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Charisma and the clinic

Gregory Hollin & Eva Giraud

Abstract

Here we argue that ‘charisma’, a concept widely taken up within geography and the environmental humanities, is of utility to the social studies of medicine. Charisma, we suggest, draws attention to the affective dimensions of medical work, the ways in which these affective relations are structured, and the manner in which they are intimately tied to particular material-discursive contexts. The paper differentiates this notion of charisma from Weber’s analyses of the ‘charismatic leader’ before detailing three forms of charisma - ecological (which relates to the affordances an entity has), corporeal (related to bodily interaction) and aesthetic (pertaining to an entity’s initial visual and emotional impact). Drawing on interview data we then show how this framework can be used to understand the manner in which psychologists and neuroscientists have come to see and act on autism. We conclude the article by suggesting that examining charisma within healthcare settings furthers the concept, in particular by drawing attention to the discursive features of ecologies and the ‘non-innocence’ of charisma.

Key words

Charisma – Affect – Posthumanism – Autism - Weber

Introduction

Within geography and the environmental humanities significant recent attention has been directed towards the concept of ‘charisma’. Derived from the work of geographer Jamie Lorimer (Lorimer 2006; Lorimer 2007; Lorimer 2008a; Lorimer 2008b; Lorimer 2009; Lorimer 2015), charisma refers to:

23 the features of a particular organism that configure its perception by humans and
24 subsequent evaluation. It is a relational property contingent upon the perceiver and the
25 context... (Lorimer n.d.).

26 Charisma, then, relates to the ease with which a particular entity is perceived and the affective
27 responses (such as interest, disgust, fascination, or joy) experienced by the observer upon that
28 reception. Importantly, charisma is significantly related to context, it ‘emerges in relation to
29 the parameters of different technologically enabled, but still corporeally constrained, human
30 bodies, inhabiting different cultural contexts’ (2007: 916). Whether an entity is salient or silent,
31 generates strong or weak affective responses, or whether those responses are positive or
32 negative is, then, not entirely determined by inherent properties of the organism but, rather,
33 upon by the whole ecological setting within which that organism is immersed and perceived.

34 It has been widely argued that an entity’s charisma plays a crucial role in processes of
35 knowledge production. Firstly, charisma partially determines what comes to be studied, with
36 charismatic entities receiving the most attention (Lorimer 2006). Secondly, charisma partially
37 determines how an entity is studied with affective responses suggesting particular courses of
38 action (Greenhough & Roe 2011). Finally, charisma determines where entities are studied with
39 work being undertaken in contexts where relevant properties for study are the most prominent
40 (Ellis 2011). Importantly, charisma is also valuable in elucidating how particular affective
41 relations assume a ‘consistent’ form and pattern within given socio-technical assemblages
42 (Lorimer 2007: 914), and the concept has been used to this end across more-than-human
43 geography and the environmental humanities (e.g. Bennett 2010; Ellis 2011; Greenhough &
44 Roe 2011; Johnson 2015). Perhaps due to the original focus upon the nonhuman, however, the
45 concept is yet to be engaged within a medical context.

46 In this article we suggest that charisma is a concept of potential utility to the social studies of
47 medicine by showing how individualised affective encounters can be linked with larger
48 ecological, material-discursive, and socio-technical structures or ecologies. There has been a
49 well recognised ‘turn’ to affect, emotion, and the body (Ahmed 2004; Thrift 2004) which has
50 been taken up within the social studies of medicine (e.g. Fitzgerald 2013; Kerr & Garforth
51 2016; Murphy 2015; Silverman 2012), and an increasing recognition that posthuman and
52 nonhuman perspectives have much to offer analyses of the medical and human sciences
53 (Andrews et al. 2014; Greenhough & Roe 2011). We argue that ‘charisma’ furthers these
54 endeavours by offering a valuable route into grasping the interrelations between affect and
55 ecology and how it is the objects of medical research come to be seen and acted upon in the
56 manner that they are.

