

MOBILITIES OF WELLBEING

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MOBILITIES OF WELLBEING

Migration, the State and Medical Knowledge

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Series Editors' Preface

Wellbeing and Ill-being: The Constraints and Opportunities of Mobility

*Andrew Strathern & Pamela J. Stewart**

This is a far-reaching set of studies, with a broad theoretical and ethnographic scope, dedicated to formulating an overarching viewpoint on the concept of wellbeing. Many of its case studies center on the difficulties people face in seeking wellbeing against the odds, experiencing instead palpable forms of ill-being. Wellbeing emerges as an aim, or ideal, for a future state, giving meaning to life even in conditions of hardship and stress. Classically, this perspective is attached to persons suffering from precarity of circumstances, such as asylum seekers, illegal border crossers, persons with serious illnesses, migrants in search of a better environment, or stigmatized categories of people such as Roma. What keeps all such people trying is precisely a vision of what wellbeing would be for them. Usually this is something eminently reasonable even if seemingly unobtainable, for example adequate access to public services and safety from danger.

In general, the volume's editors have sought to bring together the themes of migration, mobility, and wellbeing. Wellbeing, or the search for it, is often bound up with processes of migration. It can also entail mobility in general, the capacity to move around and make connections with places and people. Wellbeing can also be elusive both for the people studied and in terms of the schemes of thought of the ethnographer. By concerning themselves with wellbeing in a very broad and flexible fashion the editors and their contributors have allowed for variant forms of insight to be brought to bear on the phenomena.

The predominant approach to this complex field of enquiry lies, for the contributors, in participant observation combined with existential and phenomenological interpretations. We get to know individuals, and

at the same time, through their experiences, we get to know the structures that constrain their actions. The knowledge the ethnographer gains in the fieldwork is a product of dialogue and 'being with' the people studied, and so it is co-produced. And recognition of this point goes with an empathetic stance toward the data. The studies rarely represent obvious success stories, but they invariably show individuals struggling to realize meaningful futures and adjusting their plans creatively when faced with failures of one or another plan.

The concept of wellbeing adds significantly to the scope of medical anthropology. It reinforces a holistic and embodied view of health and sickness, bringing together mental and physical aspects of being. The people portrayed in this book are sometimes suffering from defined illnesses, such as HIV AIDs, but more often are suffering generally from misfortune or prejudice or adverse life events, of the kind that the anthropologist Kaya Finkler described in one of her books as 'life's lesions' (Finkler, 2001). Given this, the authors turn their attention to how people seek to cope with, if not overcome, such lesions by maintaining hope of a better future for themselves. Indeed, a major theme that stands out in these studies is the importance of hope, along with the human need for care, for someone to care for them and about them. When this pathway seems no longer open, despair can set in. Given the contexts involved, it is unsurprising that state policies and ingrained attitudes are deeply influential. The in-depth historical studies by Robin Oakley and Judith Okely lay bare this theme over long periods of time. The same story is told in the chapters on Roma in Leeds, by Markéta Doležalová, on asylum seekers in South Africa by Rebecca Walker, and on centers for asylum seekers by Anne Sigfrid Grønseth.

The editors and contributors have greatly enriched knowledge of the various meanings that can be given to wellbeing and have convincingly added to the repertoire of concepts available for deployment on medical anthropology and in understanding the struggles of asylum seekers in today's turbulent and uncertain world.

All of the contributors to the volume add substantively and thoughtfully to the clusters of themes we have outlined here. Some are more optimistic than others and are able to report positively on wellbeing initiatives in their field areas, such as Jonathan Skinner's analysis of dance therapy in Strabane, a border town in Northern Ireland much troubled by political strife. Studies of wellbeing are shadowed by those of ill-being, as in Young

Hoon Oh's discussion of Sherpa ill-being and ways of coping with it. Anne Sigfrid Grønseth provides readers with a poignant essay on the experiences of asylum seekers in Norway, highlighting their stressful circumstances. Particularly striking is her deployment of Giorgio Agamben's concept of 'bare life' in order to highlight the liminal situation of the asylum seekers (Agamben, 1998). Liminality is indeed a feature that emerges in all of the chapters in the volume (e.g. Simone Topi on a migrant couple in Brazil, Paweł Lewicki on a Polish migrant couple in Berlin, Jacquelyne Luce on Mitochondrial disease patients in Germany). The study by Shirley Chubb and her co-authors on 'significant walks' brings a number of perspectives to bear on the phenomenon of walking and the difficulties some people experience with it. This study highlights for us the importance of the body as a physical phenomenon that enables or constrains mobilities.

In our book on *Curing and Healing* (Strathern and Stewart, 2010), we outlined the significance of the difference between the processes of curing seen as a biomedical phenomenon and healing seen as a sociocultural process. The person and groups studied in the present volume are portrayed as seeking to move from ill-being and its embodied concomitants towards wellbeing, as a kind of healing both for the spirit and for the body. Well-being therefore encompasses both curing and healing. In extreme circumstances both curing and healing are under threat, as we have explored in relation to events of environmental disaster that may force people to migrate. Here, mobility is problematic, sometimes being an index of ill-being in spite of a search for wellbeing (see Stewart and Strathern, 2018).

