MAT Medicine Anthropology Theory

SPECIAL PIECES INTRODUCTION

Beyond Voice

Kelly Fagan Robinson and Rosie Jones McVey

Kelly's Voice:

I have over the years conducted a significant portion of my fieldwork with deaf people living in the UK. As part of this, I have learned British Sign Language to a competent though not fluent level, and as a result have sometimes been called upon to offer my services as a volunteer communication support worker in a number of contexts. I had an idea when I first began my ethnographic research: I wanted more than anything for it not to be extractive. The deaf advisory centre where I conducted fieldwork offered a space where I could help sign users and other deaf people to access support, for example on the phone to start a disability benefits claim, thereby becoming their literal voice as they tried to access various aspects of their citizenry. I was always upfront throughout my engagement at the centre that alongside my being there as a communication support worker I had the additional aim to conduct participant observation, to play witness to events in order to understand the challenges facing British deaf people by being entrenched in that world. However, the act of 'being there' meant simultaneously 'being voice', an actual, physiological manifestation of another person's message via the interpretation and vocal production of my body to convey their message. Because my voice became part of the message, particularly over the phone, I put the message out as if directly from that person, which at times became problematic.

To put it more simply, my voice became the voice of roughly 60 or so other deaf, sign-language-using people each month. My clients would arrange an appointment at the centre and when they arrived for their 30-minute slots, I would become their voice for that time. I booked their doctor's appointments, argued with councils about parking fines, set up initial appointments with housing officers, or voiced their initial application set-up for disabilities benefits assessments. Though I would each time explain to the person at the other end of the line that I was a communication support worker and would be voicing on

Medicine Anthropology Theory 12 (2): 1–15; ISSN 2405-691X;
https://doi.org/10.17157/10.17157/mat.12.2.10901.

behalf of my sign language client, whomever was on the end of the line only ever heard my voice. This became more complicated when I voiced for more than one person from a single family.

I quickly became inextricably entangled with my interlocutors and their cases, expressing their aspirations, their fears, their disappointments: my voice was therefore not parse-able from my analytical interpretations. The ethnographic texts that emerged from me afterward were always therefore double—my voice was a non-metaphorical thing-in-the-world, a sonic presence which also unintentionally hid my outsider, hearing positionality in plain sight. One client, Katrine, had over the months we worked together gradually disclosed that her former partner had been abusive, taken her money, and left her and her children destitute. She had a number of children, some of whom were already adopted by other families and others in foster care. Because we were a small advisory team serving a local deaf population of approximately 10,000 people, and we took on cases as they presented, I also, separately worked with Katrine's mother, MK, who described a different version of events. I became privy to MK's perspective on what she perceived to be Katrine's failings. The Centre's instruction was to keep casework separate; the messy reality was of course that though I might be successful at keeping quiet about the conversations I had had the day before with Katrine or with MK the day following, I could not divide these within myself no matter how hard I tried. In my fieldnotes I took to writing a reminder every so often on the top of my field notebook page:

> I am just the voice.

I use Katrine's case as a way to ethnographically think through ideas about 'voice', to unpack the complex landscape we all confront as ethnographers and intermediaries, particularly within domains pertaining to health which can also entail recounting trauma and vulnerability. When thinking about my voicing in the context of communication support I first think of my role as quotidian necessity, a sonic manifestation of the Deaf client's message, a client who needs their signing to be interpreted and voiced in English over the phone so that their bill can be paid. But my role is a limitation as well: when my client's needs are filtered through my body, I become a message barometer, I must interpret the tensions and pressures, the dynamics of message as well as the meaning, and therefore my ideas become part of the message, embedding an additional mind's understanding in the conveyance of the message. What we seek to unpack in the discussion which follows are both the ways that we find into 'voice', but also how we uncover different kinds of voice within our methodological toolkit. In my fieldnotes my reminder to myself—I am just the voice—was not entirely true: by filtering my client's needs through my body, my mind, I had also become part of the message.

Rosie's Voice:

I study ethical and political variety in the ways people make sense of other minds. While my contribution to this special section focuses on young people's voices, in fact, my critical interest in voicing was first piqued during two research projects investigating human relationships with horses. Horse riders often use a metaphor of linguistic conversation to describe riding and training encounters, for example, referring to horses as 'listening,' even though cues are tactile rather than audible, and describing horses' behaviours as examples of horses 'saying "yes!"' and 'saying "no!"' to riders' requests. As the ethics and politics of horse riding has shifted over the last two decades, it has been increasingly important for riders to give horses what they refer to as 'a voice' or 'a say' in their own training and care. Some riders interpret the imperative to 'give voice' in terms of caring more about the horse's perspective and experience, while for others, 'giving voice' is about asking for the horse to directly communicate whether or not they consent to the riding, training and care procedures they are part of. As we know from our own professional ethical practices and challenges, consent is a complex matter, but when traversing species difference as well as difference in linguistic capacity, it becomes imperative to consider what comes to count as 'consent' to riders, and how that term can become contested.

