UNVEILING VULNERABILITY

Positionality and Affective Territories in Psychiatry and Academia

Paola Juan

Abstract

This article explores the process of "unveiling" researcher positionality during fieldwork in Swiss psychiatric spaces and in academia, whilst the researcher herself has a personal connection to the topic as a family member of someone with long-term psychological difficulties. I argue that vulnerability generates what I call "affective territories". These are decisive in producing forms of knowledge that would otherwise escape researchers in fields where epistemic injustice is systemic. It shows how this positionality can become central in entering spaces of care and solidarity. But this unveiling also generated personal doubts concerning scholarly credibility. This paper tackles why, arguing that many academic circles still equate such credibility with keeping an "objective" distance and remaining emotionally non-vulnerable. It highlights a paradox in anthropology: while reflexive inquiries into the affective and political entanglements within social suffering are epistemologically valued, academic cultures do not always provide supportive spaces for such positionings and methodologies.

Keywords: *vulnerability, positionality, affect, mental health, care, academia*

Introduction

In the spring semester of 2023, whilst researching at a university abroad, I went to a prominent anthropologist's office to get advice on my project in Swiss psychiatric institutions. I admired her scholarship for the insightful writing and degree of reflexivity in dealing with and researching painful topics taking place in the region she came from. I talked to her about one particular concern: the fact that I, too, had a personal and sensitive link to my research topic. My sister was first hospitalized in a psychiatric ward more than ten years ago. Witnessing this, and what unfolded afterward left a deep mark that I only later untangled. This professor encouraged me to go down the path of disclosing this information in my research: "Exploring this has more value than treating it distantly. My own focus, and the work I find interesting, is that which creates knowledge through affective, intimate relationships." After telling her that this was challenging because of academic and personal barriers, that shall be further explained in this article, she went on to describe how her supervisor, a very well-known anthropologist, told her during her PhD journey that her own research was "academic suicide" because her project, which grappled with the cultural, political, and affective entanglements of certain kinds of abuse, was too close to her

own life experience. She decided to carry on her project anyway, against the advice of her thesis committee.

This article explores the challenges of doing ethnography within Swiss psychiatric spaces, where the author's sister has had significant long-term psychological disorders, and where the project is driven by the strong affective entanglements present in the author's personal life, which generate emotions such as anger, guilt, and a need to understand the complexities of the situation. This positionality was a condition of the research, on an epistemic and practical level. My interest in this field, the emotions and relationships I developed there, and my ethnographic data are all influenced and shaped by personal familial experiences. Positionality became key in understanding the field.

Yet within academia, I found myself unable to express freely the impact of my familial story on my research interest, methods, and process. The "unveiling" of my relationship to psychological vulnerability and positionality became a necessary act which also incurred a personal cost. This was partly due to the emotions generated by stigma surrounding mental health and the situation itself, and partly due to the lack of supportive spaces for the vocalization of such positioning in academic cultures. Despite the fact that it is common for anthropologists to tackle difficult subjects and undertake research in fields experiencing much human suffering, it can make us vulnerable in a whole new way within academia when we talk about and conduct research on forms of suffering which have affected us. Ethnography generates situated, relational, and embodied knowledge. Theory and ethnography have a symbiotic, dialectical relationship; a "creative tension" (Biehl 2013). They are interrelated, mutually reinforcing. The ethnographer's theorizing is always dialogical, the result of a complex combination of what is owed to interlocutors in the field, to their lived experiences and perceptions.

Through reflexive inquiry, the first part of this article explores how our positionality can foster a deep and nuanced understanding of people's struggles and subjectivities within complex and painful entanglements. This positionality, in all its vulnerability, is anchored in what I call "affective territories". These places of affect and vulnerability territorialize and generate epistemologies in the relational encounters framed by one's positionality. The constitution of affective territories is analysed here through two specific lenses and constitutive forces that are anger and guilt. With the notion of "affective territory", I argue that vulnerable positionings generate forms of knowledge that could otherwise escape researchers in affectively complex fields where "epistemic injustice" (Fricker 2007) is systemic. The unveiling of this positionality is also key in finding a voice to narrate ethnography, as analytic and narrative categories are contiguous and interdependent (Narayan 2012). The second part of the article illustrates how this positionality enters, and becomes central, in these affective territories, or spaces of care and solidarity, such as the karaoke of the psychiatric hospital and psychoeducation programmes for families.

The third and last part of this article explores such issues in the process of unveiling my positionality and relationship to psychological vulnerability. I scrutinize both my experience as a PhD candidate within academia and as a researcher within psychiatric spaces. I argue that many academic circles still equate scholarly credibility with keeping an "objective" distance and remaining emotionally non-vulnerable, even when the boundaries between public and private domains in ethnographic research become blurred.