These kinds of considerations are brought sharply into focus in the recent world-wide catastrophic events that have engulfed countries affected the Covid-19 virus (2019–2021). Here we see that mobility and social interaction on a globalized basis have led to immense difficulties of suffering brought about by infection. The virus is very successful in its mobility, but for its human hosts the effect has been to limit and constrain their mobility. Globalization has led to the problem and becomes moot in this context. 'Shelter in place' arrangements directly negate mobility and run counter to most social practices yet may be necessary to curb the mobility of the virus itself. All in all, the virus has in many ways turned upside down the characteristics of 'modernity' that have been seen as synonymous with the evolution of social life. The virus is a massive challenge to human ingenuity and capability for resilience, providing also grist to the overall mill

of biomedical research for years to come. The virus also poses a massive problem for economies, since the procedures intended to combat it also entail the disruption of many economic activities. It will be very important for in-depth studies of individuals and their life response to the virus to be made, in the spirit in which the contributors to this notable volume have done so sensitively and perceptively, with the inspiration provided by the editors and explained in their Introduction.

Birch, May 2020

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Note

* Pamela J. Stewart (Strathern) and Andrew J. Strathern are a wife-and-husband research team who are based in the Department of Anthropology, University of Pittsburgh and co-direct the Cromie Burn Research Unit. They are frequently invited international lecturers and have worked with a number of museums to assist them with their collections. Stewart and Strathern have published over 50 books, over 80 prefaces to influential books, over 200 articles, book chapters, and essays on their research in the Pacific (mainly Papua New Guinea, primarily the Mount Hagen, Duna, and Wiru areas) and the South-West Pacific region, (e.g., Samoa, Cook Islands, and Fiji); Asia (mainly Taiwan, and also including Mainland China and Inner Mongolia, and Japan); Europe (primarily Scotland, Ire-

land, Germany, and the European Union countries in general); and New Zealand and Australia. One of their strengths is that, unlike some others working in Mount Hagen among the Hagen people, they learned the language, Melpa, and used it to understand the lives of the local people. Their most recent co-authored books include *Witchcraft, Sorcery, Rumors, and Gossip* (Cambridge University Press, 2004); *Kinship in Action: Self and Group* (Prentice Hall, 2011); *Peace-Making and the Imagination: Papua New Guinea Perspectives* (University of Queensland Press with Penguin Australia, 2011); *Ritual: Key Concepts in Religion* (Bloomsbury Academic Publications, 2014); *Working in the Field: Anthropological Experiences Across the World* (Palgrave Macmillan, 2014); *Breaking the Frames: Anthropological Conundrums* (Palgrave Macmillan, 2017); *Sacred Revenge in Oceania* (Cambridge University Press, 2019); *Sustainability, Conservation, and Creativity: Ethnographic Learning from Small-scale Practices* (Routledge Publishing, 2019); and *Language and Culture in Dialogue* (Bloomsbury Academic Publishing, 2019). Their recent co-edited books include *Research Companion to Anthropology* (Routledge Publishing, 2016, originally published in 2015); *Exchange and Sacrifice* (Carolina Academic Press, 2008) and *Religious and Ritual Change: Cosmologies and Histories* (Carolina Academic Press, 2009), along with the updated and revised Chinese version (Taipei, Taiwan: Linking Publishing, 2010). Stewart and Strathern's current research includes the topics of Eco-Cosmological Landscapes; Ritual Studies; Political Peace-making; Comparative Anthropological Studies of Disasters and Climatic Change; Language, Culture and Cognitive Science; and Scottish and Irish Studies. For many years they served as Associate Editor and General Editor (respectively) for the *Association for Social Anthropology in Oceania* book series and they are Co-Series Editors for the *Anthropology and Cultural History in Asia and the Indo-Pacific* book series. They also currently serve as Co-Editors of four book series: *Ritual Studies*, *Medical Anthropology*, *European Anthropology*, and *Disaster Anthropology*, and they are the long-standing Co-Editors of the *Journal of Ritual Studies* (on Facebook: at [facebook.com/ritualstudies](https://www.facebook.com/ritualstudies)). Their webpages, listing publications and other scholarly activities, are: <http://www.pitt.edu/~strather/> and <http://www.StewartStrathern.pitt.edu/>.

Introduction

Anne Sigfrid Grønseth and Jonathan Skinner

Two Tales of Mobilities of Wellbeing

Fatimah sits back in the sofa she shares with two other single mothers and all together five children under school age. The other women are out and the children are at the kindergarten. It is a rare tranquil moment. We both sit with a cup of tea and have agreed to have a chat about her experience of living in the reception centre. Fatimah points to the kitchen workbench with used pots and pans, to the open door into the bathroom with the damaged toilet, and the number of toothbrushes, towels, soaps, to all the shoes and clothing lying at the floor next to the entrance door. She points to the draughty windows and the worn-down floor and spots of water-damaged and door thresholds. "Look" she says, "this is like a dog-kennel. We live in filth and bark at each other. I was told Norway was a good place for children and for my religion [Protestantism]." Fatimah sighs. She touches her head and declares that she needs silence. She touches her heart and says she needs to sing and pray. She reaches out her hands and says she needs her life to move on. She says "I am killing my time and my mind. The refugee-nurse can do nothing, she does not understand. I need to be strong. I pray to God that one day he will change my life. I want to become a nurse and work at the gamlehjem [home for the elderly]. I cannot go back to Eritrea".

