

## **Betwixt and between**

### **Observations on ethnographic identity and ‘scribbling on the margins’**

Katayoun Tamara Medhat

*The contribution of ethnography to ‘understanding’ social and cultural processes resides in the inventory of ‘meaning-making’ catalogued through an outsider’s – the ethnographer’s – fresh gaze. The ‘anthropological lens’ delivers custom, habit, rule and rite, the sacred, the profane, the mundane, the arbitrary, the routine, the rigid and the bizarre from the parochial confines of their respective ‘host-frameworks’ into an extending ‘rhizomatic’ system. Like the ‘Hall of Mirrors’ fairground attraction, where revelers are confronted with multi-angled, seemingly endless reflections of self in motion, a process that – paradoxically – affects temporary alienation rather than the cohesion which may be assumed to result from being confronted so exclusively by images of the self, the ethnographic process – the encounter of Other through Self and Self through Other – is the dynamic interplay of the alien and the familiar reflected through a position of objectified subjectivity. Ethnography, it may be argued, is ‘of the beholder’. This paper explores margins, marginality and ‘multiple positioning’ in an autobiographic context and examines how particular perspectives may be sought as well as shaped by subjective experiences. The paper discusses how my training and perspectives as both anthropologist and psychoanalytic psychotherapist shaped my fieldwork in public and tribal health services on a reservation in the United States, and how the research process could be conceptualized as a ‘trajectory of multiple positioning and divided loyalties.’*

*[auto-ethnography, inter-subjectivity, reflexivity, self-enquiry, self-exploration]*

Prospective contributors to ‘Ethnography and Self-exploration’ were invited to consider “ways in which ethnography and subjectivity/ autobiography may be related in anthropology (...): – through exploring the influence of personal life on ethnographic research; – through exploring the influence of anthropology and ethnographic research on personal life; and: – through the use of ethnography as self-exploration.” The intrinsically systematic approach suggested here seems to speak to a paradigmatic view of a firmly boundaried self. In positing variations on the respective influ-

ence of personal life vis-à-vis ethnography an impression of meticulously divided domains is invoked.

Should this inherent division of the personal from the professional, the subjective from the objective, the scientific from the intuitive, the quantifiable from the hypothetical, wish from perception, ideal from category be considered a quest for 'truth' or an act of conjecture? From a psychoanalytic perspective the idea that an individual changes in outlook, position, perception or motivation depending on momentary positioning may be perceived as suppression or sublimation: For are we not, at any given moment, the sum of all our experiences, trauma and desires, whether realised or denied, whether fulfilled or unfulfilled – and perhaps those of our forebears too?

This paper is written from the perspective of a psychotherapist practicing anthropology. Had it been addressed to a psychoanalytic audience – to be true to its title – it may well have been written from the perspective of an anthropologist practicing psychotherapy. The question whether an anthropologist's position may be compared to the psychotherapist's role for me arises periodically, as does the compelling complementarity of the two disciplines.

Anthropologists in the field often seem to feel that they come to represent to informants not so much the position of researcher but of friend, confessor, idealised ally and supportive accessory. They become subject to privileged disclosures, they are asked for opinion, advice, solutions. While they may feel honoured to be trusted in such a way, they also may feel overwhelmed and under-qualified. Not only do disclosures posit potential ethical dilemmas, but researchers often report feeling uncertain how to interpret and respond appropriately: Perhaps supplying pastoral care should be considered an obligation routinely fulfilled in exchange for access and hospitality? The question whether it is practicable or indeed advisable to introduce ethnographers to therapeutic skills must be left to another paper. Boundaries in this case are quite clear anyway: Anthropologists are not therapists, regardless of research-subjects' expectations. But while the anthropologist may not be under obligation of pastoral care for her field-relations, a case can be made for the ethnographer's ethical guardianship of data, a guardianship that should encompass a code of transparency and accountability pertaining to the opaque and complex machinations of what anthropology and psychoanalysis gloss as ego-centric bias, inter-subjectivity or transference-countertransference and projection respectively.

