Open Peer Review on Qeios

I'D VISIT A DOCTOR, BUT WHEN I PONDER IT, I GET THE BLUES: On affective atmospheres in medical anthropology

Sergei Sokolovskiy[1]

1 N. N. Miklouho-Maclay Institute of Ethnology and Anthropology, Russian Academy of Sciences

Funding: IEA RAS research plan

Potential competing interests: No potential competing interests to declare.

Abstract

The article deals with the issues of affective atmosphere conceptualization and atmosphere research. Using the concepts of affective atmospheres by such phenomenologists Hermann Schmitz (1928–2021), Gernot Boehme (1937–2022) and Tonino Griffero (1958), the author introduces the case of Russian medical institutions' atmospheres. The use of the "atmospheric approach" in social sciences in general, and anthropology, in particular, allows one to resist the scholars' prevailing distancing strategies that reduce social reality to mere statistical measurements or semiotics. Contemporary approaches to atmospheric design, implemented in many applied fields (urbanism, musical composition, theater, painting, marketing, etc.) give hope that medical anthropologists will soon be able to apply this knowledge for the transformation of medical institutions' atmospheres into an independent and effective therapeutic tool that not aggravates, but rather facilitates the condition of visiting patients.

by ***Sergei V. SOKOLOVSKIY***

Institute of Ethnology and Anthropology of the Russian Academy of Sciences

Authors info

Sergei V. Sokolovskiy, Doctor of Historical Sciences, Chief Researcher at the Institute of Ethnology and Anthropology of the Russian Academy of Sciences, SokolovskiSerg@gmail.com

ORCID: 0000-0002-0112-0739

Keywords: anthropology of affect, phenomenology of atmospheres, affective atmospheres, medical spaces, Hermann Schmitz, Russia.

Medical anthropology, as well as socio-cultural anthropology in general, objectively speaking, just takes the initial steps in the study of atmospheres as an essential aspect of everyday life. Each of us, with the exception of a small

number of victims of deep apathy or alexithymia (a condition when a person cannot express or describe their feelings, or even experience them), or a few lucky people who have achieved satori, constantly experiences various, often strong emotions that overpower us as an autonomous and awe-inspiring force. The ancient Greeks attributed the power of affects to gods and believed that human fate was in the hands of divine powers. Contemporary phenomenology of atmospheres, the foundations of which were laid about half a century ago, generally agrees with this statement, since one of its leaders, Hermann Schmitz, also considers affective atmospheres as objective forces, independent of individual will and preceding the cognitive comprehension of changing circumstances. In other words, prior to comprehending the situation in which we find ourselves, we are already immersed in affective influence, which not only precedes, but also (pre-)forms the very understanding of any situation we are involved in. We do not think affect, but affect thinks us. To use the psychoanalytic concept, our everyday life is full of such ‘post-factual rationalizations’. Such a formative or preforming ability of atmospheres allows phenomenologists to consider affective atmospheres as factors of objective nature – or, as perhaps the most influential of the phenomenologist, specializing in atmospheric research, Tonino Griffero puts it, – “quasi-things".

An important property of atmospheres, which is reflected in Griffero's qualification of them as quasi-things, that is, insubstantial, but objective forces or factors, is their protean, vague, diffuse and fluid nature, the vagueness and fundamental uncertainty of their boundaries, and often their elusiveness and non–invasiveness. People usually do not find it difficult to determine the general *properties* of a particular atmosphere (pleasant, light, oppressive, heavy, etc.), but they cannot define the phenomenon itself and find it difficult to describe its dynamics. Researchers, who develop the concept of atmosphere within the framework of aesthetics as a theory of perception, or beyond its boundaries – in social sciences and humanities, are divided into two camps – supporters of mentalism and anthropocentrism, or cerebrocentrism, on the one hand, and their opponents, emphasizing the external conditionality or ecological determinants of our perception, on the other. For the former, the atmosphere is *our* affective perception of space, for the latter, it is a fundamentally indefinable phenomenon, since it is precisely its ontological property, but the atmosphere still can be described as a constellation of specific or particular properties. Its antecedence to our cognitive comprehension of situations indicates that we can cognize the world *through*, or *within* a certain atmosphere, which remains itself out of focus of consideration and therefore escapes definition, although its presence and influence are quite obvious. The researchers are often hindered by their attitude in pursuit of objective knowledge, which forces them to ‘decontaminate’ perception from subjective influences. But what Jupiter is not allowed, the bull is allowed: an anthropologist should not be led away by the analytical stance that opposes the perceiving subject to the object of perception. Being both a social science and a part of humanities, anthropology can balance between explanation and understanding, and by virtue of its unique position is able to grasp ontologically unstable phenomena, such as atmospheres.