This small vignette from Fatimah speaks to the volume's concern with mobilities of wellbeing. It demonstrates mobility in terms of refugee migration and the human quest for safety and wellbeing. More so, it illustrates the unsettledness and fragility of wellbeing as it relates to general issues of physical environmental and housing qualities, education and economic welfare, as well as access to and quality of health and welfare services. Such issues together, I [ASG] argue construct a refugee arrival infrastructure, one which keeps Fatimah and the asylum-seekers at the

margins of Norway allowing only a minimum of safety, belonging and wellbeing. Living for months and years in worn-down housing on the outskirts of town and not allowed education or work, the asylum-seekers feel let down by the state governed asylum-seeker reception centres' and Norwegian society. Instead, they turn to religion and deities for their hope and aspirations for a future of not only (temporary) safety but also for a wellbeing that recognises equality and humanity. As such, the study of asylum-seekers and their stories, like Fatimah's, illustrate the mobilities of wellbeing to include an ethical stance that call upon a moral, both globally and locally, response—for me, wellbeing is not only individual but also communitarian.

Happy, healthy, the daughter of dotting parents, Lucy crosses the border between the Republic and the North for her dance practices and performances. She rolls across the stage in a rehearsal and lines herself up for contemporary moves with her carer whom she supports. Her wheelchair becomes an elevated support and stage for her carer. They dance together, Lucy reaching, rotating, arching arms and rolling wheels through the performance. Her carer stands and bends, twists and responds with shapes made between her body, Lucy and her man-made movement machine. At the end of their piece, they warm down, break for tea and return across the border to where Lucy lives.

For me [JS], this Lucy vignette goes some way towards illustrating some of the themes in this volume. It is an example of mobilities of wellbeing in that Lucy crosses a national border daily to dance in Strabane, a border town in Northern Ireland that traverses into the Republic of Ireland. She is driven across a bridge that divides the town and separates the two ethno-national groups, Unionist and Nationalist quarters that have been divided, polarised and traumatised by decades of conflict and centuries of struggle. Besides this mobility-as-transport approach to Lucy's dancing, we have Lucy's other literal and physical movements in her wheelchair across the stage and in accompaniment with her bipedal carer. She uses a joystick to rearrange herself and to interact with her dance partner.

Lucy is expressing herself and her relationship with her carer on the stage. She is at peace with herself through this self-expression. The dancing is cathartic. It democratises her patient-carer relationship and adds an

egalitarian dynamic to their interactions. Lucy can contribute as choreographer and artist—as partner and not just as patient. This physical duet also has an internal affect upon Lucy’s condition from her state-of-mind to her internal constitution, from her existential peace-of-mind and state-of-flow in the interactions together.

Outlining Mobilities of Wellbeing

This collection is concerned with mobilities of wellbeing as they take place in various guises across a range of migrations and motions; as they are shaped and restricted by state policies; and as they contribute to, challenge and contest conventional medical knowledge and its alternatives. We examine, in particular, the relationship between mobility and wellbeing through a set of careful, detailed ethnographic case studies from around the world of migrants and their health and wellbeing movements; wellbeing and the citizen at state level; and the production, international dissemination and local reception of medical knowledge. The volume argues as a coherent body of anthropological literature, that wellbeing is foremost a moving and flexible process rather than an identified state or condition that tends to be more common within the traditional medical or mental health approach.

Seeking wellbeing as it encompasses various forms and contents, we argue, will always involve some kind of mobility or motion. While exploring the mobilities of wellbeing, we emphasise a creation of knowledge that recognises human individuality and diversity, as well as human commonalities and reciprocity. This concern appears throughout the volume as the chapters consider how ethnographic and anthropological knowledge created is produced between and within social positions and relations between persons. As such, each chapter examines the various navigations and negotiations individuals and groups of people engage in as they comply, contest and transgress state boundaries, residency and citizenship, diagnoses and treatment, pre-classification, stigmatisation and discrimination.

Our current time is increasingly characterised by migration, movement, mobility and motion, all regulated and manifested in national, transnational and global standards, treaties and agreements, dispersal of commercial goods, foods, medical remedies, welfare support, and citizen

rights, of which all direct and effect mobilities in our human quest for wellbeing. Not only do the mobilities challenge and offer senses of wellbeing, but wellbeing in itself, we argue, is in constant flux and motion (Jackson, 2011, 2013; Rapport, 2009). Understanding wellbeing as a mode or sense of wishful becoming, we see the mobilities of wellbeing to reflect the human condition in its struggles to combat and overcome discrimination, injustice, degradation, suffering, pain and sickness. To encompass and illuminate this endeavour we call for a knowledge created in engaged relations that recognise human affinity, while also the distinctions between people who are positioned differently within social, material and cultural structures and meanings.

The volume's concern with mobilities of wellbeing, as it essentially includes degrees of discomfort and suffering, is furthermore triggered by an acknowledgement of individual's and peoples' distinct accessibility to and attainment of wellbeing and health, depending on their ability for movement and mobility. However, being hindered on one pathway, or stuck on a blind path, the volume demonstrates through the case studies how the human agency and quest for wellbeing is continuous and always searching for other and new pathways. Of course, we hasten to add, mobility does not necessarily lead to wellbeing. It may also lead to various kinds of misfortune, sickness, suffering, stigmatization and discrimination. There is little, if any, wellbeing or betterment of life without mobility, as much as there is no wellbeing without a minimum degree of discomfort or suffering.

As the issues mentioned above are at the heart of our endeavour, we focus the discussion along three distinct and interrelated aspects of mobility and wellbeing (broadly defined): how wellbeing relates to movement and migration; how wellbeing relates to the state; and how our understanding of wellbeing relates to the relations between researcher and its subjects in the production of medical knowledge and its alternatives. The individual chapters and volume as a whole examines mobilities and flexibilities in wellbeing transgressing common categories and approaches within studies of both medicine and migration. These concerns include consideration of contemporary modes of knowledge creation and production relating to wellbeing, suffering and misfortune. As part of this, we highlight knowledge as it is created between and within social relations, imaginations and persons. Taking such a view, we challenge traditional evidence-based prac-

tices structured within a neoliberal politic and focus on moving, feeling bodies and beliefs, and the sensoric experiences of wellbeing, suffering and misfortune such as those found in the patient, migrant and religious supplicant.