Positionality and Affective Territories in Psychiatric Spaces

Unveiling one's relation to psychological vulnerability was one of the first discussion subjects that came up during an interview with leaders of an association for family members of people with schizophrenia and related diagnoses. As they explained their own personal stories, they all described fears around talking about it. "Especially not to my nurse friends!"[1], said one of the members of the association who was herself a nurse. They expressed shame, embarrassment, guilt, fear of rejection, stigma, and of being labelled the cause of it. They also expressed anger towards themselves, their relatives, and towards the psychiatric services. Family members often present symptoms of depression due to the weight and complexity of their situation at home and from the state of distress displayed by their loved ones, according to psychoeducation programmes' facilitators. As we shall see later in this article, they arrived at the conclusion that the support system they developed among themselves within this association helped them deal with these shared emotions, find openness, and unveil their individual complex situations within their own social milieus. These stories resonated with me, as I had experienced similar feelings of discouragement and struggled to talk about them.

Positionality in anthropology usually refers to sociological characteristics: age, gender, class, race, disability, cast, among others. Such factors are indeed important in my field, but another element is essential here: one's relationship to psychological vulnerability, which in my case starts with my sister's life path.[2] She suffered a psychotic break that led to temporary hospitalization in a psychiatric ward just over ten years ago, towards the beginning of her twenties. This event marked the start of a new life, in which taking care of herself took more energy, and in which work and productivity were backgrounded. When I asked her how she would want her situation to be described in this paper, she said the following: "I am now in a process of reconstruction, or remission, with a lot of family support. My daily activities focus on well-being, such as nature walks, and I still need medication and psychotherapy." My sister's condition impacted not only on my life and that of my family, but also my research path, approach, and interests. The latter is partly the result of the love I have for the person I grew up with, and of my indignation surrounding the political and societal methods of dealing with her experiences.[3]

It is said, in psychiatry, that there is such a thing as "experiential knowledge" – as opposed to psychiatric expertise. One could argue that this form of knowledge depends on one's positionality; it is embodied, phenomenological, or even ontological. Narayan (2012) highlights that knowledge is always generated from a particular location within a given society; it is impossible to be omniscient in society, even as an insider. The situational character of this knowledge finds new dimensions in the psychiatric field, due to the highly diverse forms of suffering and distinctive phenomenological and affective states encountered.

My fieldwork was realized between 2019 and 2024 in psychiatric services, communities, and non-profit organizations that gravitate around a psychiatric hospital promoting

---

[1] All field citations, originally in French, have been translated by the author.

[2] My sister gave her written consent to all the information reported about her in this paper.

[3] See Pauline Blum (2024) for a sociological analysis of how the emergence of a psychological disorder in a person has the effect of reshaping their siblings' life trajectories.

a "humanistic" philosophy of care, in a rural region of Switzerland. Psychiatry has proved to be a contested, sometimes stigmatized and potentially contradictory world. It constitutes a complex field precisely because of manifold positional, political, and affective entanglements. I came to understand such entanglements and positionings within the psychiatric field as *affective territories*. This notion refers to the crystallization of polarized collective emotions and affects through similar positionings within psychiatric spaces. I draw here on Deleuze and Guattari's understanding of territoriality (1972; 1980), as a notion that highlights the close relations between our subjectivities, and the political, economic, institutional, affective, and spatial environments we are immersed in, and shows how our subjectivities and positionings are anchored within these elements. This concept also invokes the study of complex articulations between affect, power, subjectivity, and emotion proposed by scholars interested in affects (Ahmed 2004a; 2004b; Anderson 2014; Brennan 2004; Connolly 2002; Massumi 2015; Thrift 2008, among many others). Research looking into affect opens up new ground, showing how we are affectively constituted by others, and how these affective connections are political activities (Brennan 2004), that depend on positionalities within affective networks and territories. Following Baruch Spinoza, the "affective turn" approaches affect as something different from emotions. It moves beyond a focus on personal emotional experiences to explore our ability to share affects in more depth. Affects cannot be considered outside the complexities and articulations of power: for William Connolly, they are "thought-imbued energies" expressed as micropolitics, affective relations, material interactions, feelings, habits, and emotions that shape our intersubjective relations and judgments. Affects are thus made of sensorial experiences within a group of persons and depend on external factors. In my field, anger and guilt are emotions shared among family members of persons diagnosed with psychosis, schizophrenia, and other disabling psychiatric conditions, that intrinsically result from their affective entanglements with the psychiatric field and within their own familial relationships. As such, they are two of the main driving forces shaping one's positionality within these affective territories.