57 In the following sections we describe key similarities and differences between the theory of
58 charisma being drawn upon here and Max Weber’s work on the charismatic leader (1968), with
59 which those in the social studies of medicine may be more familiar. In the body of the paper
60 we further elucidate the proposed tri-partite structure of charisma and do so with specific
61 reference to the case of autism. Drawing upon interviews conducted with leading psychologists
62 and neuroscientists, we show that autism is perceived as particularly charismatic by
63 researchers, that this shapes research trajectories, and that autism’s charismatic features
64 become salient within particular ecological settings¹. Finally, in the conclusion, we argue that
65 not only does charisma offer important conceptual insight for those studying affective and
66 context-dependent aspects of medical work but also that studying charisma within medical
67 settings provides conceptual insight that has thus far not been achieved with geography by, in
68 particular, highlighting the ‘non-innocence’ of charisma.

69 1.2 Differentiating Weber

70 While the conception of charisma being drawn upon here has its roots in geography and the
71 environmental humanities, the term also has a sociological lineage - most notably in the work
72 of Max Weber (1968). Affinities with this sociological heritage are noted (Lorimer 2007: 915;
73 Lorimer 2015: 152) but it is crucial to recognise that the concept worked with here differs in
74 significant ways. Given these changes it is important to note their nature and how this
75 contemporary body of thought differs from that previously used in the social studies of health
76 (e.g. Bacon & Borthwick 2013; James & Field 1992; Scott-Samuel & Smith 2015).

77 The primary concern of Weber was the ‘charismatic leader’. What demonstrates a leader’s
78 charismatic qualities is that the instructions they give out are not followed because of the
79 inherent rationality of their arguments; it is they who make their arguments seem believable
80 rather than the fact that the arguments are inherently so (Dow 1969: 135). Neither are these
81 leaders followed on the basis of tradition; these individuals come to occupy powerful political
82 positions but it is not simply on the basis of these positions that they are followed. Rather, it is
83 specifically personal characteristics which make a leader charismatic (Adair-Toteff 2014: 6).

84 There are similarities between Weber’s conception of charisma and that provided by Lorimer.
85 Firstly, ‘followers’ are drawn to the charismatic actor, whether that actor is Winston Churchill
86 or a particular nonhuman animal. Secondly, Lorimer, like Weber, juxtaposes charisma with
87 rationality. Just as Weberians may see Churchill as having something more than rational
88 argument, Lorimer sees scientific or environmental work as involving more than rational
89 problem solving. Finally, Lorimer like Weber sees charisma as a ‘value-free term’ (Dow 1969:
90 316); charismatic actors are not necessarily ‘good’ – both dictators and cockroaches have an
91 undeniable charisma – neither will everyone respond to them in the same way – a subject may
92 be charismatic for many but not all.

93 There are, however, important differences between the work of Weber and Lorimer. Firstly,
94 and obviously, Lorimer is concerned with research subjects rather than leaders so charisma for
95 Lorimer is not about following orders. Secondly, for Weber, the importance of charisma is
96 time-limited. ‘People who seem to have charismatic authority appear primarily during periods
97 of great unsettledness and upheaval’ (Adair-Toteff 2014: 7) and, ultimately, charisma is
98 absorbed into the ‘institutions of a community’, giving way to traditional and rational forms of
99 authority (Dow 1969: 306). This is not so for Lorimer: the charismatic qualities of actors play
100 a permanent role in logics and epistemologies of science. For Weber, charismatic authority is
101 extraordinary and to be juxtaposed with the ‘everyday’ forms of rational and traditional
102 authority. By contrast, Lorimer’s charisma does not give way to rational action but is, rather, a
103 permanent (if frequently unacknowledged) part of the knowledge creation process.

104 This usage, as well as the broader analytical purchase of Lorimer’s conception of charisma,
105 should be contextualised in relation to the broader project of departing from anthropocentric
106 epistemologies and ontologies, which has been central to the environmental humanities and
107 more-than-human geographies. Affect has played a vital role in this context, as a site of trans-
108 species communication (Despret 2004, 2013, 2016; Roe and Greenhough, 2014) that can foster
109 epistemic surprise by creating room for nonhuman actors to challenge or even redefine existing
110 understandings of their capacities (Hinchliffe et al, 2006; Haraway, 2008).

