Initiatives in Anthropology and Language.

The Royal Anthropological Institute recently set up a committee on Anthropology and Language to look at the place of linguistic anthropology generally in UK universities. It was preceded by seminars which suggested a revival of interest in the field. Its activities are being documented on the RAI website. Members of the committee have each been independently involved in a number of conferences and seminars and have welcomed and linked up with scholars in sociolinguistics. Although its focus is on developments in the field in UK and continental Europe, individual members have also taken part in work involving linguistic anthropologists from outside Europe.

One example concerns a recent attempt to combine the methods and assumptions of medical and linguistic anthropology in an initiative entitled "Co-producing medico-linguistic understanding".

This addresses the fact that, during the past two decades, anthropologists have shifted from viewing language, medicine, and science as actually existing objects to documenting the practices, discourses, and technologies through which they are continually produced and the broader material, social, and political consequences of particular constructions. Nevertheless, subdisciplinary epistemological commitments of anthropologists have generally resulted in forms of boundary work that impede fruitful exchanges surrounding the co-production of these two sets of powerful objects, even as biomedicalization, neoliberal markets for language practices, and emerging forms of mediatization imbricate them in ways that would seem to require collaboration.

Beginning in 2014, Charles L. Briggs (UC Berkeley), Paja Faudree (Brown), and David Parkin (Oxford) launched an initiative designed to bring together scholars who work primarily on language- and health-related issues in order to explore what keeps these boundary mechanisms in place and their consequences for anthropological research. They were particularly perplexed as to why work by linguistic anthropologists on health sometimes attends closely to issues of entextualization, interaction, and poetics without taking into account work by anthropologists and science-technology-society (STS) scholars that has re-theorized medical objects. By the same token, it is common for medical anthropologists to examine mediatized objects, translation, texts, and digital interfaces in ways that seem to traverse ground that linguistic anthropologists have scrutinized intensively without appearing to notice that that they are treading well-worn paths. The initiators'goals included critical scrutiny of how these divisions are (re)produced and an attempt not simply to combine linguistic and medical anthropology but to see how dialogical encounters might transform them and inform broader anthropological understandings.

The three initiators organized a conference at the meeting of the European Association of Social Anthropologists held at the University of Sussex on 9-11 September 2015. The response from both European and U.S. colleagues was so strong that the encounter required three panels, which included Gabriele Alex (University of Tübingen), Beatriz Aragón Martín (University College Long and the Max Planck Institute), Rose Marie Beck (University of Leipzig), Steven Black (Georgia State University), Alexandre Duchene (University of Fribourg), Linda Garro (UC Los Angeles), Elisabeth Hsu (University of Oxford), Beatriz Lorente (University of Basel), Alexandra Pillen (University College London), and Anna Witeska-Mlynarczyk (Adam Mickiewicz University, Poznan), as well as papers by the three organizers.

It would be impossible to briefly summarize each individual presentation. Nevertheless, the two-day event suggested some new directions that cohere sufficiently enough to constitute a general set of findings. It is well documented, for instance, how gaps in communication between remote, indigenous communities and government health agencies thwart the treatment of epidemics. Less known is how this lack of communicative access may oblige members of

the indigenous communities themselves to solve problems in novel ways, sometimes by bringing together local and biomedical healers and doctors and, in due course, 'educating' regional governments that local people can draw upon their own experiences to help identify and refer disease causation and to support modern methods of sanitation and healthcare. Closing the communicative gap and co-producing medical knowledge in this way challenges a key requirement on the part of medico-political authorities that acceptable 'evidence' of the existence, nature and, sometimes also, causes of suffering must be provided before treatment may be carried out. This kind of privileged and exclusionary notion of evidence inevitably provides conditions for the emergence of 'gatekeepers' who not only control medical access but also set up their own personal, non-medical criteria for discussing and judging who is entitled to medical treatment. Often, in fact, the evidence of suffering is encoded in the way different groups of people speak and even in the structure of their language, which has therefore to be decoded as a preliminary move towards mutual understanding and effective treatment.

Inequalities of access to medical resources may also derive from inadequate or absent knowledge of the major language(s) of the social category, class or ethnic group that is most responsible for health care, as in countries or cities in which recent migrations have created such disparities. It is evident also that urban ethnic diversity, including that found in many European cities, means that communicative exchanges between doctors and patients of different ethnicities may mix vocabularies, which can sometimes clarify but may also transform ideas of what is medically relevant. More generally, identifying medical conditions may sometimes draw on culturally varying fusions of sound and meaning that are not straightforwardly linguistic and yet are crucial to understanding healthcare communication and diagnosis.

Under such morally evaluated chronic conditions as HIV/AIDS, barriers to healthcare communication may be set up through the simple fact of sufferers being verbally and in other ways stigmatised, to which there are often remarkable local-level humanitarian responses by ordinary people determined to break through such stigma and draw medical attention to the sufferers' plight. Again, medical knowledge may in this way be co-produced by lay people and specialists. The opposite to such inclusiveness occurs when a category of patients, such as children with ADHD, are not listened to by medical authorities and so are in effect written out of the narratives that develop around the condition. The commonly held professional assumption that the language of medical instruction can by itself produce successful healthcare responses can be challenged by the so-called "lay audience" when its members show that they have a vital collective contribution to what is said, and how and by whom it should be carried out, thereby calling into question the neoliberal focus on healthcare as being an individual responsibility. Conversely, unintended and unexpected interpretations may be made of therapeutic communication that both result from and further create diversity among patients and healing personnel. Recognising such diversity, bringing medical and linguistic resources together as mutual elements of knowledge co-production counters the way in which, for example, indigenous medicinal plants may otherwise be understood and evaluated differently by long-term indigenous users on the one hand and foreign medical professionals on the other hand.

In presenting these insights, the individual contributions revealed a common field which goes beyond showing that modes of communication and health understanding and provision are inseparably constituted. It indicates in addition that they shape each other dynamically and over time and offer opportunities for both medical and lay people to work together in producing medical knowledge (e,g, Briggs 2016). It is hoped that there will be further opportunities to explore areas in which anthropological perspectives on language use throw new light on previously separate domains of enquiry.