Anger

Anabella's mother died of cancer one year ago. Her cancer was preceded by two years of hospitalization in mental institutions, due to a mental crisis and a subsequent diagnosis of schizophrenia. We talked about it during a walk together one day, after work. On a Word document, she wrote down her mother's hospital journey, date by date, as it unfolded, to record events and to retain a memory of the dysfunctions of the healthcare system throughout the process. Because of her mental state, her mother's complaints of physical suffering were ignored for too long by the healthcare staff. This is, unfortunately, a far too frequent occurrence of epistemic injustice (Fricker 2007) experienced by psychiatric patients (Crichton et al. 2017; Kidd et al. 2022). As highlighted by reports across various countries and by a recent review of literature (see Linder 2024 or Gandré et al. 2022, 614), the life expectancy of people diagnosed with mental disorders is fifteen years lower than the general population and mortality rates are two to five times higher, whatever the main cause of death. The

authors of this review note that it is necessary to look at the role played by the healthcare system in this phenomenon, since access to physical care is more difficult for people with severe psychiatric disorders (Gandré et al. 2022, 616). This is in part due to prejudice leading to their testimonies being considered less credible by healthcare professionals (Linder 2024). In these circumstances, the act of writing, of recording and keeping a physical trace of the events, was, for Annabella, as it is for me, an act of love and anger. It was about fighting when confronted with the fragility of a life that is dear to us.

At the beginning of my research project, I put up a sticker with a quote from Marguerite Duras on the wall of my studio that said: "writing is screaming without noise".[4] From the beginning, one of the driving forces behind my project was anger. Traumatizing events happened under the purview of healthcare services during my sister's hospitalizations, and I was outraged at psychiatry as a whole. Anger is a motor: it drove me to pursue my goals in the field and gather important knowledge, but it can also blind one's perspective, destroying one's ability to recognize positive acts of care, for example. Anger still inhabits me, but in a different form to how it first existed. It became a signalling emotion *from, through*, and *with* which I learned to navigate the field and recognize nuance within it.

Although in practice it is often sidelined by healthcare services for various reasons, the anger of (former) psychiatric patients and their families is hardly a new phenomenon in psychiatry. It is a driving force in the anti-psychiatry movements, protests (mad pride, etc.), associative networks, and literature, from classic texts by Michel Foucault or Franco Basaglia to more contemporary literature (see LeFrançois et al. 2013; or Russo and Beresford 2015). Collective anger is mostly directed at psychiatry due to its ability, as an institution, to deprive people of their agency, autonomy, and voice in their most vulnerable moments, potentially with dramatic and long-lasting consequences on their lives. Literature has shown that psychiatric patients often experience epistemic injustice (Crichton et al. 2017; Kidd et al. 2022; Linder and Bovet 2024), when harm is done in undermining their capacity to engage in epistemic practices such as interpreting and making sense of their experiences (Crichton et al. 2017).

Guilt

Throughout the history of psychiatry, families have often had the unfortunate role of being portrayed as guilty for the mental condition of their relatives. For instance, "psy" sciences have promoted, until the 1970s, the model of the "schizophrenogenic mother" who was presumably guilty of causing the schizophrenia of her children. Such discourse was common parlance and can be found in Gregory Bateson's writings (1987).

Although the views presented above still exist, overall, the situation in the field has changed today. This transformation is visible in psycho-educative programmes for family members of persons with a diagnosis of schizophrenia. The possibility that families might be

[4] Author's translation. Original quote: "Écrire c'est aussi ne pas parler. C'est se taire. C'est hurler sans bruit." (Duras 1995, 28)

responsible is presented in the programme as a "myth" based on an inversion of causes and consequences, with harmful consequences for family members, who suffer high levels of guilt and depression. As argued by nurses in charge of the programme, "parents do not cause schizophrenia by their way of being or by the way they raise their children".

Schizophrenia is explained to programme participants in such a way, that it is arguably more about reducing guilt to reshape its impact within kin relationships, than about understanding what it really is. Nurses describe it as a biomedical "disease"; schizophrenia's origin is said to be mainly genetic, but no gene has been identified. When I asked several nurses in private interviews why they situated schizophrenia so strongly within neurobiology, they conceded after a short silence that it was because they didn't want to place guilt on parents. The authority of scientific knowledge thus serves the purpose of reshaping affects to decrease guilt, and this strategy has been found to be productive for participants. One participant told me that "schizophrenia can contribute to feeling shame and fear, both in relation to society and the family; the programme helped us to cope with that", while another person admitted that "it was a relief to learn who was the enemy: not my son, but the disease".

Anthropologists Jackson (2011) and Gable (2014, 250), argue that guilt is itself a "symptom of kinship", the result of a form of moral mutuality characteristic of kin relationships. Schizophrenia is not merely a label that corresponds to a series of symptoms but a complex condition involving deep emotional suffering affecting the kin group in manifold and long-lasting ways. Guilt may just be the lot of kin who love one another despite suffering.