Since, as already mentioned, anthropologists have only recently included affective atmospheres in the subject of their interests, the answers to the questions of why and how they should explore them should be considered as preliminary. Some traditional and old objects of field ethnography, such as dwellings or rituals, are usually perceived as having special atmospheres that have so far escaped anthropologists’ attention. Still. there are already a number of publications that recently emerged to prove that anthropologists are not immune to the ‘atmospheric turn’ (cf.: Pink, Leder Mackley 2016; Bille 2017, 2019; Edensor 2012; Kiib et al. 2017; De Matteis 2018; Eisenlohr 2018). This fact alone is a

sufficient reason for other anthropologists to pay attention to such an important aspect of everyday life that their colleagues have already looked into. In addition, the inclusion of the “atmospheric approach” into the toolkit of social sciences in general and anthropology, in particular, makes it possible to resist the well-known positivist distancing strategies that reduce social reality to a set of measurable parameters or just signs arrangements, the reduction, which cannot but establish inequality and power imbalance between researchers and their subjects.

Urban anthropology, the anthropology of music, the anthropology of organizations and, finally, the main object of our discussion – medical anthropology, need atmospheric phenomena research no less than the studies of material culture or customs and folk festivals. In the specific case of medical anthropology, the atmospheric turn, which has been developing in the social sciences for a couple of decades under the influence of ideas formed in philosophical phenomenology, has so far been practically ignored: among the already extensive literature on affective atmospheres, there are only a few articles that somehow refer to the phenomenon and its relations with mundane issues in medical anthropology, such as health, diseases, doctors, patients and medical institutions. This is a rather strange situation, since affect and its influence on the human psyche and body have been the objects of medicine since its formation. I think that the borderline position of medical anthropology, a significant part of whose intellectual resources are spent on mastering the results of the rapid progress of medical knowledge and practices, leaves insufficient time to cover other areas of knowledge, which as a result suffer from neglect.

The atmosphere of medical institutions I believe that due to such circumstances as the elusiveness of the atmospheres, their eluding from clear descriptions and some facelessness of the atmospheres themselves prevailing in our medical clinics, emergency rooms and hospitals, my conversations (I try to avoid formal surveys and interviews, as I believe that they mainly reproduce the content of the questions posed), they gave relatively poor data. If we assume that the events of the world unfold for us mainly in the visual, acoustic and olfactory channels of perception, and that atmospheres are influenced and perceived primarily through these channels, then this is what can be told based on the impressions of my interlocutors. The overall impression of the atmosphere of these specialized medical spaces was, without exception, unfavorable. My interlocutors described it as “agonizing”, “boring", “unpleasant“ or ”dreary". A more detailed analysis, taking into account different aspects and channels of perception, revealed the following.

Information on the*acoustic landscape* of reception and consulting rooms and hospital corridors offered little new. My interlocutors mentioned coughing, complaints and groans of patients, as well as brief and grunting, poorly intelligible remarks of the medical staff (especially the registry employees – one of my vis-a-vis called them all together “ungracious retirees"). Three of my interlocutors, more from their childhood memories than based on the impressions of the present day, recalled their awe in front of the dentist's office, from which came the clang of instruments, the howl of a drill and the screams of the unfortunate who were in the hands of the Aesculapius before them, from which I concluded, perhaps prematurely, that the acoustic background of the dentist reception room dominates and determines the atmosphere that influences and pre-adjusts the patient to the upcoming torturing procedures. This atmosphere of fear and awe (as, indeed, the dominance of acoustic perception in its creation), however, became rather an exception, and it was only in the case of a dental office or clinic that it was mentioned. For the rest of the medical spaces, such acoustic dominance turned out to be atypical, and instead of awe, it was described more often as “dreary”. Unlike the pleasant music familiar from sanatoriums and dispensaries with their "relaxation rooms", the acoustic landscape of other medical spaces, such as

corridors and reception rooms was described, rather, in terms of sound absence – as silence, interspersed with the sound of shuffling feet on linoleum, or questions about the queue and the nurse's exclamation "Next!", creating the impression of a grinding ailing bodies machine, or conveyor. However, there were exceptions here, since the digital generation generally ignored the acoustic impressions of medical institutions, creating their own sound capsules with headphones and smartphones that unfailingly separated them from other sound sources, and thereby supplanted the acoustic poverty of hospital spaces with music.