Interestingly, across the same time period that animal training has been reframing animal agency, academics have become increasingly interested in observing the non-verbal forms of communication that can take place between humans and non-humans, with spoken language no longer automatically taking centre stage as the most interesting or important register for meaning making. Yet, in response to these dual moves, I became concerned that these cultural shifts in semiotic ideologies might obscure horse's predicaments as unspeaking agents, whose opinions, wants and needs get parsed as a 'voice' by a speaking party. That is, in the urge to 'give voice' to horses in equestrianism or to 'bring animals in' to ethnography as agents themselves, are we dwelling long enough on what it means ethically and politically, in different contexts, to be a being that does not speak in a way that others can understand, or that cannot be asked to publicly verify that understanding (Jones McVey 2023)? My interest in voicing, then, began with a critical awareness of two factors: 1) the agility and versatility of the metaphor of 'voice'—which seemed able to absorb all sorts of non-verbal encounters within its sense-making mechanisms, sometimes with problematic effect; and 2) the political and ethical predicament of not being able to speak in a way that listeners could hear and understand—particularly where those listeners are the ones who provide one's care.

Beyond Voice: Methodological and Ethical Reflections

The different experiences we have each signalled above have led us toward many lively discussions with one another and with other colleagues about 'voice', which grew into the special section presented here. Our conversations centred around voice as 'both a set of sonic, material, and literary practices shaped by culturally and historically specific moments, and a category invoked in discourse about personal agency, communication and representation, and political power' (Weidman 2014, 37). Highlighting that voice 'lives a life in two registers' (Weidman 2014, 38) through these sonic and metaphorical aspects, Amanda Weidman has reviewed anthropological engagements with voice over two decades (also, Schäfers [2017] 2023). Our special section doesn't aim to repeat, or update, that comprehensive project, but instead, focuses on methodological reflections about the dual life of voice within our research particularly at times where audible voices are hard to hear, or hard to understand, for a variety of medical, political or personal reasons.

Medical anthropology has a longstanding, even canonical, commitment to attend to the underacknowledged aspects of medicine (with 'underacknowledged' aspects being variably identified across historical and academic contexts, and reflecting authors' own ethical and political motivations). This incentive can be seen even in early accounts of culturally particular understandings of health and illness whose conceptual language is now outdated (e.g., studies of 'primitive medicine,' Ackerknecht 1945). Yet the rise of narrative theories of health and illness added particular import to attending to the voices of individuals, as they describe their experiences in their own words (Good 1994; Frank [1995] 2013), initiating a dual theoretical and ethical imperative for listening to individual's efforts to understand their own life stories which continues today (Mattingly 2018).

Alongside this longstanding interest in listening to the under-attended, is an equally well-established canon of rumination on the proper role of medical anthropologists within research participants' lives. Even in 1962, summing up commentaries on his review article of medical anthropology as a quickly developing field, Steven Polgar described the complexities around anthropologists' roles in medical settings as a 'perennially sore subject' (1962, 195). As with other fields of anthropology, the imperative to interrogate one's positionality within one's research field has only increased since the ‘crises of representation’ in the 1980s. This has led to several articles and collections that attend to the challenging discussions that can emerge around research methods and ethics in settings where researchers encounter suffering, and wonder what they can, or should, do (or say) about it (e.g., Butt 2002; Dilger, Huschke and Mattes 2015; Scheper-Hughes 1995). As Francesca Cancelliere and Ursula Probst (2021) argue, the increasing formalisation and bureaucratisation of research ethics does not necessarily alleviate, but can even compound, these challenges.

Against this backdrop—though not consistently—the metaphor of ‘giving voice’ has come to be one useful way for medical anthropologists to think about some aspects of their political and ethical relationship with research interlocutors (e.g., Mishler 1984; Estroff 1988; Nahman 2024). The notion of ‘centring voices’ allows anthropologists to think about how to advocate for attention towards topics, experiences, or people who are too easily ignored. Voice as a concept also allows anthropologists and other qualitative researchers to think about how much agency interlocutors have in shaping the research, and determining not only who will feature in it, but also how those who feature will be portrayed. This includes discussions about proper regard for authorship (e.g., ‘words belong to their speaker’ writes Blissett 2024, 28) and innovations in co-production (Phillips, Frølunde, and Christensen-Strynø 2021).

