Charisma and the clinic

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:

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

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

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

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

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

1.2 *Differentiating Weber*

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

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

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

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

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

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

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

Analysis

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

While we encourage the division to viewed heuristically, there are three different types of charisma in this framework: 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). These forms of charisma all refer to affective relations that emerge within specific material-discursive assemblages. In clinical settings we suggest that each form of charisma offers purchase for understanding why particular phenomena emerge and are comprehended and responded to in (relatively) consistent ways across particular sites or

through particular practices, to the extent that they seem ‘obvious’ even though in other socio-cultural contexts (or at other historical periods) these phenomena are not visible at all or responded to quite differently.

Ecological charisma inside and outside the clinic

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

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

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

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

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

> <u>It's probably the best thing we've got. I mean, I like the child versions better than the adult version. I think that the adults that are very able, that have done a lot of developing... Especially the ones that come in here because they travel around on their</u>

> own, a lot of them live independently, and I think that some of them don't meet criteria using ADOS and they're clearly autistic. (Professor, interview 20)

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

> Professor: ...I mean if you look at the number of papers that are published on adults there are really not that many.
>
> Interviewer: And why do you think that is?
>
> Professor: Well from my experience it's because ((laughs)), well certainly on the auditory work we've done it's that they don't really perform very differently to adults without autism. (Professor, interview 20)

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

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

> I think the problem with autism is that when you're capturing something about a social dynamic and it's about somebody's abilities falling down within a social setting, well experimentally that's quite difficult to replicate. So I suppose the other

> way of looking at it is if you can think better about capturing real life in an experimental setting because they're bad at recognising emotion when it's in the context of something very dynamic that's happening in a short period of time in a real life interaction, whereas if you give something and they have five seconds to work it out and it's a still image they're going to be fine. So there's so much data that's contradictory and not well understood and I think a big problem is that, it's something about the social context that we just don't have inherent in an experimental task. (Lecturer, interview 11)

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

Aesthetic charisma's role in diagnosis

The second and third sub-types of charisma, aesthetic and corporeal charisma, involve relational properties that emerge when 'shared structures of feeling bubble up within

particular constellations of people, technologies and other nonhumans' (Lorimer 2015: 45). These forms of charisma, therefore, are bound up with particular 'affective logics' that 'guide how people react in relation to particular species and landscapes' (Lorimer 2015: 45) and, we would suggest, when engaging with particular clinical phenomena in specific contexts.

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

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

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

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

As discussed previously, autism is most charismatic within dynamic, social contexts and far less so during attempts at quantification and measurement. What is clear, moreover, is that when autism is seen within particular contexts it can prompt emotional and visceral reactions in researchers that prompt action. These emotional responses are discussed in more detail below (in relation to corporeal charisma) but are also evident in the following extracts. Here a Postdoctoral Researcher was asked '...is there anything else which you'd like to add or that you think we've not discussed, any bits of your research which you think are interesting?' The response was the following:

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

Key elements of aesthetic charisma are evident here. Tied to the above discussion on ecological charisma, it is evident that autism is most charismatic *sui generis* and that 'grasping the whole renders it more than, and quite distinct from, the sum of its parts' (Ellis 2011: 772). As discussed above this is clearly an important part of autism science's epistemology, 'there is this something that seems to be there that doesn't necessarily come up' and 'you know but you don't know' and this is related to a visceral, emotional 'gut instinct'.

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

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

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

> Clinically, I think there is something quite striking because it seems to be the thing that lots of us who've been involved in clinical work with children with autism for more than twenty years, and research for the best part of twenty-five years, clinically there is a sort of notion that when you see that constellation of developmental and behavioural characteristics together, you know, it seems to one like a thing, it belongs in some nosological system. So some notion that the medical model is demonising individuals in a way that is going to be disadvantageous to them, to some sort of notion that disorders like autism are primarily a social construct are both rather silly, I think. I think probably most sensible people wouldn't hold either of those extreme sort of views. (Professor, interview 17)

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

Corporeal charisma

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

In line with an increasing body of work that has emphasised the role of the body in generating knowledge (Gardner & Williams 2015; Myers 2012; Warin 2014), this form of charisma also plays a significant role in certain forms of expertise. Lorimer, for instance, suggests that charisma manifests itself in two different aspects of expert knowledge. First, there is an account of 'epiphany' which refers to the sort of 'common autobiographical reference made by many of the conservationists' that refers to their first moment of being affected by their future object of study (Lorimer 2007: 921). He notes that these accounts are frequently 'made sensible through retrospective narration as shaping subsequent professional or voluntary practice' (Lorimer 2015: 51). While an epiphany seems to be (and on a certain level is) a moment of being affected, therefore, framing it in terms of corporeal charisma is a means of connecting the personal to a particular pattern of response (governed by ecological factors) and as something that is made intelligible through future socio-technical arrangements and a subsequent accumulation of expertise. A slightly different facet of charisma, dubbed jouissance, is understood in terms of the more everyday forms of affective labour that are negotiated in subsequent, more mundane, work with a given entity.

