When, in 1883, Franz Boas travelled to Cumberland Sound in Baffin Land to collect his songs, myths and origin stories from the Inuit, he carried, among many other things, a pair of callipers and some microbes. The inclusion of the callipers was intentional – a practical instrument necessary to all serious craniologists who believed it possible to read off racial characteristics from the human skull. The microbes (Corynebacterium diphtheria) were carried unintentionally, and were deadly, particularly for children – so deadly that a thoughtful and observant shaman recommended that no dealings of any kind should be had with Boas (Zumwalt 2019: 117). The latter, however, had ways and means of imposing himself on the Inuit. In fact, one might say that in his dealings with the Inuit, Boas was tainted – in the first case by concepts, theories and behaviours, and in the second by disease-causing microbes. Yet, no matter how we evaluate his work, his engagement with the Inuit during the 1880s still holds important lessons about the practicalities and ethics of fieldwork in the midst of an epidemic. Silverman has already updated some of the key issues in relation to the Covid-19 outbreak. Here I seek to focus on the necessity (or otherwise) of ‘being there’ in the face of affliction.

Imagine now that we have access to a time machine, so that we can turn the space-time clock back to 1883 and stand on the deck of the steamship Germania – the ship on which Boas was travelling from Europe to North America – whilst retaining access to our current technology. Would we not suggest to Franz and his European companions that it would be much more beneficial for everyone if he either got hold of a ‘native’ to record his songs, myths and origin stories or to access them via a Zoom meeting and then analyse them back at the office? This has been hinted at in David Silverman’s opening remarks. Theoretical pollution might still be unavoidable. Few of us can ever escape what various German scholars have referred to as the thought style (Denkstil) and the thought collective (Denkkollektive) into which we, as researchers, are socialised (e.g. Fleck 1979), but at least the tiny communities of Inuit that Boas visited would be free of the disease and death that he brought with him. (As a bonus, the Inuit skulls that Boas stole would also have remained in situ, and undisturbed.)

Boas’s position as an ethnographer was not, of course, unique except perhaps insofar as he was among the very first to urge the budding anthropologist to study other people from the native’s point of view; to get to know their language and to live as natives do. Indeed, he was among the first to laud the virtues of ‘being there’ (Boas 2001 [1908]). In retrospect, however, he could have accessed a large amount of the material that he was interested in remotely – even during the 1880s. The songs and myths could, for example, have been obtained via traders and others who came in contact with the
Inuit at the whaling stations. The same might be said of the many American and British anthropologists who followed in Boas’ methodological path. Evans-Pritchard, for example, would have had access to a considerable number of documentary and field-based military, bureaucratic and missionary sources of data about the Azande, without even moving beyond Cairo. Had he managed to make contact with his apprentice, Kamanga, in advance of his seven-week journey to Zandeland he could have also gained access to insider information about what he called the corporation of witch-doctors from afar (Evans-Pritchard 1937). That is not, of course, to suggest that his long journeys to the southern Sudan and sporadic 20-month residence with the Azande were pointless, but it does serve to emphasise that the ‘being there’ is just one of many routes to accessing data, and it can sometimes be difficult to understand why it is privileged.

The examples could be multiplied, but there is no need. Clearly, ‘the field’ is always much larger than the space-time coordinates in which the researcher is to be found. It stretches across things as well as people – books, travellers’ tales, songs, Tweets, Facebook posts included – and these days so much is traceable and observable remotely, as David Silverman’s contribution has already made clear. Indeed, there are circumstances when the remote may well have advantages over the intimate – as the mention of remote focus-group meetings in Silverman’s article suggests. And as a resident of a society riven by sectarian thinking, I can immediately picture circumstances in which keeping hostile groups apart, whilst discussing a subject (or more likely an ‘incident’) of common concern, might be immensely productive. I can also think of many circumstances in which it is better not to ‘be there’, but to ask those who were ‘there’ to reflect on their practice, or emotions, or reasoning at some later point rather than record data on-site (e.g. Price et al. 2011). More importantly, much of the phenomena that field workers seek data on are rarely, if ever, in a specific space-time location. For example, decisions about and consequences of end-of-life interventions in an intensive care unit (ICU) are rarely the preserve of one person in one place at one particular time. If one wishes to study why ICU patients come to the end of life, then multiple sites, multiple informants and numerous off-ward inquiries are required (e.g. St Ledger et al. 2021).

Silverman makes reference to ‘natural data’. Others might speak of ‘raw data’ (Gitelman 2013). But is there any such thing as raw or natural data? For it could be argued that the data that field workers collect and consider worthwhile have already been screened for ‘relevance’. Skulls and skull measurements may no longer be the order of the day, but there is invariably a modern-day equivalent of ‘the skull’ lurking in the conceptual field and theories of the contemporary field worker. Nor is it always entirely clear why being an ‘I-witness’ is regarded as offering more reliable accounts than those from people untrained in social-scientific ways of thinking. It is, after all, the views of others rather than ourselves that we seek via interview, focus group and fly-on-the-wall recordings. That is not to suggest that our own capacity to record the casual remark, the ‘strange’ behaviour, or an item of corridor dialogue is worthless, but it might be overvalued. Moreover, as Boas’s work revealed, field researchers can pollute the settings in which they operate – not quite as he did, but their presence can easily change the dynamics of work groups and workplace relations (to say nothing of domestic relations).

One of my most recent forays into the field was centred on the use of what professional informants called ‘virtual’ clinics. A ‘virtual clinic’ is one in which a patient is diagnosed and monitored remotely (Tsaousis et al. 2016) – so, for example, scans of a patient’s retina might be obtained by a photographic technician and sent to a qualified ophthalmologist who will examine the images at another time (day or week) and, most importantly, another place. The surgeon can subsequently make decisions about the patient’s condition without necessarily meeting with them. Not surprisingly, the remoteness and spatial separation between doctor and patient is disruptive on a number of levels, and not least for the patient, but the key point is that the agents who collect essential data and the system within which they do are quite separate from the system in which data are analysed and conclusions are drawn. As far as a focus on individual ‘cases’ is concerned, the systems for data collection and data analysis touch, but do not overlap. As to the study of entire communities, researchers as diverse as epidemiologists...
and historians have long since demonstrated that approaching populations via what Moretti (2013) calls techniques of ‘distant reading’ is a sound route to insight as well as to basic information. In the era of Covid-19 especially, there is little reason why qualitative social science cannot learn from all these strategies.

Ultimately, social science is a practice, and it is as it is practised; nothing more and nothing less. As such, there is no golden protocol specifying how the qualitative researcher must engage with the world. If the practices of ethnography or qualitative research change, or have to change to fit prevailing circumstances, then so must the meanings of ‘ethnography’ and ‘qualitative’.

References


Lindsay Prior received his PhD in Sociology from the University of Aberdeen and is currently Professor Emeritus (Sociology) and Visiting Scholar in the School of Medicine and Dentistry at Queen's University, Belfast. His research interests include death, dying and end-of-life issues, the role of physical activity in public health programs and the architecture of healthcare facilities. His most recent contributions have appeared in Journal of Critical Care (2021), Ophthalmology (2020) and British Journal of Sociology (2020). He is also a contributor to the fifth edition of David Silverman's Qualitative Research (2021, Sage). Address for correspondence: Centre for Public Health, Institute for Clinical Sciences, Royal Victoria Hospital, Belfast, BT12 6BA, UK. Email: l.prior@qub.ac.uk