But alongside (often, as part of) the rhetorical utility of the voice-metaphor within research ethics, medical anthropology also has a longstanding critical engagement with the idealisms and essentialisms that might accompany practices of ‘giving voice’. Weidman argues that ‘Anthropology’s particular strength lies in its capacity to “provincialize” Euro-American discourses of voice (Kunreuther 2014)’ (Weidman 2014, 38). Such discourses of voice can work to consolidate or naturalise other Euro-American understandings, for example, of agency and identity, perhaps at the detriment to attending to alternative forms of understanding or attention (Schäfers [2017] 2023). Some authors have found the term ‘ventriloquism’ helpful, as a warning concept for what can happen when research participants’ voices are used as part of authors’ own performances (Silverio, Wilkinson and Wilkinson 2022). Yet the term ventriloquism doesn’t need to suggest anthropologists should necessarily try to extract themselves further from the texts they produce: communication scholar Frances Cooren (2016) suggests we should see all communication as ventriloquism, in that, in fact, we are never communicating only with ‘our’ own voices, but always speaking or gesturing with, and through, others: our ethical practices must reflect this messiness, rather than deny it (see also Yan et al. 2023).

Feminist, and poststructuralist critiques have helped to complicate any presumption that voices, or selves, are as singular, coherent, or sovereign as the idiom of ‘giving a voice’ might suggest. ‘Romantic aspirations about giving voice to the voiceless are much troubled in the face of the manipulation, violation and betrayal inherent in ethnographic representation’ (2009, 19) says Patti Lather, emphasising the inevitable failure of her efforts to represent women living with HIV on their own terms. Ethnographic research and writing might be seen as ‘betrayal’ in that it is always a matter of re-presenting voices within new contexts and for new audiences, producing new sorts of exposure and (mis)understanding, and displacing the speakers’ capacity to respond to how they are interpreted moment by moment (e.g., Goldstein 2012). Even with care and good intentions, particular ‘scene of address’ are created through ethnographic research encounters, which can privilege certain sorts of tellings such that, for example, ethnographic interviews about pain seem to invite participants to describe their experiences as testimonial accounts, obscuring other pain experiences, which may be less tellable in an interview setting (Buchbinder 2010). Further, those working on personal or collective trauma have emphasised the burden on survivors to tell one’s story repeatedly, and in morally positive terms, (e.g., Kidron 2009, Warin and Dennis 2009) and argued that other sorts of action or attention can be more empowering (Das 2003). ‘Giving voice’ is not always empowering or therapeutic for the speakers.

The terrain becomes still more rocky when thinking with Disability Anthropology (Kasnitz 2020; Durban 2022; Dokumaci 2020; Ginsburg and Rapp 2020; Robinson, Carew and Groce 2024; Friedner and Wolf-Meyer 2024), Anthropological considerations of ’voice’ are part of a toolkit that may be seen, as Erin Durban argues (2022), as profoundly ableist. As she so cogently articulates, focusing on anthropological attention disability introduces

> a ‘corporeal unconscious’ in the discipline; the specter of becoming disabled (becoming subject to the anthropological gaze rather than being its source) haunts fieldwork and heightens the anxious relation of anthropology to disability […] A radical approach to ableism—one that gets at the roots of things—requires contending with this history of ableism and disability oppression in anthropology (Durban 2022, 8).

Ableist assumptions concerning bodyminds (and voice more particularly) extend not only to our participants but our colleagues as well, dictating limiting and potentially violent expectations of what the anthropologists’ physical, praxical and analytical toolkits ought to include, resulting in ‘ethnographic fictions’ (Clifford and Marcus [1986] 2023) rather than raw transmissions of reality. What is increasingly discussed amongst disability scholars and anthropologists are the invisible fictions inherent in the action of ethnographic research itself: that a discipline founded and formed by mostly white, male, ‘able-bodied’ scholars engaged as part of the project of empire-building can sustain relevance without also recrafting its methodologies (Robinson 2024a; Robinson, Carew and Groce 2024). Practical and epistemic inclusion of anthropologists and participants with lived expertise in the kinds of human phenomena we seek to understand is of paramount importance when contending with medical interventions and concepts of required care (see Kidd, Spencer and Carel 2025). ‘Inclusion’ means not only reaping the tremendous value of disability lifeways as a mode of thinking and expression, it could go some way to redressing epistemic hierarchies and exclusions within biomedicine itself, counterbalancing centuries of deprioritising lived expertise in favour of clinical knowledge (Carel and Kidd 2014).

That said, inclusive practices, led by Deaf and Disability anthropologists, do not vanquish the problems associated with ‘voicing’ described throughout this special section—e.g., authorship, representation, idealism, imposition and unintended harms. Working with different communicative mediums emphasises the point that ethnographers are not only producing ethnographic fictions, but also ‘transductions’ (Keane 2013; Helmreich 2007) manipulation of phenomena between mediums that always alters the message: e.g., living testimony to text; song to sign; speech to image. As interpreters of what it means to be human, anthropologists must contend with what is lost, changed, or warped within this transduction.