Affective Territories, Positioning, and Knowledge Creation

Anger and guilt thus constitute emotional states that are integral to affective territories and positionings within psychiatric spaces. A focus on what is at stake in the constitution of these affective positions is a radical empirical approach (Jackson 1989), in the sense that it looks into the relationships *between* persons, instead of the individuals themselves (Davies 2010, 23) and integrates the ethnographer's position, experience, and emotions in the analysis. Emotions and affects generated by these positionings are simultaneously so stark and so intimate, and epistemic injustice is so prevalent, that it can be difficult to take a step back and see past them. The term "psychic privilege" is useful to refer to positionalities that render forms of psychic suffering invisible to the eyes of the person enjoying this privilege, thus providing the conditions of possibility for epistemic injustice. Privilege in psychiatry is often a question of which discourses are listened to and deemed worthy of being heard. The core of the inequalities and epistemic injustices in the field therefore often lies in the perceived legitimacy of situated discourses. Part of my research ethics in this context involves amplifying marginalized voices, in particular of those hospitalized; but as much as I listen to them, their experiences within psychiatric structures are most often inscribed in positionings and affective territories different to mine, so the intersubjective relationships I build with hospitalized patients are often unavoidably tainted by my own affective relationship with my sister. I thus could never claim to grasp the full picture of their emotional lives and experiences of hospitalization within a psychiatric ward. Many people, artists or social scientists, have

tried to live through this experience, by faking a psychiatric condition (see the Rosenhan experiment, 1973) or by taking similar drugs (like the anthropologist Sue Estroff 1981, for example). But an experiment is strikingly distinct from a real-life path, especially when considering experiences as impactful and painful as these. The phenomenology of the real experience is necessarily so different that the experience is not only biassed and phenomenologically inaccurate but is also ethically inadequate when one is in contact, in the field, with people who are deeply struggling in their lives.[5] Positionality and affects are constitutive of the knowledge we create, and this inability to fully grasp one's emotional experience of vulnerability when in a position of relative privilege is one of the most important reasons why researchers' voices emerging from a vulnerable positionality have such a powerful epistemic value for ethnography.

Relating Through Care and Solidarity in Situations of Vulnerability

Inside the Hospital's Karaoke

It can be difficult for researchers to respond with understanding and solidarity, when they fail to fully perceive where their interlocutors' vulnerabilities lie. In such circumstances, the notion of reciprocal vulnerability may be useful: it brings to the fore the relatedness and intimate connections between ethnographers' experiences of suffering and those of their interlocutors (Schild 2021). Through practices and ethics of care (Das 2007; Laugier 2016), forms of vulnerabilities that are affectively territorialized can be shaped into grassroot networks of solidarity within the field.

This is the case, for example, of the hospital's karaoke that has been running every week for at least the past ten years. Institutional memory doesn't go as far as to remember the karaoke's origin, and the staff team doesn't know when it was put in place, but they decided, due to the success of the activity and its alignment with the hospital's artistic centre agenda, that they would keep running it weekly. In fact, it is the only permanent activity at the artistic centre. "A classic", one resident told me. Despite this consistency, this space is generally of little interest to staff within the institutional organization. The karaoke is understood as an occupational activity only and not seen as part of therapy. The activity is led by an intern of the artistic centre, whose work is limited to ensuring the karaoke is properly installed and set up. But at 4pm, every Tuesday, you may hear voices coming down the stairs from people singing their hearts out. Most often, these people are not professional singers or musicians, but psychiatric patients experiencing moments of crisis unfolding differently.

I met Georges there; he has been going to the karaoke event for ten years. "It is my anti-depressant", he told me. He is a former patient; he was hospitalized twenty years ago, following the suicide of a family member. He was in his eighties when I met him. Georges sings well: he has a deep and gravelly voice. He likes to sing blues and swing: songs by Louis

---

[5] Sue Estroff for instance has been publicly criticized for this approach by psychiatry users' movements, see Russo and Beresford 2015.

Armstrong, Renaud, or Jacques Brel. We would sing duos, bringing together a high-pitched voice with a lower one.

I have found beauty in this space, and a kind of respite from the repression and control I have felt within other hospital spaces. At the karaoke, five to fifteen people gather and sing their vulnerability. People choose songs that have meaning to them and use their voices to express themselves freely. Sometimes, we dance. Sometimes, some cry. It is an emotionally powerful space, where people connect to each other and make friends. Solidarity and reciprocal vulnerability between patients are expressed here, sharing joy and raw feeling in moments of freedom, under otherwise heavier institutional constraints. In the social reality of this psychiatric hospital, everyone becomes a unique character, full of colours, fragilities, and eccentricities. The types of socialities expressed by individuals in the karaoke create new horizons for the expressions of one's own vulnerabilities, singularities, and forms of care for one another.

Inside Psychoeducation Programmes

I witnessed such spaces of solidarity and care flourishing around several psychiatric environments, where people were going through similar experiences. "I didn't come here for that, but I've made some valuable friends who have given me a lot of support in the association", a member of an association for families of people with schizophrenia tells me. The psycho-educative programmes described above (see section on guilt) constitute another one of these spaces of care. Family members seek support in developing new relationship skills with their loved one, to help them manage their emotions and cope better in difficult situations. In these programmes, members and participants act as a community of carers who are there to learn how to care for their relatives when confronted with schizophrenia or related diagnoses, and to be cared for and supported. People express their difficulties regarding hospitalizations, money, drug issues, etc. They discuss the impact schizophrenia has on their own lives, their experiences with the hallucinations of their relatives, or their relatives' difficulties with finding stability in their lives.

