

# Introduction

## Experimental Engagements with Ethnography, Moral Agency and Care

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Received: 15 March 2023; Accepted: 29 March 2023; Published: 26 April 2023

### Abstract

This Special Section explores questions of method and positionality attached to moral agency in mental healthcare, which give rise to novel methodological and theoretical approaches to everyday life in the clinical and non-clinical spaces where such 'care' occurs. Moral agency is the ability to be perceived as a 'good enough' person, which makes possible intimate relationships with others that are needed to thrive in many social contexts (Myers 2015). In this introduction, we draw on Mattingly's (2014) notion of everyday moral laboratories: an exploratory attention to moral life as innovative method, episteme, and interpersonal collaboration. Exploring the everyday moral laboratories where people struggle to replenish or protect their moral agency and so create meaning and relationships in their lives is a key focus of this Special Section. For interdisciplinary ethnographers working in spaces intended for care, such experimentation yields opportunities to more creatively and proactively inform that care—the everyday, the ordinary, and the extraordinary—that centres on helping our interlocutors replenish moral agency and thrive.

### Keywords

Moral agency, Moral laboratories, Experimentation, Mental Healthcare, Anthropology.

This Special Section explores the ethnographic process as a site of moral agency and collaborative experimentation. Recent work in psychological anthropology has defined moral agency as being perceived as ‘good enough’ by others in a way that makes possible intimate connections, which is critical for mental health and human flourishing (Myers 2015). Moral agency is not experienced universally across contexts; it hinges on social and cultural expectations. For example, in the United States, a person with moral agency has the intention and ability: firstly, to exercise autobiographical power or to be the editor of one’s own life story; secondly, to seek out the social bases of self-respect or to be recognised by others as the kind of person one imagines oneself to be; and thirdly, to practise being that person with intimate others who are willing to let a person try and fail and try again—the practice that constitutes the foundation of moral agency (Myers 2016; Myers and Ziv 2016). When a person’s moral agency has been eroded through various forms of systemic and interpersonal oppression, both historical and contemporary, their ability to be recognised by others as a ‘good enough’ person breaks down, in turn compromising their ability to access the intimate relationships they need to thrive (Myers and Ziv 2016; Myers 2019). Similarly, moral suffering or injury can index situations in which people feel no choice but to go against their moral preference (Mattingly 2014; Litz et al. 2009).

In this Special Section, we conceive of the ongoing and dynamic conversations between anthropologists, clinicians, and their/our interlocutors as ‘laboratories’ in which we all meet, engage, and experiment with moral agency (Mattingly 2014). While we did not start with this assumption *a priori*—we were not looking for ‘moral laboratories’ or ‘experiments’, or ‘moral agency’ by design in our research—each of us found that engaging in anthropological fieldwork focused on mental health raised important questions regarding moral life, and reopened debates about intersubjectivity and their attendant forms of reflexivity. However, when we came together for a Society for Psychological Anthropology Conference Panel in the US in 2021, we realised that while we had begun our research independently and with distinct interdisciplinary approaches—we had key contributions to make as a collective regarding relational life and the moral stakes of ethnographic and therapeutic engagements in terms of moral agency.

First, we found that attending to questions of ethnographic method and positionality in mental healthcare contexts benefitted from a consideration of moral agency—for example, how we relate to our interlocutors as moral agents and how they relate to us. We understand method here to index both ethnographic modes of relating as well as conceptual reckonings with experimentation; in fact, many of the pieces in this special section grapple with method at the intersections of the concrete and the figurative. We understand positionality as a set of moral

experiments between the ethnographer and the ‘ethnographed’, who are both consciously and unconsciously negotiating multiple frames of moral experience. This kind of experimentation gradually came into focus in our respective fieldwork endeavours, moving from a peripheral position of importance to becoming central to our interpretive understanding of what it meant for our interlocutors to have what they perceived to be a ‘good life’. This collection thus weaves together the experimental and moral dimensions of life in our respective field sites and beyond them, through each ethnographer’s commitments to ongoing reflexivity.

We found that exploring everyday ‘moral laboratories’—the ‘vantage points on familiar or prior ways of seeing, acting, believing that are actively brought into question’ in terms of both ‘moral tragedy’ and ‘hope and possibility’ (Mattingly 2014, 150)—helped us explore the ways in which ethnographers can both uncover the ethical stakes of clinical encounters, as well as become moral agents themselves while in the field. The conceptual and practical labour of the individual ethnographer, we argue, constitutes efforts to describe, and also *produces* essential forms of personhood, relation, and moral obligation, making the ethical grounds of clinical and therapeutic encounters visible from the position of practitioners, patients, and social scientists alike (Bromley 2019). These claims unfold in a series of pieces, which includes work from clinician-anthropologists as well as medical and psychological anthropologists, in the form of two original research articles and four shorter ethnographic pieces centred around shared themes.