From this approach, the volume explores the conditions and capacities of human nature and human agency under duress from the micro to the macro level, from cell to 'dividual', from peoples' everyday experience to institutional organization, from bodily perceptions to intellectual discipline. Forms and modes of knowledge derived from ethnography show how mobile and flexible experiences of misfortune, suffering and wellbeing can be. Within this frame we ask: What is the value of ethnographic knowledge produced through interaction and participation? What new varieties of wellbeing and misfortune are emerging in this postmodern, neoliberal era of travel and mobility? What is the future of movement for leisure and medical necessity, for human dignity and mutuality, for wellbeing and suffering in its many dimensions?

Theorising Wellbeing: Moving Towards a Becoming

The volume's contribution rests on its focus on wellbeing from a perspective of mobilities such as migration, travelling, bodily, emotional, sensory, and trance-related experiences. Taking the approach of such mobilities, the book challenges traditional evidence-based practices within neoliberal politics, and a top-down view in the creation of knowledge. As a starting point, the World Health Organisation's definition of health and wellbeing shows the tight inter-connections: for them, health is "a state of complete physical, psychological and social wellbeing and not merely the absence of disease or infirmity" (World Health Organization, 1948: 1). We contest the tendency here towards a static view of health and wellbeing as a state or condition. Rather, we see health and wellbeing as a dynamic experience connected to interlinked processes between the physical, psychological and social dimensions which are effected, formed and experienced along these dimensions both apart and interwoven. However, more than affirming, we reach beyond the WHO's approach by highlighting wellbeing as equally an individual and community experience that transgresses common categorization by ways of medical diagnosis, ethnicity, gender, class and various processes of "Othering".

From a quantitative perspective, we accept that wellbeing can be measured and ranked. The Organisation for Economic Co-operation and Development (OECD, 2017) suggests that wellbeing is a set of material capital and human social capital factors. The social capital, for example, has group and individual desirable qualities: namely, liberty and employment, equality and opportunity, social support and cohesion, education, 'health and safety', but also income, community and environment. With objective criteria for wellbeing such as these, it is possible to develop a metrics and index of wellbeing in countries where 'Life's Better', a life satisfaction score (OECD, 2017). Wellbeing is also turned into a numerical score by the United Nations Development Programme (UNDP) in the construction of its Human Development Index (UNDP, 1990, 1994, 1998, 2002), and the World Health Organization (WHO) in devising its quality- and disability-adjusted life-year metrics (Cummins, 2005; WHO, 2001; WHOQOL Group, 1993, 1998).

To get a fair idea of what this implies, we dwell a little on the introduction of the rather narrow (compared to the WHO's dated definition of health above, 1948) disability-adjusted life-year (DALY) understanding of health and wellbeing which has saturated the thinking of decision-makers and become central to the subject (Murray, 1996: 3). This view constructs a global burden of disease as a measure that combines healthy years lost through premature mortality with those lost as a result of disability (Murray, 1996: 1; Manderson, 2005b: 2), and was introduced by the World Bank (1993) in the *World Development Report 1993*. By employing such a metric as the DALY, it is possible to summarise available evidence and a variety of indices so as to identify individuals or groups in greatest need. As Manderson (2005b) describes, income is commonly used with a poverty line set at a level appropriate to indicate who needs assistance to meet the most basic living requirements, and thus for instance offering support through food stamps, basic health cover, assistance with shelter, clothing, basic facilities, or tax relief. Similarly, the infant mortality rate has been used as an index sensitive to economic conditions, health and medical services in order to identify countries with the greatest need for health interventions and other policies like, for instance, poverty alleviation, investment in infrastructure for water and sanitation, or debt relief. In this way, the DALY have offered policy makers, bilateral agencies and multilateral institutions a measurement that computes the cost of morbidity and loss of function

in order to make decisions regarding allocation of resources for public health, clinical services, organisation of health systems, financing and directing of resources.

The DALY measurement has been heavily criticized for technical and moral-political reasons, and for its dismissal of different social, economic, cultural and physical environments in which individuals experience particular illnesses and diseases (Manderson, 2005b). In particular, it is problematic that it neglects to take account of differences in class, age, gender, family structure, support networks and community capacity, all of which influence personal and wider responses to illness, psychological adjustment, physical management and care. Furthermore, it lacks attention to how these social aspects affect how we conceptualise wellbeing and how societies organise the security—and consistency—of wellbeing. Because wellbeing includes physical and mental health, a sense of satisfaction, personal fulfilment and an existential state of ease (as opposed to dis-ease), it can be regarded as a social construct that is flexible and varies with place and time.

Notwithstanding the above, wellbeing has become a standard part of models of welfare and development as well as a methodological and epistemological building block for theories of cosmopolitan and global justice (Nagel, 2005; Nussbaum, 2006). In policy-making, wellbeing has been a fruitful concept to unify cross-cultural understandings as to what it means to be a capable person; it brings together thoughts about health, education, empowerment, civil rights, gender relations, human rights, natural environment, and individual freedom and opportunities (Jimenez, 2008: 2). In parallel with this, there is an associated more difficult discussion, and perhaps sinister in terms of possible global moral dictum (Strathern, 2005), about ‘quality of life’ (Nussbaum and Sen, 1993; Offer, 1996) and generalizations about what constitutes a ‘good life’.