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

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

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

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

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

Intimately tied to this physical proximity is the affective, non-rational, nature of the experiences. The Senior Lecturer refers to their meetings as being unquantifiable and emotional and as 'compelling', 'fascinating', and 'mysterious'. Likewise, the Professor

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

Discussion

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

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

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

It is not just a question, however, of asking what charisma can contribute when related to healthcare settings. Exploring the dynamics of this affective, relational, contextually

determined account of charisma within a healthcare context, also offers important conceptual elaborations. First, within accounts of ecological charisma, at present, there is an emphasis on the material and biological properties of organisms and physical environments. Indeed, this emphasis has been reinforced by the concept's uptake across geography and the environmental humanities. The broader conceptual context that underpins this relational, more-than-human account of charisma, however, is contingent on a collapse between the material and the semiotic (e.g. Despret 2004; Despret 2013; Barad 2007; Haraway 2008). Sociological studies of medicine have, of course, long drawn attention to the importance of symbolic (Pickersgill 2012), discursive (Wallis & Nerlich 2005), and classificatory (Timmermans 2014) work and, thus, entanglements between the material and the semiotic seem likely to receive well needed attention within such settings. If these concerns were fed back into accounts of nonhuman charisma in conservation contexts, then further emphasis on the discursive could prove useful in asking questions about, for instance, the role of nationalism, use-value, and other decidedly cultural constraints in contributing to the different forms of charisma attached to particular entities.

Second, while work in geography has previously discussed the 'non-innocence' of charisma (e.g. Clark 2015), non-innocence has primarily been articulated through those who have been 'left behind', the non-charismatic species that have been ignored in conservation efforts (e.g. Lorimer 2006). What healthcare settings foreground is the potential non-innocence of charisma for charismatic organisms themselves. Analyses of healthcare have long detailed – whether through processes of medicalisation or subjectification (Callon & Rabeharisoa 2004; Ussher 2004) – the ambivalence of falling under the gaze of medical professionals. If medical attention is, at times, unwanted then charisma may be likewise. Analyses of charisma within healthcare settings can thus contribute to a growing body of literature (e.g. van Dooren 2014; Giraud & Hollin 2016) which problematizes oft celebrated affective and relational

457 engagements and draws attention to the inherent violence in care-work. Insights from the
458 clinic may contribute to this body of work, moreover, by shifting the emphasis towards the
459 ambivalent implications of charisma for entities deemed especially charismatic.

460 **References**

461 Adair-Toteff, C., 2014. Max Weber's charismatic prophets. *History of the Human Sciences*,
462 27(1), pp.3–20.

463 Ahmed, S., 2004. *The Cultural Politics of Emotion*, Edinburgh: Edinburgh University Press.

464 American Psychiatric Association, 2013. *Diagnostic and Statistical Manual of Mental*
465 *Disorders, Fifth Edition*, Washington, DC: American Psychiatric Association.

466 Andrews, G.J., Chen, S. & Myers, S., 2014. The "taking place" of health and wellbeing:
467 Towards non-representational theory. *Social Science and Medicine*, 108(May), pp.210–
468 222.

469 Bacon, D. & Borthwick, A.M., 2013. Charismatic authority in modern healthcare: The case
470 of the "diabetes specialist podiatrist." *Sociology of Health & Illness*, 35(7), pp.1080–
471 1094.

472 Barad, K., 2007. *Meeting the Universe Halfway: Quantum Physics and the Entanglement of*
473 *Matter and Meaning*, Durham & London: Duke University Press.

474 Bennett, J., 2010. *Vibrant Matter: A Political Ecology of Things*, Duke University Press.

475 Callon, M. & Rabeharisoa, V., 2004. Gino's Lesson on Humanity: Genetics, Mutual
476 Entanglements and the Sociologist's Role. *Economy and Society*, 33(1), pp.1–27.

477 Clark, J.L., 2015. Uncharismatic invasives. *Environmental Humanities*, 6, pp.29–52.

478 Despret, V., 2013. Responding bodies and partial affinities in human-animal worlds. *Theory,*
479 *Culture & Society*, 30(7-8), pp.51–76.

480 Despret, V., 2004. The body we care for: Figures of anthropo-zoo-genesis. *Body & Society*,
481 10, pp.111–134.

Despret, V., 2016. *What Would Animals Say if we Asked the right Questions?* Minneapolis: University of Minnesota Press.