... every anthropological observer, no matter how well he/she has been trained, will see something that no other such observer can recognize, namely a kind of harmonic projection of the observer's own personality. And when these observations are "written up" (...) the observer's personality will again distort any purported "objectivity." So what should be done? Nothing (Leach 1984: 22).

Sent to the same 'field' with similar instructions, no two ethnographers will return with an identical body of work. As much as ethnography is the collaboration between research-subject and researcher, it is also the consequence of an internal process. It emerges out of the interplay between conscious and unconscious dynamics. It is the

ethnographer's perception of the observed that ultimately becomes the ethnography: "I observe what is;" thus may be pitched against "I observe therefore it is;" against "What is observed thereby becomes;" versus "I observe therefore what I observe is I." Where indeed does 'the personal' end and 'the social' begin? This is not to argue that all is mere subjective reflexivity, but rather to suggest that everything is "filtered through subjective categories" (Scheper-Hughes 2001: 53). Bias and projection are the unacknowledged contributors to ethnographic perspective. But if part of the ethnographic process is extra-rational and unconscious, what are the implications for anthropological research? Are our insights informed or tainted by the impact of subjectivities?

The question then is – to paraphrase Leach – whether nothing needs to be done about the researcher's harmonic or otherwise projections into her field. I would argue that what can and indeed should be done is to adhere to a commitment to transparency regarding subjectivity. A degree of transparency is achieved by honing researchers' awareness of projective dynamics and unconscious processes by encouraging a commitment to self-enquiry. This paper does not aim for answers. It has been written in the spirit of an opportunistic experiment, seizing a chance all too rarely offered by the academic milieu – the chance to invert what in anthropology tends to be an essentially externalised, projective pursuit. I have attempted a bricoleur's internal journey through the self, and with it an experiment in self-enquiry. Self-inquiry here implies the exploration of motivation beyond the scholarly impetus, – the investigation of those personal interests and motives that the milieu often discourages from being shared. So it is not just "How do we know what we know?" but also 'Why do we want to know what we want to know?' 'What is it that draws us to a particular matter or inquiry?' On one level these questions may be answered quite straightforwardly, on another level such an enquiry may excavate – depending how deep one is willing to go – a knotwork of 'rational reasons' and 'unconscious drives' neither easily accessible nor even plausibly separable from each other. The quest for self-enquiry has as its ultimate object not the self, but the research-subject, whose representation, it is hoped, will benefit from the researcher's evolving awareness of her own bias.

Psychoanalytic principles here seem to offer useful directives in how to consider and approach the process of self-enquiry systematically. While it is inherently problematic to refer to psychoanalytic theories as generically cohesive – the discipline is nearly as contentious in its theoretical differences as anthropology – here I would like to emphasise what I consider the basic tenet of the psychoanalytic approach: This is, in short, an uncompromising commitment and openness to enquiry, both of self and other. A central element of a therapist's training process is the training-analysis, where trainees submit to enquiry by another (analyst), as well as experiencing what it feels like being a patient. In this process transference dynamics are conceived as significant phenomena which are employed as diagnostic and interpretive tools.

This struggle between the doctor and the patient, between intellect and instinctual life, between understanding and seeking to act, is played out almost exclusively in the phenomena of transference. It is on that field that the victory must be won... (Freud in: Esman: 34-35).

'Transference' may be understood as a quasi alchemic process whereby developmental experiences and formative attachments continue as active agents in the unconscious to direct, impact and at times distort perceptions, emotions, relations and responses. Countertransference, invoked in the analyst through the patient contributes to understanding a patient's particular way of being in and relating to the world. In supervision it is the analyst's turn to submit to a similarly rigorous analytic process with analyst-patient relational dynamics as ultimate focus and conduit of enquiry. As a model, this approach has democratic potential. There is, so the implication, no such thing as inherent neutrality or objectivity. Patient-analyst dynamics are seen as a dyadic amalgam of evolved and inter-relational subjectivities, with agents connected to each other in a virtual chain of (self-)enquiry. This perspective concedes that not only is it impossible to avoid subjectivities, but that they are actually an integral part of relations. It speaks to a dialectic, diverse and essentially relational approach. So viewed the psychoanalytic quest is a communal enterprise dedicated to inter-subjective enquiry. Within the interplay of patient-transference and therapist-countertransference there potentially resides dynamic equality: Both sides' feelings are of central significance to the process of analysis, though neither has absolute claims to objectivity. The psychoanalytic method is a matter of subjectivity acknowledged and examined, rather than subjectivity denied and exorcised. Applied to the ethnographic enterprise this is to say that not only is it important to understand the origins and components of one's bias, but in order to do so it may be helpful to pursue self-enquiry with ethnographic thoroughness: According to this method *all is data*.