In contradistinction, this volume takes a critical look at the notion of wellbeing by ethnographically exploring the human quest for wellbeing. It achieves this by presenting a set of case studies that we refer to as mobilities of wellbeing from, instead, a qualitative perspective. Through an anthropological lens, the volume examines modes of knowledge creation and production relating to wellbeing. These cases are contemporary and take into consideration the impact of migration and the movement of people, as well as the state controls and responses to these shifts. As part

of this re-interrogation of wellbeing through an anthropological lens and the vein of mobility, we highlight discussions of knowledge as it is created between and within social relations, imaginations and persons. We challenge traditional evidence-based practices structured within a neo-liberal politic, and focus upon moving, feeling bodies and beliefs, and the sensoric experiences of wellbeing, suffering and misfortune such as those found in the patient, migrant, or religious supplicant. Our modus operandi is to use detailed ethnographic case studies to explore the conditions and capacities of human nature and human agency under duress from the micro to the macro level, from cell to 'dividual', from peoples' everyday experience to institutional organization, from bodily perceptions to intellectual discipline.

Our understanding of wellbeing is inspired by Rawls' (1996) phrase 'comprehensive conception' of human life. This is taken and adopted by Nussbaum (2005: 28) to incorporate a general cultural mode of understanding:

[O]verall conception of what has meaning and value in life. People's religious beliefs, their ideals and commitments, their diverse views about what has meaning, their particular loves and attachments, will rightly inform the conceptions of wellbeing that they form and use, both in informal conversations and in public settings.

Taking into account how our contemporary societies encompass a plurality of such comprehensive conceptions of life's purpose and values, it is not reasonable for a state policy to define what conception of wellbeing should be adhered to as the only correct approach. This, of course, raises important issues of what should make the core values of 'reasonable pluralism' and 'reasonable disagreement' (Rawls and Larmore referred to by Nussbaum, 2005: 29); thus addressing an additional possible discussion which goes beyond the scope of this chapter. However, the conceptualization of wellbeing is certainly one of the concepts that need to be articulated to ensure basic entitlements of citizens in a pluralistic society, and provide the social conditions needed to enhance these. Leaving the following discussion aside we, however, take a leaf from Nussbaum (2005) and reiterate the need for care as one of the primary goods to be secured—an

important point absent from Rawls's list of 'primary goods'.¹ As people are in need of care because of sickness, illness or disabilities throughout an increasing lifespan, the issue of care has risen exponentially and has the potential to be a source of injustice (for both those in need of care as well as those who give care).

Moreover, as a critique of modernist and ahistorical presumptions about how people should fare in life (see for instance Williams, 2005; Sandel, 1982; and Jimenez, 2008), we underline how we see individuals not as abstract personhoods and selves but also as players strongly influenced by social relations and cultural contexts. These "extraneous" factors play into persons' reasons, decisions and actions as they are formed within a moral community in which a persons' biography takes shape. In this sense, wellbeing is always related to the person and hence so to the sociocultural. Acknowledging that wellbeing holds a moral meaning and ethical stance, wellbeing must, as Jimenez (2008) points out, in principle reflect people's ownership of its description. As such, a person's reasons, intentions and ability for migration and mobility, the state's interference and regulation, and the fundamentals of medical knowledge and its application and accessibility, address overall concerns for the mode of justice that appears in a society.

Introducing justice into the wellbeing formula, it may be useful to distinguish between welfare and wellbeing in the sense that the supplementation of welfare services and provisions does not necessarily imply adding to people's wellbeing. Wellbeing viewed from a phenomenological existential stance bridges between the collectivistic and individualistic experience. Challenging Sen's view that fulfillment comes by living our lives in accordance to our preferences and values (1982, 1993), Jackson (2011) emphasises a sense of fulfillment derived in part from including an acknowledgment of ourselves as related to others. After returning to Sierra Leone and his fieldsite of Firawa after 30 years of absence, Jackson noted that Sierra Leone is regularly placed at the bottom of the list of quality of life surveys that measure social development and progress, and suggests that this might change if family, friendship, community ties and attach-

1. Rawls, list of 'primary goods': goods that all citizens can be presumed to want or need for their wellbeing (Rawls, 1971: 90–5, 395–7). Its main elements are: liberties (later more concretely enumerated), opportunities, wealth and income, and the social bases of self-respect.

ment to home were included. This is a view akin to Deneulin and McGregor (2010) who underline wellbeing as a condition of ‘living well together’. However, Jackson’s concern with the relational involves a recognition of human wellbeing as not ‘a settled state but [...] a field of struggle’ (2011: ix). Within that struggle we have an introduction of the ethical—that ‘field of indeterminacy’ (2011: 70)—that arises from the impossibility to predict what will be best for others, how they might react to circumstances, and the sheer difficulties of having to live together is hard work. In this sense, Jackson describes an existential or “true” felt poverty, rather than a poverty that is externally measured; this more social and “personable” approach includes the lack of harmony, the neglect of duty and obligations towards others (see also Serres 1995), and the “self-ish” and inconsiderate use of scarce resources.