While the concept of ‘giving voice’ maintains an ambiguous presence in medical anthropology, ‘out there’ in the world beyond our academic discourses, ‘giving voice’ seems to hold currency as a moral idea in an increasing array of contexts. For example, in the UK, the NHS advances policies to support a ‘personalised care’ approach, which ‘provides a positive shift in power and decision making that enables people to have a voice, to be heard and be connected to each other and their communities’ (NHS 2025). The idiom of voice extends beyond national examples, for example, a World Health Organization handbook on social participation for universal health coverage states, ‘ At the heart of . . . engagement is a participatory space for health that allows for meaningful dialogue and debate and serves to amplify the voices of those to whom the health system belongs – its users’ (2021, 12). Idioms of voice carry particular traction in health care settings where care-getting corresponds with acts of advocacy, testimony or personal campaign (for better and for worse). We recommend approaching these topics critically, but not cynically. Idioms of voice are often perpetuated because they work in one way or another—they can garner positive results. In our personal experiences, this has included using the notion of ‘voice’ in recruitment materials (‘Have your say!’) as well as in ethical committee documents (‘co-produced research plans accommodate diverse voices . . . ’). In our conversation around these topics, though, and in the contributions presented here, we tried to stay curious about what other sorts of work these idioms were doing.

Alongside critical enquiry around the metaphorical meaning of voice within Euro-American imaginaries, anthropologists, sociolinguists and ethnomusicologists have attended to voice as material phenomena. This includes attending to tone, timbre, volume, pitch and speed of speech in different interactions, as well as attending to the way those aspects are variably socially and culturally meaningful (Feld [1982] 2012), for example, imbued with gendered and racialised meanings (Olwage 2004), or religious import (Hirschkind 2006), or evaluated in relation to technological mediums through which they are transmitted (Peters 1999). Attending to these aspects can support the critical point that voices can unravel, rather than exemplify, essentialised notions of the sovereign self, since voices as sonic phenomena can be seen as vulnerable, precarious, mediated, and multiple.

Yet, this careful, critical work aside, voices still retain a privileged position in anthropological methods, as the presumed medium for most ethnographic information seeking and interview formats. Increasingly, anthropologists have looked towards other mediums of expression for their enquiries or for their outputs, expanding beyond listening to voices, towards visual, performative, and co-creative methods that can accommodate a broader range of communicative capacities and experiences (Irving 2007; Atalay et al. 2019; Scholtes 2023; Krause and Gubrium 2019; Lynteris and Prince 2016). This can include listening to bodies—because there is more to the medical and somatic soundscape than that which is spoken (e.g., Rice 2010). It can also include inviting other mediums of expression; for example, João Biehl (2013) utilises interlocutor Catarina’s written ‘dictionary’ substantially in his investigation of her medical-political predicament, and in so doing, he is able to centralise Catarina despite challenges in understanding her through verbal dialogue, and without vanquishing or diminishing those challenges. Anthropologists working with children often find visual methods conducive, such as drawing or painting (Johnson, Pfister and Vindrola-Padros 2012; Robinson 2024b). Across a broad spectrum of innovations, a shared imperative among this work is to try to find ways of attending which best suit interlocutors’ own forms of communication and experiences of communicating.

Building on the long heritage of enquiry around resonant themes, we recognise, then, an ongoing or even enhanced critical imperative to reflect on fieldwork positionality amid communicative diversity. Our special section, then, is about re-examining the idea of ‘voice’ as an idiom for ethical and political dynamics in scenarios where physical voice is absent or hard to hear. This prompts reappraisal of the knotty cultural, ethical and political issues that mean the concept of ‘giving voice’ can seemingly neither be completely disbanded, nor apparently ever fully appeased. Too often, the knotty importance of ‘giving voice’ within methods seem to be treated as a matter of perpetual compromise or inevitable paradox. The notion of ‘voicing’ can be treated as a black box, taken with a ‘pinch of salt’ or, on the other hand, handled with dismissive cynicism. When we work with persons who are often unheard (or better, unattended?), ethnographic praxis can mean erasure of the original in favour of ‘my’ version; this must be seen as systematic removal of the person rather than their representation. By drawing attention towards instances where the materiality of voice (and its varieties, or absence) is particularly important, this special section asked writers (and readers) to hold the salt, and the cynicism, and to ask what ‘giving voice’ methodologically means, and does, or doesn’t do, amid this ethically and politically charged context?