This is of course a highly idealised rendition of the analytic process that somewhat ignores possible factors of human fallibility, dysfunctional politics, social conceit and individual pettiness that may cloud an otherwise potentially enlightening method. In a more viscerally rendered definition of the diagnostic uses of counter-transference a systemic family therapist told me his supervisor had once instructed him thus "If it feels like playing 'Whack-a-Mole', it is probable that the patient has addiction issues; if after the session you feel like taking a shower, it's Borderline Personality Disorder and the best treatment is to refer on to a therapist you don't like and then add your name to the list of people who have let them down." Countertransference as demonstrated here is a not altogether unproblematic manifestation of relational dynamics: Ideally it differs from transference insofar as the analyst's own analysis should have helped to filter out the grit of egocentric bias, but the quote above can conceivably also be read as a wry comment on bias utilised as diagnostic tool.

This paper is offered as process-notes on bias, an inventory of projections, sketches of a life in field-notes. It revolves around an autobiographical exploration of the 'harmonic or disharmonic projection' of the author's particular foci and perspectives, and how certain personal experiences may have contributed to becoming an anthropologist. It is 'disordered' writing, guided by a spirit of free association in the manner of a psychotherapy session. Unruly internal dynamics corroborate the idea of the unconscious as locus of elusive processes, operating anarchically beyond the strictures of time, space and prudence. Here they deliver impressions, experiences, life-events and turning points, which may have, whether conscious or unconscious, contributed to my

particular interest in studying ‘groups’ and the particular hue of my anthropological lens – which we shall call ambivalence.

### **The anticipated and the unfulfilled: Auto-biographical fragments**

Rummaging through a box of trinkets that once belonged to my great-grandparents, I came across a small iron ring engraved with a legend attesting to their patriotic contribution to WWI. Of my great-grandparents I know that they loved playing chamber-music, that great-grandmother was, in contrast to her daughter, my grandmother, most meticulous and kept a highly organised house. In her linen-cupboards the linen was stacked and aligned with millimetric precision. Viennese Jews, my great-grandparents could not bear to leave their homeland, Austria. When Hitler’s army invaded, they took their own lives. Order disintegrating into chaos.

I grew up in Iran, the child of an Iranian father of mixed heritage and a German mother. The fact that my father was himself of mixed ethnicity with a polyglot upbringing and no extended family in Iran to speak of placed us as a family at a somewhat marginal position. Extended families and the communities they generated were an integral part of life for many of my peers. In terms of cultural affiliation and alliance we did not seem to fit particular cultural categories. Growing up in – or outside – a culturally diverse environment however helped to develop a fine ear and sharp eye for the nuances of inter-cultural perception, pre-conception, unease and prejudice:

Inter-cultural ambivalence, as I experienced it, was for the most neither acted out nor expressed openly, it was rather *impressed on undertones* and often defied definition, and thereby confrontation. What I observed may have been ‘real’ inter-cultural ambivalence or perhaps the tensions I perceived in the relationships of others were projections of my own internal conflicts and uncertainties in belonging. Much of what I witnessed I interpreted as ambivalence: Things never quite being what they were supposed to be, appearance and actuality always seeming slightly at odds, out of sync. The state of constant bewilderment honed in me patience essential to an observer. Looking back, my childhood now feels like a longitudinal ethnographic experience: Manifestations of rootedness, social, national, religious identity, in fact all particularities of defined identity to me were evidence of the arbitrariness of belonging. They seemed idiosyncratic and capriciously subjective. The rules that people had for how things should be done and the beliefs they evoked why that should be so appeared enigmatically random. Cultural certainties and social mores were the domain of others. I had learned to be a relativist at an early age: “Human beings, nervously loquacious, build their cultures, upon the edge of an abyss” (Kluckhohn 1946: 233). Indeed.