First, as anthropologically-trained clinician-ethnographers Jonathan Yahalom and Alison Hamilton and their clinical colleague, Sheila Frankfurt (this issue) illustrate in their original research article, there is a therapeutic dynamism between what anthropologists see as moral agency and what psychologists view as ‘moral injury’. Their interdisciplinary approach to men who have experienced military sexual trauma posits that the psychological framing of moral injury demarcates a clinical condition, whereas an anthropological framing enables ‘attention to the co-constitutive nature of morals, as well as how moral experience is affirmed through social interaction’. Their findings call for more socially embedded healing. Appreciating this dynamism invites other clinician-ethnographers to experiment in different relational forms with their interlocutors in ways that may address the moral dimensions of mental health. Herein, by working across disciplines, the anthropological task becomes not only a Geertzian quest of interpretation and locating context-specific meaning, but also a place for experimentation, falsifiability, and translation of the kind that lab-bench scientists pursue (Bromley 2012), which can also help clinicians hone their craft.

In both conceptual and empirical terms, the pieces in this Special Section all explore the social work that moral agency does as an active theory and experience. This work concerns individuals and institutions, to align with or speak back to institutional spaces and their ideological foundations and reproductions. Framing this work as an experimental moral collaboration sheds light on the relational life of institutional imperatives, demands, and modes of subjectivation. In the second original research article, anthropologist Michael D'Arcy (this issue) explores the role of moral agency in mediating the tensions between substance necessity (in the form of psychotropic medications) and what is clinically viewed as substance abuse (in the form of street drugs) in psychiatric institutional contexts where new forms of institutionally mediated dual diagnosis 'care' are on offer for people deemed to be substance abusers with serious mental illnesses. Following a series of case histories exploring the double-bind of dual diagnosis in the context of pharmacological treatment regimens, D'Arcy reflects on the extent to which clinical decisions can both shape and delimit patient capacities for moral agency and how patient 'experimentation' can be reframed as efforts to replenish moral agency.

The Special Section also includes four shorter ethnographic pieces exploring what may have otherwise remained peripheral and unresolved complexities of the relational experience that anthropologists engage in when theorising about moral experience. Elena Lesley (this issue), reflects on interlocutors' lived experiences through her own family's war-related trauma and delves into how 'autobiographical power' and 'peopled opportunities' (two key aspects of moral agency (Myers 2016)) can operate as a kind of 'testimonial therapy' for the survivors of civil war in Cambodia. She interprets the ethnographic listener as a moral agent, prompting reflexive interrogations of intergenerational war experiences while also positing a space of healing through testimony. This echoes Yahalom, Frankfurt and Hamilton's exploration of the ways that peer therapy groups can offer a space of moral nourishment for survivors of military sexual trauma in the United States. Similarly, anthropologist Jacqueline Wagner (this issue) examines the moral work of 'deservingness' in the context of a humanitarian organisation in Spain. Asylees had to project deservingness for themselves, for the organisation, as well as for other asylees, producing what Wagner argues is a collectively crafted, locally relevant form of moral agency.

Sometimes there is cause to return to previous fieldwork analyses to centralise peripheral spectres that intersect with social injustice. Anthropologist and bioethicist Julia Brown (this issue) confronts the shortcomings of her original ethnography of clozapine clinics in Australia to invite anthropologists working in mental healthcare settings to consider how they may obscure structural racism and opportunities for antiracism in their ethnographic renderings. Brown offers moral

agency as an analytic that can—when deployed to address alternative questions of injustice—illuminate racial disparities for persons from racially minoritised groups in terms of access to clozapine clinics and the interpersonal experiences inside these clinics that challenge and reproduce social and moral experience.

Similarly, anthropologist Tali Ziv (this issue) returns to their prior fieldwork on addiction and incarceration in Philadelphia to examine ethnographic relationships through the lens of moral parity. They argue for the danger of reinforcing structural violence in ethnographic relationships that unfold in contexts of scarcity, racialisation, and inequality, where structural inequity at the level of the intimate can deepen moral injury. They offer instead an impetus for an ethnographic praxis aimed toward moral parity via nourishing moral agency through the relationship between the ethnographer and the ethnographed.

More provocation than thesis, we see the associated short essays and original research as pushing the concept of moral agency into the experimental forefront of ethnographic projects. For interdisciplinary ethnographers working in spaces intended for care, such experimentation yields opportunities to creatively re- envision how local moral worlds shape the care on offer, and how we shape that care when we enter those worlds. The pieces illustrate how ethnography itself can be a form of care that promotes the moral agency of others—either directly, through clinical work and ethnographic relationships, or as a mode of reflection that can help others thrive.

## Acknowledgements

We thank all of the contributing authors for their thoughtful pieces and their responsiveness throughout the submission and review process. We also thank the editors at *Medicine Anthropology Theory* for their ongoing support, including Alice Street, Jessica Cooper, Cristina Moreno Lozano, and Jan Brunson. JB, TZ and MD are grateful to Neely Myers for her pioneering work on moral agency and for bringing this group together, first as a panel at the Society for Psychological Anthropology Biennial Meetings in 2021. This section would not have been possible without her leadership, coordination, and intellectual vision. NM would like to thank Julia Brown, Tali Ziv and Michael D’Arcy for their willingness to learn more about the editorial process, and their consistent brilliance, flexibility, and collective effervescence throughout our time together.

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