

*Towards a critical cultural epidemiology*

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When countries of a “United Europe,” pervaded by fear and ethnocentric reasoning, steal each other’s medical equipment, when people put colors and signs on their self-produced masks, when major pornographic sites start offering “COVID-19 porn,” when Swedish epidemiologists and politicians publicly rely on proxemics of “more distant” Scandinavians in putting forward this or that public health decision, or when graffiti on the outer walls of a bank in the Ljubljana city center relate and compare bankers with the SARS-CoV-2 virus, one can easily realize how richly and intricately culture always works with, against, and around viruses. Maybe most powerfully through casting them as an elusive otherness, as a monster lurking from a bowl of some imaginary “bat soup,” spiced up with toxic exoticization or even negative erotization. But also, as a force “beyond culture.”

One can think of moral panic and dramatic apologies related to the belated rediscovery of a 2017 video by the popular Chinese travel blogger Wang Mengyun eating a cooked bat in Palau, unknowing of either the purported medical dangers or of globalized socioethical pressures (largely: the western melodrama of misplaced and unsolicited righteousness). One can ponder upon the cultural wars of Slovenia, Italy, and other places, regarding Petr Davydtchenko’s performances and performance videos of him chewing on live bats while sporting the “Pfizer” logo on his face, and of his subsequent simplistic and laconic claim questioning the interests of “big pharma” (Da Silva, 2020). Not many would claim that the academic research into various such polarizing moments and nexuses (between the intimate and post-public, between the artistic and mundane-lived, etc.) seems unimportant, untimely, or not urgent.

Such research, nonetheless, all too often falls victim to disciplinary limitations and epistemic bottlenecks. On the one hand: a belated and superficial “culturalization” of some aspects of medical science and “public medicine,” showing almost complete detachment from

critical social thought. On the other hand: some branches of cultural studies that, despite the exciting epistemological shifts that allow for holistic thinking about cross-object and cross-species virality and contagion, still show reluctance or inability to do proper empirical fieldwork. Tenures are being built upon these pronounced methodological and political deficits that prevent concrete action research and communal engagements.

Towards the end of the 1990s, with the early onset of the present debate on cultural epidemiology, two old types of epistemic demands were already felt as particularly challenging: the pressure upon cultural studies and cultural anthropology scholars to grasp the variety of the individual experiences of the illness, disease, or infestation in cultural terms on the one hand, and on the other, the pressures on medical epidemiologists to defend their work as “scientifically objective” irrespective of cultural differences and influences (Brough, 2013). The newly proposed field of cultural epidemiology that was to respond to these pressures and to balance them was imagined as a largely quantitative research zone at the crossroads of medical epidemiology (epidemiology *sensu stricto*) and medical anthropology (Weiss 2001, 2018; Trostle, 2005).

This means that most of the social studies and humanities which for almost a century now worked to understand cultural processes (in the fields of cultural studies, cultural anthropology, cultural history, and cultural geography) were by and large left outside or beyond this new interdisciplinary relation and demarcation. Those “cultural” disciplinary fields built their own theoretical vocabulary of epidemics, disease, and quarantine: some classical and influential work, such as that of Foucault, Virilio, Agamben or Mbembe, offered many important insights into what could happen with individuals and communities at a time of mass infestations and enclosures (Foucault, 1973), what happens at the level of the biopolitical administration of life (Foucault, 2008; Agamben, 2005; Virilio, 2005; Mbembe, 2019), and what can be said about the sociality of the fortress, that of the emergency, of control, and of (non-)movements across various new social membranes pretending softness and fluidity (Bottomley and Moore, 2007).

In contrast to such an unpleasant divorce between epistemic and disciplinary developments, some past debates in epidemiology profited from the knowledge of cultural history and cultural studies. A good example would be the old (and still ongoing) debate on the origin and early historical epidemiology of syphilis (Lobdell and Owsley, 1974); or the controversial usage of the “plague model” in the debate on AIDS epidemics (Mack, 1992); or a brilliant recent overview (Snowden, 2019) already mentioning COVID-19 in its foreword to the 2020 paperback edition. Critical Cultural Epidemiology, which wants to operate as a methodological and political expansion on both sides, must purposefully create such moments of epistemic integration.

The western toilet paper frenzy of the initial 2020 lockdowns unites classical motifs from Douglas's *Purity and Danger* (Douglas, 1966) with the political economy of greed and excess, with neoliberal competitiveness, and with an "endist" structure of feeling. Still, at the heart of such a complex social event lies human fear, socially and neurochemically (re)produced and embodied. Due to the methodological shortcomings of the "critical humanities" and "medical cultural epidemiology" alike, it is still difficult to treat this neuro-political core without philosophical obfuscations on one side and peculiar omissions on the other. Divorced from the affective organization and meaning formation of the event itself, both quantification and critique often happen in a suspension that pretends to be integrative or holistic, while often remaining superficially polarizing. Where cultural epidemiology claims to (finally) listen to the world, and the cultural studies of epidemics philosophizes the world (claiming to give it a voice), critical cultural epidemiology will need to imply working hard with the world, beyond the fiction of the "economic man," as suggested by Douglas and Ney (1998), but also beyond the fiction of the "generic subaltern" floating above the concrete field of life.