By building supportive communities, these structures fight against the taboo and stigma surrounding psychiatric diagnoses such as schizophrenia, reshaping their social relations and subjectivities, and thus reterritorializing their affective lives. By the time they start psychoeducation, family members have generally been in contact with psychiatric services for several years. They often feel helpless in their own situations, lost, angry at the system and at the lack of resources they have access to.

Most people in these associations and programmes are women, mainly mothers. The programme's statistics reveal how care work around mental health is gendered and performed in majority by women. Care is a key component of the way members of these communities understand and represent themselves. Their self-perceived inability to care satisfactorily for their loved ones explains their willingness to invest in a time-consuming programme, and to relearn their caring practices based on normative psycho-educative principles.

Being a programme participant was a condition of my presence as a researcher. Nurses and participants thus knew from the start that I myself was the sibling of someone diagnosed with psychosis. Disclosing this information in these psychoeducation programmes led to trust, transparency, and understanding of my position and research interests. In these spaces where participants share painful experiences and express emotions such as anger and guilt, unveiling this information indeed became a condition for the development of dynamics of solidarity through reciprocal vulnerability.

Unveiling Positioning in Academia: "Objective" Distance, Vulnerability, and Scientific Credibility

Mid-fieldwork, I presented my project in a seminar outside Switzerland. It was a difficult moment: a senior anthropologist disagreed with my methodology, in part because of the type of narrative and literary writing I had developed, and in part because of my approach towards vulnerability. My positionality came into question, as I had already unveiled the more personal aspects of my research interests to the fellow anthropologists attending this seminar, and I was told that I was not distant enough from my topic. The display of my friendships and care for people in the field through shared affects and vulnerabilities was seen as uncomfortable and problematic in the pursuit of more "objective" data. I was advised by this researcher that it was "better and easier to talk about things that [I am] not [personally] concerned with". I left this seminar feeling crushed and angry. Should I in fact hide how close the topic was to me?

At the time of this seminar, I was re-reading Jeanne Favret-Saada and taking inspiration from her approach to affects. She advocates for the study of exchanges of "feelings, perceptions and thoughts" (1990, 6), instead of a sole focus on representations. Already in her first book *Deadly Words* (1977), she denounces "folklorists'" disconnection to social reality in their approach to witchcraft: because of their distance from the field and lack of (affective) participation in it, they did not take actors and witchcraft seriously enough and came to incorrect conclusions. Following this feedback at the seminar, I decided to contact her and visit her in France. Our discussion there left me feeling more assured of my approach: one that doesn't look at social phenomena from afar, but chooses to study social phenomena *through* affects, whatever they may be, positive or negative, and whatever their intensity.

The pursuit of objectivity has been recognized as an illusion for many decades in the history of the discipline of anthropology (see Davies 2010; Herzfeld 2018). The "distant" position suggested in the critique of this more experienced scholar, arguably close to what Davies (2010) would call "traditional empiricism", would strike many of today's anthropologists as dubious, as research on emotionality continues to proliferate in its richness and diversity. Yet perhaps surprisingly, given this state of the literature, the event described above resonated with the academic experiences of several early career colleagues, who were in vulnerable positions in their own fields.

Unveiling my proximity to the topic has also been questioned in the name of ethics by the reviewers of an article that I wrote on psychoeducation programmes. They wondered if disclosing the fact that I too was an affected family member was not intrusive and deceitful. I did not understand these comments, since I announced from the start to all the participants

in the programme that I was there primarily for research purposes. I had obtained their consent and ensured their anonymity. The fact that I also came as a participant and disclosed this information was demanded by the nurses in charge of the programme and was a condition of my entrance in this space as a researcher. All this information was present in the article under review. It seems that the ethics of my research process was questioned precisely because I disclosed this part of my identity in the field. Despite the clearance of the project by the ethics review committee, sharing these aspects of my life was still considered ethically ambiguous by these reviewers. In a different occasion, after a colloquium presentation in which I disclosed the story of my sister and how it helped me bond with someone in the field, an anthropologist unbeknownst to me asked me about the risks of my position and approach. He was wondering about the risks of "victimization" with my approach to vulnerability, implying that I was necessarily in a privileged position as a researcher.

The feedback from both instances seemed indistinguishable from a denial of parts of my experience as a person and a researcher. They left me baffled and perplexed: why could I not simultaneously be in the privileged position of a funded researcher in academia, and in the less privileged position of a caretaker and family member of someone experiencing psychological difficulties? Privilege, or vulnerability, are rarely pure conditions. They are situational, relative social phenomena that exist on a scale and are to be understood within a constellation of factors. It also seemed to point towards a double standard that favours researchers who are not directly concerned by the issues they discuss in the name of objectivity and ethics. The second situation also left me feeling overlooked and seemingly inverted the problem: instead of understanding the privilege of having a funded platform in academia as an opportunity to talk about issues of vulnerabilities, such privilege would necessarily overshadow and have the power to erase less privileged aspects of my life, including the reason why I was doing research in the first place.