Had I been able to take my part in the ‘White Revolution’ it may have swayed the sense of liminality and helped to determine my identity as being positioned this way or that. The ‘White Revolution’ was a nation-wide programme of social reform the Shah had launched in 1963. In our 1970s school-curriculum this was lauded as a most significant achievement. All Iranian citizens were expected to be agents of these reforms. One of the White Revolution’s initiatives was a literacy corps, sending high

school graduates to rural areas as assistant teachers to combat illiteracy. Throughout my childhood the prospect of National Service filled me with equal amounts of trepidation and excitement. Being from a small and culturally uncertainly positioned family, I had scant knowledge of the intricacies of Persian culture and language. The gap between urban and rural culture was vast, socioeconomic differences between Teheran, the Capital and villages immense. I knew nothing about rural Iran. The idea of being sent as a teacher to a remote village was overwhelming. But I also felt that National Service presented a constructive challenge: If (if..!) I managed to survive this challenge surely I would emerge a changed, stronger person.

We left Iran, a couple of years later the Revolution took its course, and eventually it became clear that we would stay in Europe. The prospect of my own private *rite de passage*, the maturational challenge I had been preparing myself for throughout my childhood vanished. That beacon of purpose and dread collapsed. The fact that my life's plan had lost the foundation upon which I had built it went unnoticed by others. It remained unacknowledged, un-remarked and therefore unprocessed.

But to this day there remains a feeling of something being incomplete, an experience missed, a challenge avoided, a responsibility shirked and with it the sense of a lost opportunity. There is a vestige of magical thinking to these ideas I had regarding the transformative properties of challenge – and the transformative powers of fear. But beyond the personal change and growth that I hoped would be my rewards for rising to and transcending challenge, I realised much later that I may have nurtured hope for the restorative salvation that being (forced to be) part of a community could have offered. And with my background, the only way I could see myself being part of a community, was being forced into it.

### **The formation of professional identity: A discourse on difference, bureaucracy and the mental health milieu**

Years passed, I finished school, studied, moved to the UK. I observed and admired the sense of purpose, certainty and destiny people seemed to have regarding their lives. I found the idea of individual choice that seemed reflected throughout Western culture long fascinating. How could one believe one was making the right choice without having the powers to look into the future and see how things would turn out? The idea of individual control over destiny to me seemed a Western cultural concept, or perhaps a Western cultural delusion. To me life was momentum, chaos, unpredictability – and attempting to manage stoic fatalism the wisest response. The trans-generational memory of my great-grandmother's pride in her linen-cupboards may have had something to do with that.

I completed a Master's degree in Social Anthropology and chose as the focus of my research group-participation and performance in a South-London drag-pub. The subject had many advantages, not least that most of the 'field-work' could be conducted in a merry state of inebriation. Another advantage was the palpable feeling of community manifest in this pub. At that time, in the mid-1980s neither the ambience

nor performance-transvestism were particularly highly regarded or trendy. Drag in fact still seemed a legacy of the days when homosexuality was stigmatised. The style of performance favoured in this pub did not revolve around transformative aesthetics but rather presented as an ironic comment and inversion of what normatively was perceived as the status quo. In the cavernous, womb-like interior of the pub, humid and dark, I observed and experienced a feeling of quasi-symbiotic community-cohesion that had so far eluded me. Those who had experienced marginalisation – as most of the gay men that made up the audience presumably had – seemed to be particularly adept at creating temporary communities of inclusivity. My dissertation was written in a spirit of celebration of this ‘oceanic feeling’ as I experienced it. Nevertheless it only struck me much later that in choosing this setting I may have paid tribute to any significance other than an academic curiosity in the subject.