Continuing our reading of Jackson on wellbeing, and his stress for the ‘intersubjective’ and the benefits of ‘being together’, we note that wellbeing is only part of what enables people to endure. In this volume, we follow Jackson by addressing the importance of having a sense of hope and agency: this appears in each chapters’ explorations of migration and mobility and the cultural contexts that situate them. Together, they reflect an existential dimension to wellbeing rather like the wellbeing alluded to by Jackson (2011: ix). This is a constant struggle but one taken not alone but in a group—for Jackson’s wellbeing is intersubjective, conditional upon others, one dependent upon the other: ‘the wellbeing of one depends upon the wellbeing of others’ (Jackson, 2011: 73), to sum up his collectivist stance. Laura Camfield (2012) reviews Jackson’s *Life Within Limits* (2011), also drawing attention to his stress of intersubjectivity and the social life, of living well together constituting a life of wellness. This—to reiterate—is relational, determined by relations with others. It is not a settled state. It is dependent on our social bonds and coming together as part of a greater whole. This, for Jackson, allows us to endure, to have hope and agency, to be continually existing but also constantly aspiring—existing between who ‘we are and what we might become’ as Camfield (2012: 356) pithily summarises.

While being similar in its existential approach, this is also markedly different to the wellbeing of the individual proposed by Nigel Rapport (2009) in his study of wellbeing amongst porters in a Scottish hospital. Here Rapport considers notions of wellbeing in the workplace and for individuals in a particular occupation, what he calls “professional wellbeing”

(Rapport 2009: 95). Rapport accentuates how people constantly appropriate their selves and their life-worlds and, inspired by Bateson (1980), sees wellbeing to be ‘conjuring a perceived connection between the rhythms of selfhood and the shapes and forms of its environments’ (Rapport, 2009: 95). Drawing on Virginia Woolf’s (1983) and Gregory Bateson’s (1980) insights, Rapport proposes wellbeing ‘as a moral system based on what are perceived to be appropriate rhythms and movement’ (2009: 95). From this perspective, wellbeing is about balance: the routine that one sustains from moving in a particular way through a building to maintaining the daily balance between work and home. For Rapport, wellbeing is fragile, un-set and hence unsettling, an often implicit, unheard and unvoiced fulfillment. Because it leads on to something else—a projective ‘well-becoming’ (2009: 202) as he refers to it—wellbeing shifts temporarily between what was and what will be. This rests on an understanding in which human experience is a trajectory, a continuous movement between moments of being and experiences of betweenness, of transition and becoming. Wellbeing, for Rapport, is hence Janus-faced and motile.

While similar existential notions of wellbeing are underscored, we present distinct ethnographic contexts and details that discuss how the quest for wellbeing is challenged and shaped within and in-between and by transgressing the social, economic, political and cultural contexts in which communities and individual’s daily life takes place. Thus, this volume seeks to not foremost examine the different cultural and social content or understandings of wellbeing, but explores wellbeing as it is strived and motioned for as individuals and communities seek to cross over and move beyond the hindrances, struggles and obstacles they face.

Mobilities and Migration: Challenging Social Categorization and Medical Diagnosis

Our volume addresses mobility and migration not seen as a particularity, but rather as a universal process and a central aspect of being human (Grønseth, 2013; Jackson, 2013). Separately and together, the chapters demonstrate mobility as a crucial facet of our existence and see it as representing the rich context in which narratives, ideologies and knowledges can be constructed. Forms and modes of knowledge derived from ethnography show how mobile and flexible experiences of misfortune, suf-

fering and wellbeing can be. Within this frame, we can ask questions such as the following: What is the value of ethnographic knowledge produced through interaction and participation? What new varieties of wellbeing and misfortune are emerging in this post-9/11, postmodern, neoliberal era of pre- and post-pandemic “travel” and mobility? What is the future of movement for leisure and medical necessity, for human dignity and mutuality, for wellbeing and suffering in its many dimensions? These questions, and the case studies addressing them, draw attention to new notions of wellbeing as a means to gain agency over one’s life found in creative arts health interventions in post-conflict Strabane, Northern Ireland; migrant and asylum seeker strategies for health care in the US, Norway, Poland and South Africa; abuse of indigenous peoples in Canada and Nepal.

Tim Cresswell (2006: 1) points out that mobility is an intrinsic part of academic discourse considering both the body and society (Bale and Sang, 1996; Cresswell, 1999; Young, 1990), city and infrastructures (Graham and Marvin, 2001), and more so: culture is no longer seen as attached to places, but dynamic and more connected to routes than roots (Appadurai, 1996; Augè, 1995; Chambers, 1994; Clifford, 1997; Grossberg, 1993; Gupta and Ferguson, 1992). Even the social is no longer bounded to society but interwoven in complex arrangements of global mobilities (Urry, 2000). As a thread through the different fields and sites of concern in social and anthropological research, mobility carries various meanings that are dispersed widely across the world. However, this volume addresses what is less explored: a concern with mobilities of wellbeing, the migration and movements attached to the human quest for health, fulfillment, security and happiness.

Mobilities are understood not only as a moving between locations as in travel, nomadism, routes or lines of flight. We also engage what is perhaps better captured by ‘movement’ understood as the idea of an act of displacement “before the concrete type, strategies, and social implications for the movement is considered” (Cresswell, 2006: 2–3). Movement here relates to the above discussed existential sense of wellbeing as it is not a concrete static state of being, but a dynamic act of moving towards a becoming. Together, the concepts of mobility and movement embrace our concern with the routes and travels taken in search for health and wellbeing as both the means and the goal are flexible, in flux, and in the becoming. Simultaneously, what connects the mobilities of the body, of

our selves and personhood with the mobilities at other scales, is meaning and experience. Narratives and stories about mobility are often ideological and connect body and blood cells to patterns of streets and houses, health and reproduction to geographical travels, selves to others, and persons to things and social structures. These movements and mobilities carry meaning, and meaning to connect scales (Cresswell, 2006). By presenting ethnography and writing stories about the mobilities of wellbeing, we illustrate that these concepts hold relevance beyond their own confines and tell us about our time's welfare, health, sickness, suffering, misfortune, (in-) justice, wellbeing, and more largely, the human condition.