Conferences generate environments where one should give an impression of "non-vulnerability": they are spaces where, to professionally succeed, one should be able to have answers, know better, and in particular, not fail. It further reinforces the sense that to be scientifically credible, one must be detached from the suffering potentially happening in their field, and their potential relation to it, as if the field is not and should not really be their life: academia is. But this affirmation does not ring true for many anthropologists, since anthropological knowledge is broadly built upon this ambiguity of belonging. This duality between immersion in the field and in academia is precisely why the knowledge we generate is valuable.

While vulnerability is at the centre of preoccupations and creates subcultures of care practices in the field, vulnerability often remains taboo in academic cultures. Despite the high prevalence of burnouts and depressions within academia, publicly talking about personal vulnerability often entails a personal cost. Disclosure of one's vulnerability in this setting, with the discomfort that usually unfolds afterwards, can become a certain form of activism against a culture unwelcoming of such self-exposure. Academic competition and individualistic interests contribute to erode the solidarity and care that might emerge between researchers. As a discipline, anthropology exists within institutional and financial constraints; even when research approaches based on emotional responses are valued within the field, researchers often have to compose with more conventional methodologies to navigate academic spaces. Interdisciplinary spaces, where emotions and subjectivity are valued less

than quantifiable data can also impede this kind of qualitative research. Gender dynamics also played a role: womanhood is assumed to be vulnerable; if, in addition, I indeed started showing vulnerability, it felt shameful and weak.

All of these elements contribute towards creating cultures that value researchers who show detachment, restraint, and ways to be emotionally "above and beyond" our interlocutors in the field. However, unveiling one's positioning is a repeated process, and some spaces in academia also provide more opportunities to flourish. Support can be provided in the form of secure contracts and institutional avail. My discussions with Jeanne Favret-Saada and the professor mentioned at the beginning of this article were also reassuring. These moments, among others, constituted environments where vulnerability was recognized, the approach valued and in which I could receive astute and reflective feedback to develop this methodology.

Despite calls to decolonize anthropology that would be facilitated by reflexivity, doing "anthropology at home", and studying the Global North as much as the South, there is still a sense in the discipline that "the more unfamiliar the subject is from the ethnographer's own identity and experiences, arguably, the greater the sense of validity of the research" (Collins and Gallinat 2013, 8 in Anderson 2021, 1). This is due in part to the "perceived lack of objectivity and degree of difference" of researchers-at-home (Anderson 2021, 2). Literature by academic researchers in the field of mad studies[6] helped me counterbalance such viewpoints. By reappropriating the label of "madness", these scholars placed their identification as mad as their primary asset, expressing a response to the epistemic injustice they endure and advocating in favour of a close engagement with the world for the generation of ethnographic knowledge (Costa 2014; LeFrançois et al. 2013). They highlight that they are tired of being objectified by academics, anthropologists included (Russo and Beresford 2015). "We often find ourselves giving not just our story but also the knowledge that has emerged from our experiences only to have it re-framed, serving various purposes and different agendas, and ultimately alienated from us" (Russo and Beresford 2015, 153). They denounce the absenting of their perspectives in scholarly work, the "prompt detachment of concepts (…) from the realities they claim to illuminate" and "the longstanding academic habit of avoiding a dialogue with subjects of their interest outside traditionally divided research roles" (Russo and Beresford 2015, 154).

The cultures of academic anthropology thus seem to have a paradoxical relationship to vulnerability. On the one hand, difficult subjects and challenging field sites are encouraged, and the ethics and positionality of the researcher towards them are always thoroughly interrogated, sometimes without considering the risk of (re-)traumatization. On the other hand, although our lives are not always easy to compartmentalize, academic circles do not always successfully support this type of vulnerability in their own spaces (Nair Ambujam 2021), and scientific credibility is still often contingent to an impression of emotional non-vulnerability and "objective" distance. Anderson (2021, 2) notes that "as a methodological practice, conducting research in familiar places is characterised as providing automatic insider status (Wiederhold 2014), or as being a threat to the illusion of objectivity (Heley 2011)." But this positionality and the resulting affects are also precisely what can generate forms of knowledge that would otherwise remain inaccessible to the researcher, as argued by anthropologists like Jeanne Favret-Saada and Angela Garcia (2010).

---

[6] See the *International Mad Studies Journal*, https://imsj.org/.