111 However, though much of this work has focused on human-animal engagements, it is important
112 to note that both Lorimer and other geographers who have engaged with charisma have sought
113 a symmetrical framework; that is, a framework which may be readily applied to humans and
114 nonhumans alike (Greenhough & Roe 2011; Lorimer 2007: 915). Thus, while the majority of
115 work on charisma has examined nonhumans, there is no reason why this must be the case. The
116 key question for those interested in healthcare is one of utility and not applicability. In the

117 following sections we attempt to demonstrate this utility by showing how adopting the
118 framework offered here can aid in the understanding of how researchers act upon autism
119 spectrum conditions as an especially informative example.

120 **Analysis**

121 Charisma, in the sense being deployed here, is understood as having a tri-partite structure and
122 we here detail that structure by drawing upon data obtained through interviews with
123 neuroscientists and psychologists who research autism. Autism consists of a dyad of, firstly,
124 socio-communicative impairments and, secondly, restricted interests and repetitive behaviours
125 (American Psychiatric Association 2013). While a good deal has been written about affect in
126 relation to autism (e.g. Fitzgerald 2013; Fitzgerald 2014; Moore 2014; Silverman 2012), we do
127 not want to suggest that autism is unique amongst clinical entities in the applicability of
128 charisma; quite the contrary, we are arguing for its general utility. Of course, the charismatic
129 qualities of autism are particular to it, and we comment and draw attention to these
130 particularities, but the intention is to stress that general utility of the concept for the social study
131 of health via its ability to make visible the highly mundane affects of medical work and to link
132 these affective responses to broader ecological and socio-technical structures.

133 While we encourage the division to be viewed heuristically, there are three different types of
134 charisma in this framework: ecological (which relates to the affordances an entity has),
135 corporeal (related to bodily interaction) and aesthetic (pertaining to an entity's initial visual
136 and emotional impact). These forms of charisma all refer to affective relations that emerge
137 within specific material-discursive assemblages. In clinical settings we suggest that each form
138 of charisma offers purchase for understanding why particular phenomena emerge and are
139 comprehended and responded to in (relatively) consistent ways across particular sites or
140 through particular practices, to the extent that they seem 'obvious' even though in other socio-

141 cultural contexts (or at other historical periods) these phenomena are not visible at all or
142 responded to quite differently.

143 Ecological charisma inside and outside the clinic

144 An entity's ecological charisma is determined by the ability to apprehend it within a particular
145 context (a context which we take here to include both material and discursive features of the
146 environment). Thus, ecological charisma relates to 'the anatomical, geographical, and
147 corporeal properties of an organism that configure the ease with which it is perceived by a
148 human subject in possession of all their senses' (Lorimer 2015: 40). Organisms which are
149 diurnal, land-based, and of a reasonable size will consistently be more charismatic to humans
150 than those which are nocturnal, sea dwelling, and minute. An entity's ecological charisma is,
151 therefore, relatively stable across time and space; an observation that extends to clinical
152 entities, some of which are easy to apprehend while others reveal themselves in contexts which
153 are not suited to the medical gaze, if at all.. This point is important: Despite a degree of stability,
154 ecological charisma is not a rigid feature of an entity but is instead an emergent property that
155 arises from a structured engagement with its environment – an environment which includes
156 those who encounter and perceive that entity (Lorimer 2007: 914).

157 That some entities become easily recognisable only when they are observed within a particular
158 context, and without need for systematic diagnostic activities, is well recognised in some fields
159 and referred to as an organism's 'jizz' (a corrupted acronym of 'general indication of size and
160 shape'). Comprehending an organism through a gestalt 'jizz' requires:

161 an apprehension of a coalescence of its attributes, and as part of a broader set of
162 ecological relationships, rather than through the arduous study and memorizing of an
163 organism's distinct diagnostic characteristics. (Ellis 2011: 770)

164 This gestalt based, context determined, form of identification is most readily associated with
165 plane spotting, birdwatching (Lorimer 2007; Lorimer 2008a; Macdonald 2002) and various
166 sub-fields of botany (Ellis 2011). Studies have, however, reported similar forms of seeing
167 within a diverse range of clinical settings. Shaw, for example, notes that a ‘diagnostic intuition’
168 is essential to practice within a genetics clinic (Shaw 2003: 50). Featherstone and colleagues
169 capture the essence of this gestalt perception with their notion of the ‘spectacle of the clinic’
170 noting that in any particular case a ‘well-respected and experienced genetic specialist has the
171 status to pronounce on whether a ‘look’ that fits a particular syndrome is present’ (Featherstone
172 et al. 2005: 562).