The *visual* impressions associated with medical spaces also did not shine with expressiveness: bare walls, occasionally decorated with information stands and posters with medical propagandist texts (private clinics turned out here to be an exception, since in addition to posted price lists, licenses and diplomas, their walls were often decorated with paintings, and window sills with flowers, the latter, however, were also found in hospital or clinics' corridors and offices). In relation to the new clinical centers' interiors one could speculate on their 'color scheme', whereas in the case of the old clinics and hospitals, this phrase was hardly used; the paint used in the repair of these spaces corresponded only to the sanitary norms, but not to the color of furniture or other painted surfaces, so acted more as an irritant.

Almost every one of my interlocutors complained about the incomprehensibility of the clinics' topography with its many corridors, and unpredictable locations of various offices and specialists. The visual image of these spaces was dominated by long, intricate and poorly lit corridors (a Freudian image reflecting the anxiety of the patient), numbered office doors and benches or chairs covered with leatherette, complemented by tables and cabinets (with medical instruments or papers) in the doctors' offices, a pile of papers on the desks, usually decorated only with an outdated computer. The closest analogy to this image was bureaucratic spaces, and therefore the figure of a scribbler and a bureaucrat turned out to be closely associated with the image of a doctor at a clinic reception. As one of my interlocutors stated: "They write more today than they look and listen." This blindness and deafness, attributed to the medical staff, supports the general feeling of being lost and abandoned, of being at the mercy of alien and uncontrollable forces, which cannot but support the general atmosphere of hopelessness and longing noted by most of my interlocutors.

However, the strongest component of this atmosphere turned out to be its *olfactory*. The smell of disinfectants and medicines (and in hospital wards with serious cases of unattended bedpans, as well) – all this in a complex way influenced and supported the impression of powerlessness and hopelessness. As one of my interlocutors put it: "One should run away from this stench, but one needs to endure and wait until one can finally leave." Smokers in queues in reception offices react to this olfactory pressure unconsciously: they strive outside with the words "I'll be back soon!" and thus arrange a break in this seemingly endless session of olfactory violence. The rest sit patiently, attending to their inner feelings, which the long passive waiting usually aggravates, and if they do not find a way out to their annoyance, they fall into a stupor, from which they are awakened only by the exclamation "Next!". These impressions of my interlocutors seemed very convincing, until I accidentally stumbled upon a series of publications by a Danish researcher of atmospheres and affects Anette Stenslund (Stenslund 2012, 2015), including her article on the exhibition of contemporary art. In her study published in the collection "Exploring Atmospheres Ethnographically" (the chapter is titled "The harsh smell of scentless art: on the synaesthetic gesture of hospital atmosphere"), she describes an interior installation that was exhibited at the National Gallery of Denmark in September 2014 (Stenslund 2018). The installation consisted of several

interconnected spaces and objects (Stenslund designates it “a corridor”). It turned out that museum visitors associated this art object with a hospital space, and when asked about the atmosphere of this space, many of them mentioned an unpleasant hospital smell. The authors of the art object, who called it “Biography”, the artists Elmgreen & Dragset, whom Stenslund also interviewed, did not intend to associate their creation with a hospital or with any particular smell, seeking only the impression of a “complex and chaotic version of some public institution”; the “corridor” did not have any olfactory effects, and when creating this installation, they did not think about smells.

Stenslund's interviewing of museum visitors (150 interviews) made it possible to draw a non-trivial conclusion that the (affective) atmosphere as a phenomenon not only relies on multisensory perception, but also always manifests itself as a synesthetic whole, which underlies the atmospheric nature of perception and makes it difficult to describe and define atmospheres. It can also be noted that personal history and biographies have a significant influence on the perception of these phenomena: a person who had no experience of medical spaces would hardly have any associations with a hospital when visiting an exhibition of contemporary art, and even less in the case of smell perception in an odorless “corridor”.

Let's return, however, from our excursion to the National Gallery of Denmark to domestic medical institutions. I might have exaggerated the importance of the olfactory component of these atmospheres, using my own biography and impressions. It is worth mentioning here that Gernot Boehme not only noted that odors are essential elements of atmospheres, but also considered them ‘the most essential’ among all other characteristics, since by their very nature odors, in his words, turn out to be “the most atmospheric” (Böhme 2006: 128). It is also worth clarifying that among my interlocutors there were many elderly and not too healthy people – three of them have pacemakers, another suffered three strokes, many were seriously ill during the recent Covid pandemic, several times getting into intensive care wards. In other words, their biographies are oversaturated with impressions of hospital atmospheres, synesthetically merging into a common image of ‘a vale of woe’. I wouldn't be surprised if, instead of perfumery smells of modern disinfectants, they still catch the smells of bleach and carbolic acid of the hospitals of their youth. I suspect that if among my respondents there were more young people with headphones, who only occasionally wander into medical clinics to get their health certificates for study or work, the ‘average temperature in the hospital’ I measured would be more optimistic.