I came to train as a psychotherapist through drifting into working in an adolescent psychiatric clinic run on group-analytic principles, after deciding against continuing on an academic path. The Clinic seemed like the inversion of the conceptual ‘*city upon a hill*’: It was a zone invisible to society at large, demarcated as repository for the injured and the damaged. Regarding patients as well as staff the Clinic presented an otherwise rarely encountered diversity in almost all aspects: There was little discernable homogeneity to either culture, class, pathology, professional background or attitude, and while clinical organisation reflected the hierarchical structure of the medical and psychiatric milieu, it was otherwise an – unintentional – homage to difference. The impact of the treatment seemed to lie less in the therapeutic ministrations of the unit’s multidisciplinary, multicultural team, as in the restorative potency of group-dynamics: Conflicts and crises were perpetual; personal, professional and social differences ever-present, and in this lay the framework’s challenge as much as its salvation. The milieu forced or enabled the motley crew of patients and staff to experience multi-levelled and multi-faceted difference at a degree of intensity rarely available in the ‘real’ world. In a sense the Clinic was more real than the outside world and the normality that patients were held to aspire to: It offered what outside many preferred to avoid, namely the unbuffered exposure to ‘otherness’. Here the alienating other was difficult to ignore and had to be lived with, be it through acceptance or strife. When the milieu worked – which wasn’t always it must be said – it was a truly privileging experience: On some patients the therapeutic community had a dramatic impact and to witness this was like observing the miracle of chrysalis.

At that time, before the restructuring of the National Health Service, and the bureaucratic and budgeting strictures introduced by newly formed Health Trusts, treatment was largely unencumbered by the quantification of treatment outcomes and the evidence-based assessment of therapeutic efficacy. The bureaucratic ‘super-ego’ introducing urgency to the process of healing then was largely absent. Perhaps healing was not even the priority here. The analytic approach to ‘treatment’ was not so much symptom- or solution-based, rather than oriented – in a rather unspecified way – towards change. Change was envisaged in terms of relating and relationship rather than in behavioural terms. Group-therapy was effective in instilling recognition of the impact of each individual on a community and appreciation of the importance

of reciprocity, and it was this ‘roundabout’ way rather than a cognitive mode that effected change.

The setting, at once seductive and exasperating, was a microcosm in which wider society’s symptoms and foibles were reflected. All of society’s pathologies here were contained in a very small space, and therefore made transparent and observable. During the rare intervals of lucidity that we achieved in our chaotic community, the Clinic’s dynamics presented as a theatre of the absurd that we could laugh about together as a group. Laughing communally about dysfunctionality – I have come to realise since – is a rare privilege and a sign of health and resilience at the core of dysfunction. Subjectively it was also easier to endure in a setting taken over by multiplicity rather than homogeneity. Despite all its inherent frustrations and institutional pathologies, the Clinic’s personal legacy for me resides in a lasting respect for human resilience, creativity and generosity which was generated principally by its young patients. Working with them instilled a belief that a healthy society’s future lies in privileging the exposure to and immersion in difference rather than facilitating its avoidance; it led me to the recognition that the boundaries between social entities or units designated as ‘different’ can be but the thinnest of veneers, and most importantly that what society pathologizes as mental health- or emotional dysfunction, is often the more plausible reaction to contradictions, dilemmas and incomprehensible injustice: ‘We, the normal’ survive by the grace of a capacity for denial of the terror of ‘normality’. And here at the Clinic too the particular potency of the setting seemed to lie – or I perceived it to lie – in the symbiotically dynamic prowess of its community of the marginalized, this time not joined together by creed, social status, sexuality or culture, but by the exclusion from society’s normative standards of ‘mental health’.