Mobilities (moving between locations) and movements (existential or mental movement before the concrete and strategic) are necessarily relational (Cresswell, 2006: 9): it appears that individual attainment and experiences of wellbeing (as a dynamic flux) are similarly socially structured. Wellbeing and mobilities are made meaningful within the conventions and institutions that authorize meaning and value. To understand wellbeing, we must consider other related domains of movement and mobility, other social regions where mobility is analysed and represented, and to other larger social processes that turn on the redesigning of action and feelings, diagnosis and treatment, self and personhood, welfare and wellbeing. This is, for instance, captured by Bryson's concept of 'social kinetics' (1997) referring to a history of socially structured movement. In his work on dance, Bryson (1997) points toward the political and theoretical necessity of seeing mobility as operating within fields of power and meaning, and the larger contexts for changing senses of movements or—as we are concerned with—senses of mobilities of wellbeing. In other words, we see wellbeing to be pursued by and attached to mobility formed by (medical) ideologies and implicated in the social production of mobile practices.

Mobility can be understood in many ways: the concept of sedentarism in which people live in one place for a long time is one such example. Such mobility can often be attached to negative moral and ideological codes, and understood as suspicious, as threatening and as a problem (see for instance Malkki, 1992; Atkinson, 2000). As such, sedentarism has proved a moral valuation of place and roots at the expense of mobility, and formed powerful ways of thinking about mobile people in the twentieth century (such as the Gypsies, Jews and gay people during Nazi-Germany who were described as rootless in order to part-legitimate the Holo-

caust). Alongside sedentarism, there has been a growing ‘nomad thought’ in which mobility, instability and change are connected with progress and freedom, and made travel rather than an embeddedness in societies as constitutive of social identities and increasing transnational global forms of governance (Augè, 1995; Clifford, 1997; Said, 1994). While the nomadic thought has had important impact, it is also criticized for being gendered, racialised and for reproducing strategies of colonialism criticised as non-representational² (Wolf, 1992; Miller, 1993). Not pursuing such discussions of placement and territorialism, or nomads and rhizomes, we—in keeping with the nomadic thought approach—suggest a view in which mobility is linked to a world of practices. We qualify this, however, as we argue for a view on mobility that transgresses the sedentarian and the nomadic, and link it to anti-essentialism, anti-foundationalism and resistance to established forms of ordering and discipline. Further to this, we see mobility as non-representational—or, rather, against representation—as we examine embodied experiences, practices and performances rather than its products to tell us and create knowledge about human wellbeing in the world. We emphasise mobility as the becoming more so than what is already achieved. This is a view that comes through in a number of theorists that set mobilities at the centre of their work, while also being inspired by a nomadic thought (for instance de Certeau, 1984; Bakhtin, 1984; Deleuze and Guattari, 1986). However, this volume’s concern is less about mobility as attached to places such as fieldsites or nomadic figures such as hunter gatherers or cosmopolitan travelers. It is more about mobility as a way of reaching towards wellbeing; mobility is not only between places or geographies. Mobility is also an experience that starts and ends with the body and its senses of wellbeing and suffering. Our case studies show that it is through the body that mobility is experienced, and it is through the body that we experience comfort and pain as we practice and live our everyday life. In short, mobility is about wellbeing just as wellbeing is about mobility.

2. Non-representational theory challenges social theory to go “beyond representation” and focus on the embodied experience. Rather than studying and representing social relations, it focuses on practices and how formations are enacted or performed, not just on what is produced (see for instance Thrift, 2000, 2007; McMormack, 2003; Wylie, 2005; Saldanha, 2005).

Headlining Ethics in Wellbeing

Change, mobility and movement are often chosen and embraced in the hope and desire to be more fulfilled in our relationships with the surrounding world. This book explores such existential tensions and quandaries through the different chapters' deeply engaged ethnographic studies: together and taken as a whole, they convey the various and changing experiences of actual lives, rather than categories such as class, gender, race, or a global phenomenon. The volume's focus on mobility and wellbeing allows us to open fruitful conversations between fields of research that do not often speak with each other and, as such, bring new insights in overlapping areas that together address the human condition in our contemporary local and globalized world. We argue that our linkage of mobility and wellbeing addresses a concern for the ethics of life as it is lived (Lambek, 2010) and, in particular, the ethics in the ways and the modes of knowledge we create (Josephides and Grønseth, 2017). Rather than seeking knowledge from standardized, large scale, distanced and uniformed research, we create knowledge as it is transacted in relations of face-to-face participant observation and by "being with" in the here, now and then. From this approach, we argue that we, as researchers, are able to enter a space that allows us access to human wellbeing as it is stretched towards and fought, struggled, desired, wished, hoped, and dreamed in the everyday experiences of lived life. With our focus on mobility and wellbeing, we see an opportunity to include the common external concerns of migration (voluntary and forced), social mobility, travelling and tourism, while also including internal movements within experiences of self, identity, body, emotions, health, illness, trances and other sensory experiences and imaginations. This reflects how our view on wellbeing is foremost a moving and flexible process rather than an identified state or condition which tends to be more common within the traditional medical or mental health approach (cf. Littlewood, 2002 and Davies, 2003).