Knotty factors include the cultural question of what counts as a ‘voice’ in any particular instance. Ideas about what a voice is, or does, can correspond with variant understandings of personhood, ethics, care and politics (Schäfers [2017] 2023; Wolf-Meyer 2020). For example, having a voice can equate to having a choice, having input, being recognised or being taken into account, which are each distinctive ideas, and not by necessity synonymous with the term ‘voice’ (defined as individually articulated audible language). But these issues are also likely to relate to voice as a material phenomenon (or alternatives to). Here, we attend to inarticulacy, voicelessness and silence, as sensorial, interactive phenomena, which have a bearing on experiences of illness and relationships of care. We consider when, whether, and how it matters in relationships of care to have an audible voice that listeners are ready to hear and understand. In efforts to give a metaphorical ‘voice’ to those who lack a material voice, do we miss the opportunity to fully dwell on the experience of voiceless and its implications for care, and do we curtail the opportunity to ask more specifically, perhaps more accountably, what it is that we can offer in place of ‘voice’? This could include care, companionship, advocacy, or translation.

The authors in this collection reflect on their own methodological challenges relating to the notion of ‘giving voice’ in contexts where audible voices were absent, hard to hear, or hard to understand. These are not simply reflections about how to collect challenging data, but rather critical discussions about how to rethink the basis of our ethical and political commitments when ‘voicing’ is especially hard. We asked contributors to consider the relationship between the varied material, social and emotional properties of voices/voicelessness, on the one hand, and ethical and political relationships of voicing on the other.

This collection includes three Research Articles, and one Field Note. Contributions report from Africa, Asia and Europe; they discuss a range of medical conditions or life stages (deafness, love sickness, youth mental health, ageing); and engage with a variety of communicative modes (music, sign language, podcast, silence). We draw on a range of recent literature, benefitting from developments in relation to decolonisation, disabilities studies, feminist theories of care, affect, and communicative materiality. Bringing these pieces together as a collection amplifies a comparative understanding of the relationship between research methods and lack of voice in different cultural settings. We dwell on when, whether, and how it matters in relationships of care to be able to enunciate an audible voice that listeners are ready to hear and understand. This supports our attention to inarticulacy, voicelessness and silence as sensorial, interactive phenomena, which each have a bearing on experiences of illness, relationships of care, and the politics of research. We dwell on the political, ethical and emotional experiences associated with varied or limited forms of articulation, particularly amid a global context in which giving voice carries regular, varied, and at least ostensible, moral import.

Julia Modern’s article reflects on her efforts to include a deaf participant in Uganda whom other local sign language users considered impossible to understand. Her discussions suggest to us that rather than merely giving/getting voice in a marketplace-like exchange of ideas, back and forth, tit for tat, we need to offer our interlocutors space, time, effort—expecting and attending to repetition and circularity, and bringing mediating forms and persons more prominently into view. Iza Kavedžija’s article—focusing on ageing in a Japanese context—compels us to approach the whole question differently, giving attention to space, time and regard (as in Modern’s)—but by sometimes offering silence as care, while methodologically attempting to record the tones those variant silences take. Rosie Jones McVey’s reflections on experiences of podcasting with young people shift the critical lens from the speakers to the audiences, and from a focus on giving voice, towards an examination of when and why young people with mental health needs are unable to garner an appropriate response. This calls us back to Richard Bauman and Charles Briggs’ assertion that any communicative exchange brings with it a responsibility of not just reception, but reflexivity: ‘reflexive language actually “positions” the audience, implicitly locating the audience member in the social organization of the event and the larger society’ (Bauman and Briggs 1990). Voice as an act can in this way be seen to include or excise people from wider sociality, ‘making things move’—rather than merely re-presenting. This links also to Christina Woolner’s contribution, which also reports on how and when voice can make things move, though in this case through the craft of voicing others’ devotion and emotion via the role of love doctors in Somaliland—who sing to care for their patients’ pains. As interpreters and conveyors in equal measure, the case of love doctors, as Woolner outlines, raises the question of whether sometimes speaking (or singing) for others can be an ethical act, if the recasting is done in a way that carries not only content but also evokes the right tone.

Taken together, we gain a more interactive, dynamic, vulnerable and locally particular sense of methodological empowerment than the idealised metaphor of 'giving a voice' might presume.

About the authors

Kelly Fagan Robinson is an assistant professor of medical anthropology in the Department of Social Anthropology at the University of Cambridge. Her work focuses on disabilities, communication, inequalities, social access, and public policy. She foregrounds the ways that individual histories, bodies, sensorial hierarchies, education, and experiences of formalised care can generate epistemic dissonances and injustices for people. Kelly is the creator of Anthropology By Children/Communities or 'ABC', a citizen social science approach to supporting the legibility of less-listened-to people. This method uses life-mapping methods to focus on ways social relations contribute to categories of personhood (e.g., disabled, young person, migrant), and how these definitions inhibit inclusion in knowledge-making.