So, why is it necessary for medical anthropologists and other representatives of the medical profession, who are engaged in health planning, prevention and socio-hygienic research to pay attention to affective atmospheres? I will put forward a not overly bold hypothesis that pleasant atmospheres attract people to a greater extent than painful ones. Current research on the design of atmospheres with specified properties, is already implemented in many applied fields, such as architecture, urbanism, musical composition, theater, painting, marketing, etc. It is hoped that medical spaces will also attract researchers’ attention, and this knowledge could be used to transform medical atmospheres from an environment that aggravates the patient's condition into a truly therapeutic and regenerating one. In the meantime, from my point of view, this atmosphere, if we compare the atmospheric side of healing, is inferior even to a shamanic healing session.

REFERENCES

- *Bille, Mikkel.* (2017) Ecstatic things: The power of light in shaping Bedouin homes //*Home Cultures*. vol. 14, n° 1, p. 25-49. DOI: 10.1080/17406315.2017.1319533
- *Bille, Mikkel.* (2019) *Homely atmospheres and lighting technologies in Denmark: Living with light* London, New York: Bloomsbury Academic.
- *Böhme, Gernot.* (2006) *Architektur und Atmosphäre*. München: Wilhelm Fink Verlag.
- *De Matteis, Federico.* (2018) When Durga strikes. The affective space of Kolkata's holy festival // *Ambiances. International Journal of Sensory Environment, Architecture and Urban Space* [Online]: https://journals.openedition.org/ambiances/1467. (consulted on December 10, 2019). DOI: 10.4000/ambiances.1467
- *De Matteis F., Bille M., Griffero T., Jelic A.*(2019) Phenomenographies: Describing the plurality of atmospheric worlds // *Ambiances. International Journal of Sensory Environment, Architecture and Urban Space*, 2019(5). https://journals.openedition.org/ambiances/2526
- *Edensor, Tim*. (2012) Illuminated atmospheres. Anticipating and reproducing the flow of affective experience in Blackpool // *Environment and Planning D: Society and Space*. Vol. 30, n° 6. P. 1103-1122. DOI: 10.1068/d12211
- *Eisenlohr, Patrick*. (2018) Suggestions of Movement: Voice and Sonic Atmospheres in Mauritian Muslim Devotional Practices // *Cultural Anthropology*. Vol. 33, Issue 1. P. 32–57.
- *Kiib, Hans; Marling, Gitte; Jespersen, Line Marie Bruun.*(2017) The Orange feeling. Mood and atmosphere at Roskilde festival // *Ambiances. International Journal of Sensory Environment, Architecture and Urban Space*[Online]: https://journals.openedition.org/ambiances/829 (consulted on December 10, 2019). DOI: 10.4000/ambiances.829
- *Larsson, Jan; Holmström, Inger.* (2007) Phenomenographic or phenomenological analysis: does it matter? Examples from a study on anaesthesiologists' work // *International Journal of Qualitative Studies on Health and Well-being* Vol. 2, n° 1, p. 55-64. DOI: 10.1080/17482620601068105
- *Pink, Sarah; Leder Mackley, Kerstin*. (2016) Moving, making and atmosphere: Routines of home as sites for mundane improvisation // *Mobilities*. Vol. 11, n° 2, p. 171-187. DOI: 10.1080/17450101.2014.957066
- *Stenslund, Anette*. (2015) *Atmospheric smell – hospital-based and museum-staged*: PhD thesis. Copenhagen: University of Copenhagen. 216 pp. + 16 pp. app.
- *Stenslund, Anette*. (2012) The whiteout of smell: experiencing and exhibiting aesthetic epiphanies // Ambiances in action / *Ambiances en acte(s). International Congress on Ambiances, Montreal 2012, Sep 2012* Montreal. P. 641-646.
- *Stenslund, Anette*. (2018) The harsh smell of scentless art: on the synaesthetic gesture of hospital atmosphere, In: Schroer, Sara Asu; Schmitt, Susanne B. (eds.). *Exploring Atmospheres Ethnographically*. L.: Routledge, P. 153–171.