A person's reasons, intentions and ability for migration and mobility, the state's interference and regulation, and the fundamentals of medical knowledge and its application and accessibility, address overall concerns for the mode of justice that appear in society. Acknowledging that wellbeing holds to a moral meaning and an ethical stance we underline, with Jimenez (2008), that wellbeing must in principle reflect peoples' ownership. Wellbeing is always related to a person: reasons, decisions and actions

as they are formed within a moral community in which a persons' biography take shape (see for instance Williams, 2005; Sandel, 1982; Jimenez, 2008). Thus, examining wellbeing demonstrates a need to further develop an analytical understanding of personhood in various social, cultural and historic contexts.

Mobility and migration can be seen as identifying features of contemporary Western societies (Cresswell, 2006; Urry, 2007), and increasingly so more widely in the global world at large. People are ever more on the move, partly voluntarily and partly by force, while both forms speak of core features of the human being as they are disputed, negotiated and reshaped. The engagement in mobility in the human quest for wellbeing triggers our need to be in relations, experience a sense of belonging and self, make a home, and cure and heal illness. This position uses mobility to break down established categories like nation, state, class, ethnicity, race, residential community, and particularly categories within medical paradigms of diagnosis and treatment, and welfare politics. Stressing the need to respect the diversity in the human quest for wellbeing is, to conclude, an ethical position, one including local moralities.

The Structure of Mobilities of Wellbeing

In response to these overarching questions, Part I of the volume introduces four cases of patient mobility on journeys of wellbeing, recovery, curing and healing in Germany, Poland, Brazil, and South Africa. These chapters show marginalized people finding ways to survive by moving and crossing borders. This appears first in Paweł Lewicki's work on Polish HIV/AIDS patients visiting and re-settling in Berlin for better medical treatment and then in Rebecca Walker's discussion on treatment and stereotyping healthcare for pregnant African refugee women arriving in South Africa. Following these two case studies, the scale broadens with Simone Toji's chapter giving us a more international case of the difficulties faced by migrants arriving in Sao Paulo as a significant and meant-to-be temporary stop on their journey from China to the UK fueled by ideas of utopian healthcare. Each chapter in this section of the volume gives us a unique ethnographically shaped case study. Together, in different parts of the world, they show the patients' need for mobility for their wellbeing. This is more than just 'medical tourism', a term critiqued next and last in this section of the

volume by Jacquelyne Luce in her study of ‘mito patients’ in Germany. There, in her case study of medical mobility in patients with mitochondrial disorders, Luce illustrates how wellbeing is achieved through patient activism and knowledge mobilization — issues that feature in subsequent case studies in the following section of the volume.

Part II considers relations with the state that range extensively in their negotiations and interventions. Asserting themselves through activism for Roma migrants in the UK, two chapters demonstrate strong moral stereotyping and stigmatization in social services and unsupported welfare. First, Markéta Doležalová analyzes how facing the social services shapes the experience of Roma immigrants in which processes of ethnicisation alongside visibility and invisibility of Roma identity shape Roma wellbeing. Second, based upon long-term and multi-sited fieldwork, Judith Okeley discusses legislation, projected stereotypes and the unsupported welfare of generations of gypsy/traveler demonized and outlawed for their nomad traditions. The theme of state disinterest continues in a centuries-long longitudinal study of stigma amongst the Mi’maq of Nova Scotia by Robin Oakely. In her chapter, state disinterest escalates into state negligence with indigenous peoples who have suffered land disenfranchisement from the 1700s. Denied land, status and the use of their names has effectively erased the identity of a people with profound health implications across the life course — such as genocidal assimilation with shame and suicidal consequences. How does one regain recognition with respect to the state? The Mi’maq went to the Canadian constitutional court. Jonathan Skinner turns from this loss of land and status to promoting wellbeing and representing care in the civic community with the creative artistry of a national NGO, Arts Care. The chapter discusses how flooding the deprived and divided town of Strabane, Northern Ireland, with project artists leading singing, dancing, film-making and painting initiatives. These community arts are cross-community and quite literally sculpt wellbeing in particular in terms of self-confidence and self-belief in local and individual identity.

In the final section of the volume, Part III, we present accounts that offer a tacit, everyday knowledge created in face-to-face relations and participation with the interlocutors. Young Hoon Oh discusses Sherpas of Nepal from the perspective of a long history of mobility and a more recently acquired identity as “fun-loving-people” in an ethnicizing international industry of Himalayan mountain tourism. This characterisation is

presented by the sherpas while simultaneously negotiating a “dark side” of silent ill-being. The external representation to others is problematic also in the following two chapters. Shirley Chubb et al. examine the representation of chronic pain walking: this is presented creatively by synthesizing biomechanical data recording the movement of the spine. Their visual art project — *Significant Walks* — seeks to understand the experience of the other walking and experiments with their visual representations of the protagonist/patient’s pain. Finally, rounding off this section and completing the volume, Anne Sigfrid Grønseth’s chapter focuses on asylum seeker reception centres in Norway and the influence of physical surroundings and housing quality on the asylum seekers’ wellbeing and illness. Searching for safety and humanity, the asylum seekers find the asylum centers offer an infrastructure of degradation and social barring in which senses of self and wellbeing easily turn to self-destruction and illness. In sum, each account in this third section strives for empathy and understanding between the researcher and their subjects, while also holding empathy at the core of the knowledge production process — especially as we collectively endeavour to redress the alienating modern scientific medical modes of knowledge production. This section works with the previous two to focus on the diverse mobilities of wellbeing from the cellular level to the crossings and dancings of those suffering, to the negotiations and re-phrasings of the stigmatised, shamed and ashamed. As a whole, we believe that the volume appraises the mobilities of wellbeing as an humanistic social anthropologically-inclined entry point to the wider human condition.

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