Rosie Jones McVey is a research fellow at the Centre for Cultures and Environments of Health, University of Exeter. Her research investigates the ethical dimensions within the different ways that people understand 'minds'. She has studied the importance of epistemology within ethical relationships with animals and the politics of youth mental health care in the UK, and now holds a Wellcome Trust Fellowship investigating the 'Moral Terrains' of Green Social Prescribing.

References

Ackerknecht, Erwin H. 1945. 'On the Collecting of Data Concerning Primitive Medicine.' *American Anthropologist* 47 (3): 427–32. https://doi.org/10.1525/aa.1945.47.3.02a00050.

Atalay, Sonya, Letizia Bonanno, Sally Campbell Galman, Sarah Jacqz, Ryan Rybka, Jen Shannon, et al. 2019. 'Ethno/Graphic Storytelling: Communicating Research and Exploring Pedagogical Approaches Through Graphic Narratives, Drawings, and Zines.' *American Anthropologist* 121 (3): 769–72. https://doi.org/10.1111/aman.13293.

Bauman, Richard, and Charles L. Briggs. 1990. 'Poetics and Performances as Critical Perspectives on Language and Social Life.' *Annual Review of Anthropology* 19 (1): 59–88. https://www.jstor.org/stable/2155959.

Bauman, H-Dirksen L., ed. 2008. *Open Your Eyes: Deaf Studies Talking*. Minneapolis, MN: University of Minnesota Press.

Biehl, João. 2013. *Vita: Life in a Zone of Social Abandonment*. Berkeley, CA: University of California Press.

Blissett, Luther. 2024. 'The Hau of the Article and Dividual Authors: Reimagining Authorship in Anthropology.' *Social Anthropology/Anthropologie Sociale* 32 (2): 20–41. https://doi.org/10.3167/saas.2024.320203.

Buchbinder, Mara. 2010. 'Giving an Account of One's Pain in the Anthropological Interview.' *Culture, Medicine, and Psychiatry* 34: 108–31. https://doi.org/10.1007/s11013-009-9162-2.

Butt, Leslie. 2002. 'The Suffering Stranger: Medical Anthropology and International Morality.' *Medical Anthropology* 21 (1): 1–24. https://doi.org/10.1080/01459740210619.

Cancelliere, Francesca, and Ursula Probst. 2021. 'Being There: Early Career Medical Anthropologists' Perspectives on Contemporary Challenges in the Field.' *Anthropology in Action* 28 (2): 1–7. https://doi.org/10.3167/aia.2021.280201.

Carel, Havi, and Ian James Kidd. 2014. 'Epistemic Injustice in Healthcare: A Philosophial Analysis.' *Medicine, Health Care and Philosophy* 17: 529–40. https://doi.org/10.1007/s11019-014-9560-2.

Clifford, James, and George E. Marcus, eds. (1986) 2023. *Writing Culture: The Poetics and Politics of Ethnography*. Berkeley, CA: University of California Press.

Cooren, François. 2016. 'Ethics for Dummies: Ventriloquism and Responsibility.' *Atlantic Journal of Communication* 24 (1): 17–30. https://doi.org/10.1080/15456870.2016.1113963.

Das, Veena. 2003. 'Trauma and Testimony: Implications for Political Community.' Anthropological Theory 3 (3): 293–307. https://doi.org/10.1177/14634996030033003.

Dilger, Hansjörg, Susann Huschke, and Dominik Mattes. 2015. 'Ethics, Epistemology, and Engagement: Encountering Values in Medical Anthropology.' *Medical Anthropology* 34 (1): 1–10. https://doi.org/10.1080/01459740.2014.960565.

Dokumaci, Arseli. 2020. 'People as Affordances: Building Disability Worlds Through Care Intimacy.' *Current Anthropology* 61 (S21): S97–S108. https://doi.org/10.1086/705783.

Durban, Erin L. 2022. 'Anthropology and Ableism.' American Anthropologist 124 (1): 8–20. https://doi.org/10.1111/aman.13659.

Estroff, Sue E. 1988. 'Whose Hegemony?: A Critical Commentary on Critical Medical Anthropology.' *Medical Anthropology Quarterly* 2 (4): 421–6. https://doi.org/10.1525/maq.1988.2.4.02a00100.

Feld, Steven. (1982) 2012. *Sound and Sentiment: Birds, Weeping, Poetics, and Song in Kaluli Expression*. Durham, NC: Duke University Press.

Frank, Arthur W. (1995) 2013. *The Wounded Storyteller: Body, Illness and Ethics*. Chicago, IL: University of Chicago Press.