173 Autism makes a particularly interesting case study through which to examine ecological
174 charisma because it demonstrably requires a very particular material-discursive ecology to be
175 seen but, once within that ecology, is particularly evident. Throughout interview, it was
176 simultaneously claimed that autism is both instantly recognisable and somehow eludes
177 scientific description. This, we suggest, is because autism is most easily seen within a particular
178 ecology which facilitates recognition of its ‘gestalt’. This is well demonstrated in the following
179 extract from a Professor when they are asked how they feel about a particular diagnostic
180 technique, the Autism Diagnosis Observation Schedule or ADOS, which is used within their
181 laboratory:

182 It’s probably the best thing we’ve got. I mean, I like the child versions better than the
183 adult version. I think that the adults that are very able, that have done a lot of
184 developing... Especially the ones that come in here because they travel around on their
185 own, a lot of them live independently, and I think that some of them don’t meet criteria
186 using ADOS and they’re clearly autistic. (Professor, interview 20)

187 What we are drawing attention to, here, is the claim that an individual can be ‘clearly’ autistic
188 and yet failed to ‘meet criteria’ within a diagnostic setting. The Professor makes a similar point
189 later in the interview in relation to a complaint about a lack of scientific publications concerning
190 aging in autism:

191 Professor: ...I mean if you look at the number of papers that are published on adults
192 there are really not that many.

193 Interviewer: And why do you think that is?

194 Professor: Well from my experience it’s because ((laughs)), well certainly on the
195 auditory work we’ve done it’s that they don’t really perform very differently to adults
196 without autism. (Professor, interview 20)

197 What seems to be being described here is a struggle to make autism visible with conventional
198 diagnostic tools which attempt to quantify the condition. Nonetheless, the Professor is in no
199 doubt that their participants are ‘clearly autistic’. Understanding how an individual comes to
200 be seen as autistic, we suggest, therefore requires a broader appreciation of contemporary
201 ecologies outside of the laboratory for it is within these ecologies which autism is, apparently,
202 evident.

203 The belief that autism is best seen in a ‘social setting’ and that the only hope of seeing autism
204 within the laboratory is to introduce this ecology is further considered by a Lecturer, below:

205 I think the problem with autism is that when you’re capturing something about a social
206 dynamic and it’s about somebody’s abilities falling down within a social setting, well
207 experimentally that’s quite difficult to replicate. So I suppose the other way of looking
208 at it is if you can think better about capturing real life in an experimental setting because
209 they’re bad at recognising emotion when it’s in the context of something very dynamic

210 that's happening in a short period of time in a real life interaction, whereas if you give
211 something and they have five seconds to work it out and it's a still image they're going
212 to be fine. So there's so much data that's contradictory and not well understood and I
213 think a big problem is that, it's something about the social context that we just don't
214 have inherent in an experimental task. (Lecturer, interview 11)

215 Again, within this extract the Lecturer considers the possibility of 'capturing something about
216 a social dynamic' within a laboratory setting. Experimentally, this social dynamic is something
217 which is 'quite difficult to replicate', indeed it may be that the 'social context' is something
218 that just isn't 'inherent in an experimental task'. Understanding autism, therefore, requires a
219 consideration of the ecology within which it possesses charisma, for it is this charisma which
220 makes autism evident and of interest to researchers. What makes autism an interesting case is
221 that while certain other diagnostic classifications may become evident within a techno-
222 scientific ecology it is in a broader socio-cultural milieu that autism is most readily identified
223 and acted upon. Yet, while autism is especially striking in this regard, a growing body of work
224 has illustrated the broader applicability of this argument. Within patient-centred medicine, for
225 instance, the domestic has gained prominence as a privileged site wherein particular disorders
226 can not only be made visible but measurable and consistent, in ways that feed back into clinical
227 developments (e.g. Gardner 2016).