### **The roots of attraction: How I first encountered ‘my’ future field**

Some years ago I accompanied a friend who was particularly interested in visiting Indian reservations on a North-American road-trip. I was dubious about that aspect of the trip: The continued existence of reservations in contemporary America felt as an arcane manifestation of old colonial injustices and resonated with an apprehension regarding the perils of imperialist expansionism probably linked to my ‘Middle-Eastern’ historical sensibilities. On the other hand Germans of a particular generation like my friend often establish an attachment to Native American lore in childhood through the works of Karl May (1842-1912) which are set in the Old (Wild) West and celebrate the impossibly handsome, noble and brave young Mescalero Apache warrior ‘Winnetou’ and his friendship with the author’s alter-ego, the equally brave and noble ‘Old Shatterhand’.<sup>1</sup> To this day many a tourist travels Monument Valley with the image of ‘Winnetou’ as guiding spirit, or perhaps follows another New Age desert-sage – Carlos Castaneda’s peyote-fuelled ‘Don Juan.’

First impressions travelling through the American Southwest were vast arid expanses, deep blue skies, high altitude, all of which evoked memories of Iran. I had not anticipated this sensuous reconnection with embodied childhood memories. In



fact what made the most powerful impression on me was the smell of rotting leaves and dry air on a cold autumn-night that seemed like a visceral link to the past. Other, less unambiguous memories were evoked when observing interactions between Anglo- and Native Americans. I was reminded of the caution and ambivalence that seemed to be an undercurrent of so many cross-cultural relations and communications I had witnessed during childhood.

There is no etiquette, no terminology in which to convey this peculiarly free-floating state of mutual inter-cultural apprehension nurtured by a variety of causes: be it, as in North-America, historic vicissitudes, enduring generationally transmitted mistrust, a colonial sublimated uneasy conscience (one hopes), the casual assumption of cultural superiority by intruders and incomers, the rhizome of mutual cultural misunderstanding deep-rooted and so complex that all 'common ground' perpetually is defined by it...

What I observed, or perhaps it is more honest to say, what I perceived was an undercurrent of ambivalence pervading intercultural relations, as well as the impression that within resilient pockets of exoticism and difference there was a Native 'divided identity' at play: Here I found – or projected? – a resonance of my own formative experiences. It was a mode of communication whose undertones I felt I understood.

### **The personal, the professional and the iron cage: Contemplating the abyss**

When eventually I decided to train as a psychotherapist, I chose a training-programme that was both psychoanalytically oriented and offered an intercultural focus. Studying anthropology it had seemed that the impact of relational dynamics on communities was all too often disregarded. Immersed in the psychotherapeutic milieu it seemed that the influence of the cultural and the social on the individual was habitually dismissed. Between and between theories and disciplines that had the potential to complement each other seemed the best place to be. Once professional registration was obtained, I moved into qualified positions in public mental health, the voluntary and the Higher Education sector. Each of these sectors presented as a particular subculture dictated by and responsive to respective organisational, bureaucratic, administrative and conceptual frameworks they were embedded in. As is common to many organisations, institutional dynamics in mental health organisations seemed perpetuated by a friction between bureaucrats and clinicians, rules and resistance, policies mediated by management and the surreptitious subversion of these policies by the work-force.

My professional career paralleled stealthily wrought changes to public mental health services. An increasingly competitive vying for funding together with a mission-creep to make psychological therapies evidence-based seemed designed to effect a marginalisation of psychodynamic and psychoanalytic approaches. As these approaches were longitudinal, intuitive and relational and founded on (inter-)subjective experience, they seemed to elude quantification. It was not easy to develop tools that were adequate, and more importantly, economically viable in assessing the analytic approach. And while it is a complex undertaking to reliably establish the efficacy

of either psycho-analytic or cognitive behavioural approaches, I can claim with reasonable certainty that in many therapeutic services the priority of providing therapy has given way to the priority of providing evidence for therapeutic efficacy.