To the somewhat cold medical empirical work that sometimes shows dangerous forms of apolitical politicality and the ideology of the post-ideological, it would be a worthy task to add qualitative empirical apparatuses and theoretically informed social criticism. Yet, this will not be reached based on a superficial inflammatory rhetoric and the campus-based pseudo-radicalism of the privileged, much less on crypto-puritan scriptural Americanisms and moral panic (pretending to be emancipatory), or on analyzing yet another set of narratives in vitro. Whatever gaze was turned towards the living subjects of culture, from 1980s-audience studies to the occasional fledgling and fragile proposals of putting an ethnographic core to culturalist intellectual projects, it never remained firm and sustained. Working with the world will require a renewed composure and focus on mutuality, solidarity, and care, rather than on the delineation of marked and unmarked spaces of a conventional justice. A prolonged pedagogical and methodological work will need to revisit the ruins of the past (think of the clumsy history of cultural *memetics*, to give an amusing example, or think of the still living *biosemiotics*, etc.), and it will need to explore the landscapes of extramural data, engaging with difference.

Critical Cultural Epidemiology could be one of more happy fruits of these disastrous years. Still nameless and methodologically partial (in both senses of the word), it slowly buds everywhere, translating fears and hopes across the world, inciting debates, creating knowledge, building spaces of mutuality, and invoking action. On the one side: the long-standing debates on the decolonization of care, on new forms of labor, on authoritarianism, on the status and reach of the Anthropocene, and many more, all changed and crystallized under the impact of the global pandemic. On the "other side": medical and medical-anthropological knowledge production trying to grasp racial, gendered, generational, geographical, class-bound, re-

ligious, ethnic, and other realities as they impact the figurations of “healthy” and “diseased.” Why indeed might people of color die in larger percentages? Why do some post-communist (post-Soviet, and post-Yugoslav) epidemiologists still claim separate and unique models of understanding for these new biocultural formations? What is at stake here where the “real,” “sacred,” and “demonic” contagions happen together, and what can be gained from the intricate workings of a critical cultural epidemiology?

## REFERENCES

- Agamben, G. (2005) *State of Exception*, transl. by Kevin Attell, Chicago: The University of Chicago Press.
- Bottomley, A., Moore, N. (2007) From walls to membranes: fortress polis and the governance of urban public space in 21st century Britain. *Law Critique* 18, 171–206 (2007).
- Brough, M. (2013). Toward cultural epidemiology: Beyond epistemological hegemony. In Dixon, J., Banwell, C. & Ulijaszek, S. (Eds.) *When culture impacts health: Global lessons for effective health research*: Academic Press, United States, pp. 33–42.
- Da Silva, J. (2020), Batshit crazy? Russian performance artist eats live bat in protest against Big Pharma, *The Art Newspaper*, 26th June 2020, available at: <https://www.theartnewspaper.com/news/russian-performance-artist-eats-live-bat-in-protest-against-big-pharma>
- Douglas, M. (1966) *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*, London: Routledge and Keegan Paul.
- Douglas, M. and Ney, S. (1998) *Missing Persons: A Critique of the Personhood in the Social Sciences*, Oakland: University of California Press.
- Foucault, M. (1973). *The Birth of the Clinic*. New York: Pantheon Books.
- Foucault, M. (2008). *The Birth of Biopolitics: Lectures at the Collège de France 1978–79*, London: Palgrave MacMillan;
- Lobdell, J. – Owsley, D. (1974). The origin of syphilis. *Journal of Sex Research*. 10 (1): 76–79.
- Mack, A. (ed) (1992). *In Time of Plague: The History and Social Consequences of Lethal Epidemic Disease*. New York: NYU Press

- Mbembe, A. (2019). *Necropolitics*. Durham: Duke University Press
- Snowden, F. M. (2019). *Epidemics and Society: From the Black Death to the Present*, London-New Haven: Yale University Press
- Trostle, J. (2005). *Epidemiology and Culture* (Cambridge Studies in Medical Anthropology). Cambridge: Cambridge University Press.
- Virilio, P. (2005). *City of panic*; transl. by Julie Rose. Oxford: Berg
- Weiss, M. G. (2001). Cultural epidemiology: An introduction and overview, *Anthropology & Medicine*, 8:1, 5-29.
- Weiss, M. G. (2018). Cultural epidemiology: Conceptual framework and current directions of an interdisciplinary field. *Glasnik Etnografskog instituta*. 66. 245-253
- Zhou, L. (2020). ‘Sorry about the tasty bat’: Chinese online host apologises for travel show dining advice as Wuhan virus spreads, *South China Morning Post* (January 26, 2020), available at: <https://www.scmp.com/news/china/society/article/3047683/sorry-about-tasty-bat-chinese-online-host-apologises-travel-show>

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“This is a somewhat distorted view of epidemiology. (...) As a theme for discussion, I agree it should be published.” (Professor Fernando Dias de Avila-Pires, Fundação Oswaldo Cruz)

“This paper pays timely attention to an ongoing issue and makes a provocative yet insightful argument that will likely give rise to an important debate.” (Professor Zhuo Jing-Schmidt, University of Oregon)