Friedner, Michele, and Matthew Wolf-Meyer. 2024. ‘Becoming Malleable: How Orienting to Disability, Communication, and the Senses Further Commits Anthropology to its Moral Project.’ *American Ethnologist* 51 (1): 78–83. https://doi.org/10.1111/amet.13239.

Ginsburg, Faye, and Rayna Rapp. 2020. ‘Disability/Anthropology: Rethinking the Parameters of the Human: An Introduction to Supplement 21.’ *Current Anthropology* 61 (S21): S4–S15. https://doi.org/10.1086/705503.

Goldstein, Diane E. 2012. ‘Rethinking Ventriloquism: Untellability, Chaotic Narratives, Social Justice, and the Choice to Speak For, About, and Without.’ *Journal of Folklore Research* 49 (2): 179–98. https://doi.org/10.2979/jfolkrese.49.2.179.

Good, Byron J. 1994. *Medicine, Rationality and Experience: An Anthropological Perspective*. Cambridge: Cambridge University Press.

Helmreich, Stefan. 2007. ‘An Anthropologist Underwater: Immersive Soundscapes, Submarine Cyborgs, and Transductive Ethnography.’ *American Ethnologist* 34 (4): 621–41. https://doi.org/10.1525/ae.2007.34.4.621.

Hirschkind, Charles. 2006. *The Ethical Soundscape: Cassette Sermons and Islamic Counterpublics*. New York, NY: Columbia University Press, 2006.

Irving, Andrew. 2007. ‘Ethnography, Art, and Death.’ *Journal of the Royal Anthropological Institute* 13 (1): 185–208.

Johnson, Ginger A., Anne E. Pfister, and Cecilia Vindrola-Padros. 2012. ‘Drawings, Photos, and Performances: Using Visual Methods with Children.’ *Visual Anthropology Review* 28 (2): 164–78. https://doi.org/10.1111/j.1548-7458.2012.01122.x.

Jones McVey, Rosie. 2023. ‘Animals and More-Than-Representational Ethics.’ In *The Cambridge Handbook of The Anthropology of Ethics*, edited by James Laidlaw, 677–705. Cambridge: Cambridge University Press.

Kasnitz, Devva. 2020. ‘The Politics of Disability Performativity: An Autoethnography.’ *Current Anthropology* 61 (S21): S16–S25. https://doi.org/10.1086/705782.

Keane, Webb. 2013. ‘On Spirit Writing: Materialities of Language and the Religious Work of Transduction.’ *Journal of the Royal Anthropological Institute* 19 (1): 1–17. https://doi.org/10.1111/1467-9655.12000.

Kidd, Ian James, Lucienne Spencer, and Havi Carel. 2025. ‘Epistemic Injustice in Psychiatric Research and Practice.’ *Philosophical Psychology* 38 (2): 503–31. https://doi.org/10.1080/09515089.2022.2156333.

Kidron, Carol A. 2009. ‘Toward an Ethnography of Silence: The Lived Presence of the Past in the Everyday Life of Holocaust Trauma Survivors and Their Descendants in Israel.’ *Current Anthropology* 50 (1): 5–27. https://doi.org/10.1086/595623.

Krause, Elizabeth L., and Aline C. Gubrium. ‘“Scribble Scrabble”: Migration, Young Parenting Latinas, and Digital Storytelling as Narrative Shock.’ *Medical Anthropology Quarterly* 33 (3): 420–38. https://doi.org/10.1111/maq.12519.

Kunreuther, Laura. 2014. *Voicing Subjects: Public Intimacy and Mediation in Kathmandu*. Berkeley, CA: University of California Press.

Lather, Patti. 2009. 'Against Empathy, Voice and Authenticity.' In *Voice in Qualitative Inquiry: Challenging Conventional, Interpretive, and Critical Conceptions in Qualitative Research*, edited by Alecia Jackson Youngblood and Lisa A. Mazzei, 17–26. London: Taylor & Francis.

Lynteris, Christos, and Ruth J. Prince. 2016. 'Anthropology and Medical Photography: Ethnographic, Critical and Comparative Perspectives.' *Visual Anthropology* 29 (2): 101–17. https://doi.org/10.1080/08949468.2016.1131104.

Mattingly, Cheryl. 2018. 'Ethics, Immanent Transcendence and the Experimental Narrative Self.' In *Moral Engines: Exploring the Ethical Drives in Human Life*, edited by Cheryl Mattingly, Rasmus Dyring, Maria Louw, and Thomas Schwarz Wentzer, 39–60. New York, NY: Berghan Books.

Mishler, Elliot G. 1984. *The Discourse of Medicine: Dialectics of Medical Interviews*. Norwood, NJ: Ablex.