At this point, the point of streamlined health-services, bureaucratised quality assurance and time-saving therapeutic techniques, it seemed a good idea to essay another U-turn, this time from the clinical to the academic. Or perhaps I was just frightened that I might 'go native' as a clinician. Mindful of my interest in the oblique intercultural relations I had witnessed between Anglo- and Native Americans, I decided to focus on bi-cultural negotiation of treatment approaches in the US Indian Health Service. I found an Indian Health Service mental health clinic on a reservation where I could observe as well as take part as a voluntary therapeutic worker in the clinic's work. The clinic's hierarchy corresponded to expectations: Psychiatrists, clinical psychologists and the clinical director were Anglo-, and Mental Health Specialists<sup>2</sup> and 'Mental Health Technicians'<sup>3</sup> were Native Americans.

If I had quibbled with the UK's increasing tendency to quantify the work of therapy, the Indian Health Service<sup>4</sup> seemed to represent what in the UK was still to come: Here a meticulous commitment to the quantification of every step of treatment, giving a most prominent position to the diagnosis of patients, was manifest. The process of billing and reimbursement demanded foremost adhering to the diagnostic categories of the DSM-IV. To 'get to' intercultural relations, the core of my study's focus, one had to struggle through the dense undergrowth of bureaucratic procedure, which – to follow this metaphor – had overtaken or strangulated all more delicate life-forms. There may have been ambiguity and ambivalence, but there was very little time for its expression and processing.

Ethnographic success depends to a considerable degree on the goodwill and generosity of host communities and 'research subjects'. I was lucky that through a chance encounter I was given the opportunity to expand my ethnographic enquiry to a tribally-funded alcohol rehabilitation facility. According to popular preconception the rehab facility dealt with the tribe's more problematic contingent: A majority of clients here were court-mandated for drink-driving offences. They were involuntary attendees forced to undergo the treatment programme in lieu of serving jail-time. Although one may have anticipated that this group would represent a particularly problematic and disenfranchised segment of a community that already was being perceived as performing its swan-song<sup>5</sup> clients at the treatment centre evoked the opposite impression: Even though many had had little contact with their native culture and so were in cultural terms truly disenfranchised,<sup>6</sup> and even though the fact that clients were convicted consumers of alcohol, thereby having committed a transgression that demoted them still lower in the communities' esteem, my observations in this setting went some way to instil an optimism regarding the tribe's 'survival – whatever course it may take: Because, even though many clients reported not having been properly inducted to language, culture and traditions, what emerged in the group-sessions felt like an intuitive understanding of group-ethos, an understanding of the principles of 'sharing' and reciprocity in this setting and a robust commitment to community usually adhered to by the entire group.<sup>7</sup>

To the clinician in me these group-experiences were revelatory and contrasted with group-therapy sessions in the UK, where this level of cohesion usually would take much longer to develop. Here it felt as if tribal ethos, the structures and dynamics of an oral society had been subliminally passed on and emerged in this manifest inclination towards narrative process, constructive gathering and communal meaning-making.

There would be much more to say on this ethnographic experience, but perhaps I should conclude with this: Autobiographically speaking, the fieldwork went some way to assimilate a life-time's hybridity underlying my cultural, personal and professional development, which had first been imposed through circumstance and that I later sought out, albeit in a spirit of contrary – rather than constructive-ness.

In a professional sense, being an anthropologist as well as a clinician enabled me to alternate perspectives and to oscillate between positions, to be – as mentioned elsewhere – both *with-in* and *with-out*. Not to carry the responsibilities of a clinician, but to be allowed to feel that sense of wonderment mediated by experiencing a 'working group'; to then be able to 'switch' to the detachment afforded by the ethnographic gaze elevating inquisitive observation to the purposeful task of 'data-gathering' – this was true privilege.

Personally and culturally, my indeterminable provenance seemed to create a hybrid status which was both liberating and helpful in terms of fieldwork and in forming relations. Although visibly I was obviously not Native in the course of time a number of clients took me for a fellow rehab-patient. "So, you are half-German, eh?" asked me an elderly client who'd been admitted on a DWI charge with friendly concern: "... So what went wrong?" And with this, dear reader, I felt that after so many years of nesting on the margins integration had finally been offered in an almost poetically appropriate manner, into a functioning community whose members had been judged as dysfunctional by wider society, as if in a meta-commentary on my biographical tradition so far.