228 *Aesthetic charisma's role in diagnosis*

229 The second and third sub-types of charisma, aesthetic and corporeal charisma, involve
230 relational properties that emerge when 'shared structures of feeling bubble up within particular
231 constellations of people, technologies and other nonhumans' (Lorimer 2015: 45). These forms
232 of charisma, therefore, are bound up with particular 'affective logics' that 'guide how people

233 react in relation to particular species and landscapes’ (Lorimer 2015: 45) and, we would
234 suggest, when engaging with particular clinical phenomena in specific contexts.

235 Aesthetic charisma refers to entities that are visually striking and prompt ‘strong emotional
236 responses’ in those who engage with them (Lorimer 2007: 918); in conservation work, for
237 instance, this could refer to charismatic megafauna such as ‘cute and cuddly’ pandas or ‘fierce
238 and deadly’ tigers (Lorimer 2015: 46). Responses that are manifested as aesthetic charisma are
239 generated by:

240 ...the distinguishing properties of an organism's visual appearance that trigger
241 affective responses in those humans it encounters. Aesthetic charisma requires
242 ecological charisma but is not determined by it. (Lorimer 2015: 49)

243 The emotional responses generated by aesthetic charisma, in other words, are to an extent tied
244 to an entity’s ecological charisma (as in, its relatively stable affordances within a particular
245 environment), but are mediated by particular socio-cultural norms, structures and settings;
246 features that may be viewed as pathological in one setting may be viewed quite differently, or
247 disregarded entirely, in another.

248 Aesthetic charisma also has a distinct hierarchy, with entities and ecologies that generate strong
249 emotional responses having resources directed towards them, whilst less-charismatic entities
250 (or those whose charisma evokes negative affects) are neglected or even seen as expendable
251 (Clark 2015: 30-32). This framework thus offers scope for reflecting on the attention and
252 resources directed towards specific medical conditions and explains why a certain actor
253 consistently generates awe and attracts resources whilst another is ignored and marginalised.

254 As discussed previously, autism is most charismatic within dynamic, social contexts and far
255 less so during attempts at quantification and measurement. What is clear, moreover, is that

256 when autism is seen within particular contexts it can prompt emotional and visceral reactions
257 in researchers that prompt action. These emotional responses are discussed in more detail
258 below (in relation to corporeal charisma) but are also evident in the following extracts. Here a
259 Postdoctoral Researcher was asked ‘...is there anything else which you’d like to add or that you
260 think we’ve not discussed, any bits of your research which you think are interesting?’ The
261 response was the following:

262 ‘One thing I did do is get a second rater to look at my videos and code them in terms of
263 quality and quantity of facial expression use and thinks like that. And he was a very
264 proficient sign language user [the children in the study were deaf]. And I didn’t tell him
265 which groups were which, I just kept everything kind of anonymous, well, as
266 anonymous as you can when you’re looking at someone, but he didn’t know the group
267 information at all. And I asked him, just out of interest can you tell me who you think
268 is in the ASD group? And he was able to, even though they’re not coming up as
269 massively different in a lot of their communication, he was able to say they were autistic
270 children and they were the ones who didn’t have autism. So there is something that
271 seems to be there that doesn’t necessarily come up that makes you have that kind of gut
272 instinct. And I know that’s only one person looking at videos but there was something
273 I felt I couldn’t put my finger on with those children. You knew just looking at their
274 communication, something that comes across. And I’ve heard this with quite a lot of
275 people talking about individuals with autism, that you just get this kind of, you know
276 but you don’t know, you can’t really put your finger on what it specifically is.
277 (Postdoctoral Researcher, interview 19)

278 Key elements of aesthetic charisma are evident here. Tied to the above discussion on ecological
279 charisma, it is evident that autism is most charismatic *sui generis* and that ‘grasping the whole

280 renders it more than, and quite distinct from, the sum of its parts' (Ellis 2011: 772). As
281 discussed above this is clearly an important part of autism science's epistemology, 'there is this
282 something that seems to be there that doesn't necessarily come up' and 'you know but you
283 don't know' and this is related to a visceral, emotional 'gut instinct'.