Nahman, Michal. 2024. 'The Centrality and Value of Women's Voices.' *Medical Anthropology* 43 (8): 671–72. https://doi.org/10.1080/01459740.2024.2438032.

NHS. 2025. 'What is Personalised Care?' NHS England website. https://www.england.nhs.uk/personalisedcare/what-is-personalised-care/.

Olwage, Grant. 2004. 'The Class and Colour of Tone: An Essay on the Social History of Vocal Timbre.' *Ethnomusicology Forum* 13 (2): 203–26. https://doi.org/10.1080/1741191042000286167.

Peters, John Durham. 1999. *Speaking into the Air: A History of the Idea of Communication*. Chicago, IL: University of Chicago Press.

Phillips, Louise, Lisbeth Frølunde, and Maria Bee Christensen-Strynø. 2021. 'Confronting the Complexities of "Co-production" in Participatory Health Research: A Critical, Reflexive Approach to Power Dynamics in a Collaborative Project on Parkinson's Dance.' *Qualitative Health Research* 31 (7): 1290–305. https://doi.org/10.1177/10497323211003863.

Polgar, Steven. 1962. 'Health and Human Behavior: Areas of Interest Common to the Social and Medical Sciences.' *Current Anthropology* 3 (2): 159–205. https://doi.org/10.1086/200266.

Rice, Tom. 2010. 'Learning to Listen: Auscultation and the Transmission of Auditory Knowledge.' *Journal of the Royal Anthropological Institute* 16: S41–S61. https://doi.org/10.1111/j.1467-9655.2010.01609.x.

Robinson, Kelly Fagan. 2024a 'Not Burning, but Rebuilding: The ABCs of Anthropology Using Multimodal Methodologies and DEAF Values.' *Multimodality & Society* 4 (4): 468–87. https://doi.org/10.1177/26349795241282667.

Robinson, Kelly Fagan. 2024b. 'The Present as Legibility.' In *Back to the Present*, edited by Timothy P.A. Cooper, Michael Edwards and Nikita Simpson, American

Ethnologist website, January 26. https://americanethnologist.org/online-content/collections/back-to-the-present/the-present-as-legibility/.

Robinson, Kelly Fagan, Mark Carew, and Nora Groce. 2024. *Inaccessible Access: Rethinking Disability Inclusion in Academic Knowledge Creation*. New Brunswick, NJ: Rutgers University Press.

Schäfers, Marlene. (2017) 2023. 'Voice.' In *The Open Encyclopedia of Anthropology*, edited by Felix Stein. Facsimile of the first edition in *The Cambridge Encyclopedia of Anthropology*. http://doi.org/10.29164/17voice.

Scheper-Hughes, Nancy. 1995. 'The Primacy of the Ethical: Propositions for a Militant Anthropology.' *Current Anthropology* 36 (3): 409–40. https://doi.org/10.1086/204378.

Scholtes, Ulrike. 2023. 'Finding Words for Feeling Bodies: Exploring Drawing Techniques in Dutch Care Practices.' *Medical Anthropology* 42 (8): 828–44. https://doi.org/10.1080/01459740.2023.2269468.

Silverio, Sergio A., Catherine Wilkinson, and Samantha Wilkinson. 2022. 'Academic Ventriloquism: Tensions Between Inclusion, Representation, and Anonymity in Qualitative Research.' In *Handbook of Social Inclusion: Research and Practices in Health and Social Sciences*, edited by Pranee Liamputtong, 643–60. Cham: Springer International Publishing.

Warin, Megan, and Simone Dennis. 2008. 'Telling Silences: Unspeakable Trauma and the Unremarkable Practices of Everyday Life.' *The Sociological Review* 56 (2): 100–16. https://doi.org/10.1111/j.1467-954X.2009.00818.x.

Weidman, Amanda. 2014. 'Anthropology and Voice.' *Annual Review of Anthropology* 43 (1): 37–51. https://doi.org/10.1146/annurev-anthro-102313-030050.

Wolf-Meyer, Matthew J. 2020. *Unraveling: Remaking Personhood in a Neurodiverse Age*. Minneapolis, MN: University of Minnesota Press.

World Health Organization. 2021. *Voice, Agency, Empowerment: Handbook on Social Participation for Universal Health Coverage*, edited by Dheepa Rajan, Katja Rohrer-Herold, Kira Koch and Agnès Soucat. Geneva: World Health Organization.

Yan, Dave, David Bright, Howard Prosser, and Adam Poole. 2023. 'Ventriloquism as Method: Writing Differently and Thinking Philosophically.' *Cultural Studies↔ Critical Methodologies* 23 (3): 262–73. https://doi.org/10.1177/15327086221144789.