Conclusion

Anthropologists are narrators but also embodied beings who exist through the potentially difficult social realities they describe, and whose tangible experiences participate in shaping their words. We exist through stories, and our ethnographic storytelling constitutes an integral part of the way we produce anthropological knowledge (Narayan 2012). Narrative and theoretical categories depend on each other, and positionality is particularly crucial for storytelling. One's own positionality and affective entanglements always shape the data. Unveiling such positionality allowed me to find my voice and integrate it into my analysis and the way I narrate my ethnographic experience. Furthermore, a story might be one of the only elements left available to people in situations of vulnerability, deprivation, or dispossession, and can be particularly valuable in contexts where epistemic violence (Spivak 1988) prevails. Academia can be a space for these stories, their affective territorializations, and positionings when narrated with analytical insight and care.

Unveiling one's personal vulnerability in the field and in the academic world has led to different reactions and emotions. While it often led to fears in academia, this information also helped to create mutual understanding, friendships, and relationships of care and solidarity in some spaces in the field. Depending on the context, I was either perceived as too close or too distant: I was often seen as being (too) close to my subject in academic spheres, but conversely so in the field: since I did not come from the same region, and as an academic, I was generally considered rather distant from the topic. This ambivalence probably reveals more about personal views on the subject matter and on the type of extreme vulnerabilities present in this research, than about my own relationship with it.

Vulnerability in all its forms can constitute productive and creative impulses and lead to specific competences. It can generate curiosity, a will for transformation and a process-oriented approach towards knowledge. The professor described at the beginning of this article, who was told as a young scholar that it was "academic suicide" to pursue such difficult and emotionally loaded fieldwork, wrote a highly influential book out of this project. It illustrates a paradox in anthropology: a frequent lack of consideration for human fragility in relationships between fellow researchers, and the epistemological value ascribed to reflexive inquiries into affective and political entanglements of social sufferings.

Acknowledgements

References

Ahmed, Sara. 2004a. *The Cultural Politics of Emotion*. Edinburgh: Edinburgh University Press.

Ahmed, Sara. 2004b. "Affective Economies." *Social Text* 79 (22, 2): 117–39. https://doi.org/10.1215/01642472-22-2_79-117.

Anderson, Esther R. 2021. "Positionality, Privilege, and Possibility: The Ethnographer 'at Home' as an Uncomfortable Insider." *Anthropology and Humanism* 46 (2): 212–25. https://doi.org/10.1111/anhu.12326.

Anderson Ben. 2014. *Encountering Affect: Capacities, Apparatuses, Conditions*. Ashgate: Farnham.

Bateson, Gregory. 1987 [1972]. *Steps to an Ecology of Mind. Collected essays in Anthropology, Psychiatry, Evolution and Epistemology*. San Francisco: Jason Aronson Inc.

Biehl, João. 2013. "Ethnography in the way of theory." *Cultural Anthropology* 28 (4): 573–97. https://doi.org/10.1111/cuan.12028.

Blum, Pauline. 2024. "Frères et sœurs face aux troubles psychiques de l'un des leurs Des liens et des trajectoires transformés mais pas nécessairement brisés." *Revue des politiques sociales et familiales* 152 (3): 23–40. https://doi.org/10.3917/rpsf.152.0023.

Brennan, Teresa. 2004. *The Transmission of Affect*. Ithaca, New York: Cornell University.

Costa, Lucy. 2014. "Mad Studies – what it is and why you should care." *Mad Studies Network*, October 9, 2014.. https://madstudies2014.wordpress.com/2014/10/15/mad-studies-what-it-is-and-why-you-should-care-2/#more-127.

Crichton, Paul, Havi Carel, and Ian James Kidd. 2017. "Epistemic injustice in psychiatry." *BJPsych Bulletin* 41 (2): 65–70. https://doi.org/10.1192/pb.bp.115.050682.

Deleuze, Gilles, and Felix Guattari. 1972. *Anti-Oedipe: Capitalisme et schizophrénie 1*. Paris: Minuit.

Deleuze, Gilles, and Felix Guattari. 1980. *Mille Plateaux*. Paris: Minuit.

Connolly, William E. 2002. *Neuropolitics: Thinking, Culture, Speed*. Minneapolis: University of Minnesota Press.

Das, Veena. 2007. *Life and Words: Violence and the Descent into the Ordinary*. Oakland: University of California Press.

Davies, James. 2010. "Introduction: Emotions in the field." In *Emotions in the Field. The Psychology and Anthropology of Fieldwork Experience*, edited by James Davies, and Dimitrina Spencer. Stanford: Stanford University Press.

Duras, Marguerite. 1995. *Écrire. Folio*. Paris: Gallimard.

Estroff, Sue E. 1981. *Making It Crazy. An Ethnography of Psychiatric Clients in an American Community*. Oakland: University of California Press.

Favret-Saada, Jeanne. 1977. *Les mots, la mort, les sorts. La sorcellerie dans le Bocage*. Bibliothèque des Sciences humaines. Paris: Gallimard.

Favret-Saada, Jeanne. 1990. "Être affecté." *Gradhiva : revue d'histoire et d'archives de l'anthropologie* 8: 3–9. https://doi.org/10.3406/gradh.1990.1340.