284 This description of autism's aesthetic charisma is similar to that offered a Professor who, again,
285 argues that autism is 'instantly recognisable' without recourse to particular diagnostic
286 techniques:

287 There's no denying that within this great range of the autism spectrum there's a big
288 chunk where autism is enormously recognisable. I mean, what people will say fairly
289 flippantly is that the person in the reception can tell you whether they're going to get a
290 diagnosis or not. Or, you know, from seeing them walking down the street towards the
291 reception door they can tell. So there's a sort of sense that autism, the core autism is
292 really very, very recognisable. (Professor, interview 18)

293 In this extract, the Professor claims that 'a receptionist' would be able to identify correctly
294 individuals with autism before they have spoken or before they have even entered the room.
295 This experience that autism is 'enormously recognisable' understandably leads a great number
296 of researchers to the conclusion that 'there must, must be something in it.' (Postdoctoral
297 Researcher, interview 9). Again, we suggest that thinking these extracts through with reference
298 to ecological and aesthetic charisma help us to understand how clinicians, researchers, and
299 diagnosticians know and then act on autism. Such a conclusion is supported in the following
300 extract from a further Professor:

301 Clinically, I think there is something quite striking because it seems to be the thing that
302 lots of us who've been involved in clinical work with children with autism for more
303 than twenty years, and research for the best part of twenty-five years, clinically there is

304 a sort of notion that when you see that constellation of developmental and behavioural
305 characteristics together, you know, it seems to one like a thing, it belongs in some
306 nosological system. So some notion that the medical model is demonising individuals
307 in a way that is going to be disadvantageous to them, to some sort of notion that
308 disorders like autism are primarily a social construct are both rather silly, I think. I think
309 probably most sensible people wouldn't hold either of those extreme sort of views.
310 (Professor, interview 17)

311 Twenty years of clinical 'experience' leads to the conclusion that autism is 'a thing', that to
312 claim that autism is a 'social construct' is 'rather silly' and something that 'sensible people
313 wouldn't think'. When one sees the 'constellation' of symptoms align, and once one has
314 experienced that charisma, denying its reality, even in the face of diagnostic uncertainty and
315 unquantifiability, becomes untenable.

316 Corporeal charisma

317 Corporeal charisma is distinguished from other forms of charisma by being generated by
318 particular 'proximal encounters' (Lorimer 2015: 44), wherein 'affections and emotions [are]
319 engendered by different organisms in their practical interactions with humans' (Lorimer 2007:
320 921). This form of charisma, therefore, engages with recent work that has shifted the focus
321 away from the visual towards other sensory, embodied experiences that produce affective
322 engagements (e.g. Ahmed 2004; Myers 2012; Thrift 2004). The primary differences between
323 corporeal and aesthetic charisma, however, emerge from where the 'encounters take place
324 rather than on the basis of any qualitative difference' (Lorimer 2015: 45).

325 In line with an increasing body of work that has emphasised the role of the body in generating
326 knowledge (Gardner & Williams 2015; Myers 2012; Warin 2014), this form of charisma also
327 plays a significant role in certain forms of expertise. Lorimer, for instance, suggests that

328 charisma manifests itself in two different aspects of expert knowledge. First, there is an account
329 of ‘epiphany’ which refers to the sort of ‘common autobiographical reference made by many
330 of the conservationists’ that refers to their first moment of being affected by their future object
331 of study (Lorimer 2007: 921). He notes that these accounts are frequently ‘made sensible
332 through retrospective narration as shaping subsequent professional or voluntary practice’
333 (Lorimer 2015: 51). While an epiphany seems to be (and on a certain level is) a moment of
334 being affected, therefore, framing it in terms of corporeal charisma is a means of connecting
335 the personal to a particular pattern of response (governed by ecological factors) and as
336 something that is made intelligible through future socio-technical arrangements and a
337 subsequent accumulation of expertise. A slightly different facet of charisma, dubbed
338 *jouissance*, is understood in terms of the more everyday forms of affective labour that are
339 negotiated in subsequent, more mundane, work with a given entity.