## **Conclusion: Conclusive or inconclusive?**

The issues presented here have been selected on a subjective, experiential basis, relying largely on a process of free association. They are the yields of personal, autobiographic foraging, self-exploration in its raw form, a rinsing away of the obscuring sediment accumulated by the unprocessed and unexpressed. Writing this paper has been a somewhat self-indulgent and liberating endeavour.

This feeling of liberation perhaps manifests both the need for and the lack of opportunity to explore the impact of the personal and subjective on researchers, particularly in the Social Sciences and Humanities. Because we do, after all, often focus on our research subjects' subjective experiences. Why should anthropologists – to return to the issue of self-enquiry – be exempt from what we ask of other people? Meaning-making happens dialogically: That is to say that this (part-)narrative will make sense only at the point at which it is read, processed and reflected upon by an other.

Letting myself be guided by free-association and arbitrary constellations has also been an auto-ethnographic experiment with resistance against the imperative for

focus usually imposed by academic mores: It is 'the truth' (my subjective truth) that the experiences and observations herein and outwith – some of which were actively sought out or planned, many others of which were unanticipated or were imposed; some of which were gratefully processed, while others were reluctantly digested – formed not only interest and motivation, but also shaped focus and interpretation. It is another 'truth' that in the academic milieu it is usually more prudent to ignore or even deny the rhizome of personal experience that has led to a particular professional outlook. Yet another imperative demands that material be trimmed into a semblance of cohesion. 'Real life,' whatever it may be, however rarely adheres to a holistic aesthetic. In a sense this paper may be read as an ethnographer's 'outing', and as an attempt at reflecting what is chaos to some or life untrammelled to others, as well as an ongoing enquiry into whether academic integrity (or 'soundness') necessarily rests on 'objectivity' and 'neutrality.'

But perhaps this may also be read as a commentary on what we understand boundaries and difference to be: Until I took the time to self-enquire and to write all this down, I believed that the issues and experiences that drew me were 'random' and differed essentially from each other. But it may be that beyond the differences that façade and structure make, I sought and found a multiplicity of reflections of my own preoccupations and needs, be it in the psychiatric milieu, amongst South-London drag-queens or Native American rehab-patients, be it as anthropologist or practicing clinician.

While it may not be necessary – or indeed may be distracting – to infuse all ethnography with an explicitly subjective narrative, it may be enhancing and constructive to the discipline as a whole, if researchers were as analytically uncompromising regarding their internal processes as they are in regard to the object of their research.

In conclusion I would like to suggest that some concepts native to psychoanalytic thought, specifically the idea of a creatively anarchic unconscious operating beyond the confines of time and space, may be useful for widening the creative scope of anthropological inquiry – and indeed any enquiry. I would like to return to the idea of self-enquiry as an essential progression from self-exploration; representing the critical, analytic consideration of those issues that self-exploration has yielded. To paraphrase Schopenhauer: If self-exploration provides the text, then self-enquiry should be conceived as providing commentary and with it – hopefully – accountability.

## Notes

Katayoun Medhat is a medical anthropologist and psychoanalytic psychotherapist and supervisor in private practice. E-mail: ktmedhat@hotmail.com

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- 1 Karl May wrote his books without having set foot on the North-American continent. Late in his life he undertook a voyage to America, and apparently did not much like it.
- 2 Clinical social-workers at Master's level.
- 3 Clinical social-workers at trainee or Bachelor's level.
- 4 I assume that the Indian Health Service, despite its specialised service remit, is in its conceptual tendencies representative of the wider US Public Health Service).
- 5 Many tribes are both problematized by main-stream public perception, as well as given to self-problematizing: Predictions regarding this tribe's cultural survival made by elders in particular were often nothing short of apocalyptic.
- 6 Some clients for instance did not know their clans – the most basic requirement of social introductions. Others, even 'worse', were the product of culturally prohibited alliances between related clans and therefore, orthodoxly speaking, the children of incestuous relations.
- 7 This does not imply that these groups were free of conflict, it only reflects on the reciprocity in group-relations.

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