Fricker, Miranda. 2007. *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford, New York: Oxford University Press.

Gable, Eric. 2014. "The Anthropology of Guilt and Rapport: Moral Mutuality in Ethnographic Fieldwork." *HAU: Journal of Ethnographic Theory* 4 (1): 237–58. https://doi.org/10.14318/hau4.1.010.

Gandré, Coralie, Delphine Moreau, Magali Coldefy, Ibtissem Ben Dridi, and Sylvie Morel. 2022. "Surmortalité des personnes vivant avec un trouble psychique : enseignements de la littérature et perspectives." *Santé Publique* 34 (5): 613–19. https://doi.org/10.3917/spub.225.0613.

Garcia, Angela. 2010. *The Pastoral Clinic: Addiction & Dispossession along the Rio Grande*. Oakland: University of California Press.

Heley, Jesse. 2011. "On the Potential of Being a Village Boy: An Argument for Local Rural Ethnography." *Sociologia Ruralis* 51 (3): 219–37.

Herzfeld, Michael. 2018. "Anthropological realism in a scientist age." *Anthropological Theory* 18 (1): 129–50. https://doi.org/10.1177/1463499617725473.

International Mad Studies Journal. nd. https://imsj.org/.

Jackson, Michael. 1989. *Paths Towards a Clearing*. Bloomington, Indianapolis: Indiana University Press.

Jackson, Michael. 2011. *Life within limits: Well-being in a world of want*. Durham, NC: Duke University Press.

Kidd, Ian James, Lucienne Spencer, and Havi Carel. 2022. "Epistemic Injustice in Psychiatric Research and Practice." *Philosophical Psychology* 38 (1): 503–31. https://doi.org/10.1080/09515089.2022.2156333.

Laugier, Sandra. 2016. "Politics of Vulnerability and Responsibility for Ordinary Others." *Critical Horizons* 17 (2): 207–23. https://doi.org/10.1080/14409917.2016.1153891.

LeFrançois, Brenda, Robert Menzies, and Geoffrey Reaume. 2013. *Mad matters: a critical reader in Canadian mad studies*. Toronto: Canadian Scholars' Press Inc.

Linder, Audrey, and Émilie Bovet. 2024. "C'est pas dans la tête : les injustices épistémiques dans les soins aux personnes qui ont des troubles psychiques." *Éducation et socialisation* 71. https://doi.org/10.4000/edso.27115.

Massumi, Brian. 2015. *The Politics of Affect*. Cambridge: Polity Press.

Nair Ambujam, Meenakshi. 2021. "Navigating the field: exploring gendered dimensions of fieldwork." *Swiss Journal of Sociocultural Anthropology* 26: 186–94. https://doi.org/10.36950/tsantsa.2021.26.7014.

Narayan, Kirin. 2012. *Alive in the writing: Crafting ethnography in the company of Chekhov*. Chicago: University of Chicago Press.

Rosenhan, David. 1973. "On Being Sane in Insane Places." *Science* 179 (4070): 250–58. https://doi.org/10.1126/science.179.4070.250.

Russo, Jasna, and Peter Beresford. 2015. "Between exclusion and colonisation: seeking a place for mad people's knowledge in academia." *Disability & Society* 30 (1): 153–57. https://doi.org/10.1080/09687599.2014.957925.

Schild, Pascale. 2021. Reciprocal vulnerability in the face of patriarchal violence. *Allegra Laboratory*, July 7, 2021. https://allegralaboratory.net/reciprocal-vulnerability-in-the-face-of-patriarchal-violence/.

Spivak, Gayatri Chakravorty. 1988. "Can The Subaltern Speak?". In *Marxism and The Interpretation of Culture*, edited by Cary Nelson, and Lawrence Grossberg, 271–13. Urbana, IL: University of Illinois Press.

Thrift, Nigel. 2008. *Non-Representational Theory: Space, Politics, Affect*. London: Routledge.

Wiederhold, Anna. 2014. "Conducting Fieldwork at and Away From Home: Shifting Researcher Positionality With Mobile Interviewing Methods." *Qualitative Research* 15 (5): 600–15. https://doi.org/10.1177/1468794114550440.

Author

Paola Juan is a social/medical anthropologist, graduate assistant, and part-time lecturer at the University of Lausanne. As part of her PhD, she studies freedom, care, and affect at the interface between

psychiatric services, communities, and non-profit associations in a rural region of Switzerland. These spaces offer services based on "humanistic" principles to people who are hospitalized in psychiatry on a re-curring basis. Paola Juan studied at the Universities of Neuchâtel and Lausanne (BA), the London School of Economics (MSc) and Stanford University (visiting doctoral candidate). Her work appears in edited volumes and in the journals *Visual Anthropology, ASDIWAL, Terrain,* and *Revue d'Histoire des Sciences Humaines.*
paola.juan@unil.ch
University of Lausanne