340 That corporeal charisma plays an important role in the epistemology of autism is well
341 demonstrated in the following extracts. In the first, a Senior Lecturer describes their first
342 contact with autism as a teenager volunteering in a psychiatric hospital:

343 That experience of working with these children with autism stuck in my mind, I just
344 found it very, very compelling and fascinating. Of course there wasn’t nearly as much
345 know then about autism as there is now, but there’s just something about the kind of
346 mysterious nature of the way they are and I remember, this is from way back when I
347 was an undergraduate, but I remember this kind of experience of having this child take
348 me by the hand and use my hand to get things that he wanted. (Senior Lecturer,
349 interview 2)

350 In the second extract a professor describes one of their first experiences working with autism:

351 I went and during the summer holidays collected data for them [two researchers] from
352 people with autism. Children mainly, some adults, who had extraordinary memory
353 skills and then other children and adults with autism who were matched for ability but
354 didn't have memory skills. And so that was my first experience of really what autism
355 was, as opposed to reading about it. And it really blew my mind actually ((laughs)),
356 how different the reality was. And to go into some of the special schools and see, you
357 know, a playground full of children all moving and making sounds, often very unusual
358 sounds, and not usually playing together and not responding to you in the way you
359 would expect, you know, and ordinary child, or a child with intellectual disabilities to.
360 And it's just completely fascinating. And after that I thought that autism was utterly
361 fascinating but so upsetting... (Professor, interview 18)

362 These extracts are strikingly similar to both each other and to descriptions of corporeal
363 charisma. Firstly, these descriptions are both very much premised upon proximity; the
364 researchers cannot be 'there without being there' (Despret 2013: 53) and knowledge is
365 articulated as going beyond the visual. In the first instance, the fact that the Senior Lecturer
366 was taken by the hand and that the child used their body to achieve their goals is central to the
367 story and an embodied empathy is core to understanding (Despret 2013: 69). For the Professor,
368 the ability to 'see' autism was premised upon being physically in the presence of those with
369 the condition; this was crucial and contributed to the realisation of how 'different the reality
370 was' from what they had read in books.

371 Intimately tied to this physical proximity is the affective, non-rational, nature of the
372 experiences. The Senior Lecturer refers to their meetings as being unquantifiable and emotional
373 and as 'compelling', 'fascinating', and 'mysterious'. Likewise, the Professor describes the
374 moment of encounter as 'utterly fascinating but so upsetting'. Crucially, these bodily,

375 inarticulatable experiences have, retroactively, been made sense of on the basis of these
376 interviewees' expertise and knowledge about autism: articulated as a moment of epiphany.
377 These epiphanies can be juxtaposed with the everyday experience of jouissance – which can
378 be seen within the affected encounters described elsewhere in the autism literature. Chloe
379 Silverman, for instance, discusses 'love as a form of labor' in the everyday care practices and
380 commitments that are undertaken not only by parents, but also psychologists and clinicians
381 who research autism (Silverman, 2012: 3). Des Fitzgerald, similarly, foregrounds the way that
382 the 'search for a neurobiology of autism, is traced through the feelings, and the body, of the
383 unapologetically individual and familiar autism neuroscientist' (Fitzgerald 2013: 138). It is
384 these everyday somatic engagements, coupled with moments of epiphany, that constitute
385 corporeal charisma as understood within clinical and medical settings.

386 **Discussion**

387 In this article, and working through the example of autism, we have argued that the concept of
388 charisma has much to offer sociological studies of health and illness. Adopted from the work
389 of geographer Jamie Lorimer, which has received wide uptake within geography and the
390 environmental humanities, charisma 'encompasses both the ecological and the affective
391 dimensions to a body's behaviour' (Lorimer 2007: 915) and has been described as being crucial
392 in determining how and where we come to know particular objects of investigation. We have
393 here systematically elucidated the tri-partite nature of charisma as discussed in the literature
394 (with particular focus upon ecologies, aesthetics, and corporeality) through reference to autism
395 and sought to show how charisma allows new understandings of how this contemporary
396 diagnostic classification comes to be seen and worked on by medical and scientific
397 practitioners.

