise my little moments of success. They offer a glimpse of how these persons experience and view their daily reality. Those moments are similar to what nurses experience when they succeed in getting into contact with patients who do not communicate as expected.¹

Although contacts in the wards seem to have become two-way, interpretation and involvement remained problematic. There were no complete life stories to 'collect'; even the utterances were not clear. I had to tinker with tiny fragments of speech that came when I was sketching, and combine them with what I saw and heard in the stories of the nurses. Maybe, my art of listening was the ability to pick up tiny pieces of information and speech and to express my interpretations in my drawings so that the elderly could react.

In the literature on ethnography and methodology I found almost nothing about such methods that are dependent on the talents and personal abilities of the ethnographer. But drawing and also photographing, drama, play, music and sports (see for example Gmelch 1991) are useful ways to establish rapport and an empathic relationship. When anthropologists are unable to go beyond observation and questioning is threatening or unproductive, these methods may be a very helpful way of 'asking'. Therefore, I disagree to a certain extent with Agar's idea that anthropologists should not ask questions, but should be knowledgeable and be capable of understanding (Agar 1980). If an anthropologist does not ask questions but only participates and observes, it can mean that his presence is taken for granted. Being taken for granted often hampers the anthropologist from reaching below the surface of daily life. Using sketches for speaking interrupts the daily routine, because this method is unusual. When an anthropologist is sketching, the situation may turn into a social event.

Methods as social events

Hammersley and Atkinson (1995: 27-28) discuss how social events may stimulate research and reveal social phenomena that are otherwise taken for granted. Activities such as sketching and drawing can be considered as social events. But what knowledge and understanding did those techniques reveal?

The elderly started to talk with the researcher, although in a limited way. Besides building rapport, the events revealed how older people thought about their life in the ward and how they valued each other. Comments about the person in the drawing were sometimes sharp and rude. "She is a dirty lesbian who always pesters me and uses vulgarities", said a woman when I made a sketch of Tonnie. I must admit that I tried to picture Tonnie's lively and defiant stare, a look that seemed to provoke others as well. This comment gave insight into the relationships among the elderly. The event raised new questions. I could try to find the answers to these questions elsewhere: in observations or chats with nurses who had to deal with the women's quarrels and outbursts. The drawing of Tonnie made Rosemary realise that, like her, I could not stand the quarrels, especially at the dinner table. When both women were shouting at each other while we were eating our soup, Rosemary said: "Els, we can go to my room if you want."

Such methods open the informants' closed doors. In settings where people have problems with speech and speaking, these methods may evoke conversations in simple ways. But what about the validity of the description and ethnographic writings when people cannot speak in more reflexive terms about their lives or when they speak in different idioms, less abstract, less metaphorical, directly related to the situation? Sometimes, verbal communication does not meet the standard and expectation anthropologists set for themselves. The result is often disappointment and the anxiety of not meeting scientific criteria. I have supervised several students who reported such problems. Van den Brink (2003: 3) commented in her field report about her research in a home for mentally retarded persons:

I soon discovered that thoughts and experiences of the residents were difficult to grasp. Conversations with residents came to nothing. This is probably the case, because [...] residents are less well able to analyse and verbalise their thoughts. In my research protocol, I stated that it would be possible for me to understand the life world of mentally handicapped person by observing their non-verbal behaviour. In practice, it was possible, but what did it mean when a mentally handicapped person with a smile on his face was carried to the 'time-out' by several others? It was difficult to interpret non-verbal behaviour of mentally handicapped people (translation mine).

Why was it difficult and why could Van den Brink not understand the life worlds by verbal communication? Asking questions is certainly not an option. Drawings, sketches and other means of expression may establish rapport and even knowledge, but I do not know if there are such attempts. It would be interesting to have examples and to experiment with other personal talents of researchers and other methods of data collection.

Final remarks

I am aware that situations in which there is no rapport or common social contact are more complex than I have described. Issues such as who has the power to define the situation, ideas about what is a 'good story' and what is understandable or simply patronizing also play a role in care of and research with people who remain 'silent'.

A question may be whether one would acknowledge the 'agency' of such groups. This agency is often thought to be at a lower level or is even denied by others in such settings as mental hospitals or centres for mentally handicapped people. Besides, agency is seen as the action of individuals. However, the construction of knowledge is relational (Rosaldo 1989). Often, it is not clear how to account for relational agency, especially in settings such as old age homes, mental hospitals or homes for mentally retarded people. I have constructed the other by my drawings, but the other can immediately react to my interpretation. In navigating the waters of relationality, I attempted to sustain the notion of agency for people who are 'less able to verbalise their thoughts' while accounting for specific constraints people sometimes have.

I hope that this note stimulates a discussion of anthropological work with people who cannot tell their views and stories, and suggests ways in which anthropologists could deal with this issue and the questions I have raised.

Notes

Els van Dongen is a senior staff member of the Medical Anthropology Unit, University of Amsterdam. She has done research in psychiatry and recently on remembrance, experienced violence and trauma of older people in South Africa. Address: Oudezijds Achterburgwal 185, 1012 DK Amsterdam, The Netherlands, email: elsvandongen@compuserve.com

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- 1 In mental health care it is common to do 'creative therapy' with clients. In paintings, drawings of clay works, clients can express what they cannot verbalise. This is different from what I did. I made the drawings and the patients could comment on them.

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