398 As discussed, studies examining charisma play close attention to affect. Examining the role of
399 affect has, of course, already been an increasing area of interest within healthcare settings, with
400 a burgeoning body of work focusing on the affective properties of individuals; drawing
401 attention to the role of corporeal relations; and foregrounding affective labour (Fitzgerald 2013;
402 Kerr & Garforth 2016). What charisma offers analyses of healthcare contexts beyond these
403 existing examples, we suggest, is a sense of how particular affective relations emerge as
404 consistent patterns of response, within a particular ecological setting, and over time and space.
405 Charisma goes beyond studies of affect, therefore, as it does not purely characterise affect as
406 being a property of individual biology (see Leys (2011) and Wetherell (2015) for a critical
407 discussion); neither does it solely refer to the process of being (or learning to be) affected
408 (Despret 2013). Nor, can charisma be attributed to the affective environment of a particular site
409 (Friese 2013; Kerr & Garforth 2016) but, rather, demands that attention be paid to the entire
410 assemblage.

411 Charisma shifts the focus onto how affective relations become tangible and assume a distinct
412 logic, within particular ecological settings, and marked by particular material and discursive
413 factors. The example of autism makes this broader utility clear for, while existing studies have
414 shown that autism epistemologies are radically shaped by the affective responses of parents
415 and researchers (Fitzgerald 2013; Silverman 2012) what has not been foregrounded is that these
416 affective responses are intimately tied to particular ecological settings. This observation most
417 readily applies temporally (for autism was neither seen nor felt until the mid-twentieth century)
418 but also spatially: Interviewees described spaces where autism is seen and felt more readily
419 than others. Strikingly, the laboratory was described as a space where autism is hard to grasp
420 whereas individuals can be seen as ‘clearly autistic’ in other spaces.

421 It is not just a question, however, of asking what charisma can contribute when related to
422 healthcare settings. Exploring the dynamics of this affective, relational, contextually
423 determined account of charisma within a healthcare context, also offers important conceptual
424 elaborations. First, within accounts of ecological charisma, at present, there is an emphasis on
425 the material and biological properties of organisms and physical environments. Indeed, this
426 emphasis has been reinforced by the concept's uptake across geography and the environmental
427 humanities. The broader conceptual context that underpins this relational, more-than-human
428 account of charisma, however, is contingent on a collapse between the material and the
429 semiotic (e.g. Despret 2004; Despret 2013; Barad 2007; Haraway 2008). Sociological studies
430 of medicine have, of course, long drawn attention to the importance of symbolic (Pickersgill
431 2012), discursive (Wallis & Nerlich 2005), and classificatory (Timmermans 2014) work and,
432 thus, entanglements between the material and the semiotic seem likely to receive well needed
433 attention within such settings. If these concerns were fed back into accounts of nonhuman
434 charisma in conservation contexts, then further emphasis on the discursive could prove useful
435 in asking questions about, for instance, the role of nationalism, use-value, and other decidedly
436 cultural constraints in contributing to the different forms of charisma attached to particular
437 entities.

438 Second, while work in geography has previously discussed the 'non-innocence' of charisma
439 (e.g. Clark 2015), non-innocence has primarily been articulated through those who have been
440 'left behind', the non-charismatic species that have been ignored in conservation efforts (e.g.
441 Lorimer 2006). What healthcare settings foreground is the potential non-innocence of charisma
442 for charismatic organisms themselves. Analyses of healthcare have long detailed – whether
443 through processes of medicalisation or subjectification (Callon & Rabearisoa 2004; Ussher
444 2004) – the ambivalence of falling under the gaze of medical professionals. If medical
445 attention is, at times, unwanted then charisma may be likewise. Analyses of charisma within

446 healthcare settings can thus contribute to a growing body of literature (e.g. van Dooren 2014;
447 Giraud & Hollin 2016) which problematizes oft celebrated affective and relational
448 engagements and draws attention to the inherent violence in care-work. Insights from the clinic
449 may contribute to this body of work, moreover, by shifting the emphasis towards the
450 ambivalent implications of charisma for entities deemed especially charismatic.

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ⁱ The main purpose of this article is a theoretical intervention and, as such, methodological details pertaining to the interview data is not provided here. Full information has, however, been published in Hollin and Pilnick (2015: 280).