Dow, T.E.J., 1969. The theory of charisma. *The Sociological Quarterly*, 10(3), pp.306–318.

Ellis, R., 2011. Jizz and the joy of pattern recognition: Virtuosity, discipline and the agency of insight in UK naturalists' arts of seeing. *Social Studies of Science*, 41(6), pp.769–790.

Featherstone, K. et al., 2005. Dysmorphology and the spectacle of the clinic. *Sociology of Health & Illness*, 27(5), pp.551–74.

Fitzgerald, D., 2013. The affective labour of autism neuroscience: Entangling emotions, thoughts and feelings in a scientific research practice. *Subjectivity*, 6, pp.131–152.

Fitzgerald, D., 2014. The trouble with brain imaging: Hope, uncertainty and ambivalence in the neuroscience of autism. *BioSocieties*, 9, pp.241–261.

Friese, C., 2013. Realizing potential in translation medicine: The uncanny emergence of care as science. *Current Anthropology*, 54(October), pp.S129–S138.

Gardner, J., 2016. Patient-centred medicine and the broad clinical gaze: Measuring outcomes in paediatric deep brain stimulation. *BioSocieties*. doi:10.1057/biosoc.2016.6

Gardner, J. & Williams, C., 2015. Corporal diagnostic work and diagnostic spaces: clinicians' use of space and bodies during diagnosis. *Sociology of Health & Illness*, 37(5), pp.765–781.

Giraud, E. & Hollin, G., 2016. Care, Laboratory Beagles and Affective Utopia. *Theory, Culture and Society*, 33(4), pp.27–49.

Greenhough, B. & Roe, E., 2011. Ethics, space, and somatic sensibilities: Comparing relationships between scientific researchers and their human and animal experimental subjects. *Environment and Planning D: Society and Space*, 29(1), pp.47–66.

Haraway, D.J., 2008. *When Species Meet*, Minneapolis: University of Minnesota Press.

Hinchliffe S, Kearnes MB, Degen M and Whatmore S, 2005, "Urban wild things: a

cosmopolitical experiment" *Environment and Planning D: Society and Space* **23**(5) 643–658.

Hollin, G.J. & Pilnick, A., 2015. Infancy, autism, and the emergence of a socially disordered body. *Social Science & Medicine*, 143, pp.279–286.

James, N. & Field, D., 1992. The routinization of hospice: Charisma and bureaucratization. *Social Science and Medicine*, 34(12), pp.1363–1375.

Johnson, E.R., 2015. Of lobsters, laboratories, and war: animal studies and the temporality of more-than-human encounters. *Environment and Planning D: Society and Space*, 0(0), pp.0–0.

Kerr, E.A. & Garforth, L., 2016. Affective practices, care and bioscience: A study of two laboratories. *The Sociological Review*, 64, pp.3–20.

Leys, R., 2011. The turn to affect: A critique. *Critical Inquiry*, 37(3), pp.434–472.

Lorimer, J., Charisma. *The Multispecies Salon*. Available at: http://www.multispecies-salon.org/charisma/ [Accessed May 6, 2016].

Lorimer, J., 2008a. Counting corncrakes: The affective science of the UK corncrake census. *Social Studies of Science*, 38(3), pp.377–405.

Lorimer, J., 2009. International conservation volunteering from the UK: What does it contribute? *Oryx*, 43(3), pp.352–360.

Lorimer, J., 2008b. Living roofs and brownfield wildlife: Towards a fluid biogeography of UK nature conservation. *Environment and Planning A*, 40(9), pp.2042–2060.

Lorimer, J., 2007. Nonhuman charisma. *Environment and Planning D: Society and Space*, 25(5), pp.911–932.

Lorimer, J., 2006. What about the nematodes? Taxonomic partialities in the scope of UK biodiversity conservation. *Social & Cultural Geography*, 7(4), pp.539–558.

Lorimer, J., 2015. *Wildlife in the Anthropocene: Conservation after Nature*, Minneapolis &

London: University of Minnesota Press.

Macdonald, H., 2002. “What makes you a scientist is the way you look at things”: Ornithology and the observer 1930–1955. *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, 33(1), pp.53–77.

Moore, M.J., 2014. *On the Spectrum: Autistics, Functioning, and Care*. University of California Santa Cruz.

Murphy, M., 2015. Unsettling care: Troubling transnational itineraries of care in feminist health practices. *Social Studies of Science*, 45(5), pp.717–737.

Myers, N., 2012. Dance Your PhD: Embodied Animations, Body Experiments, and the Affective Entanglements of Life Science Research. *Body & Society*, 18, pp.151–189.

Pickersgill, M., 2012. What is psychiatry? Co-producing complexity in mental health. *Social Theory & Health*, 10(4), pp.328–347.

Roe E & Greenhough B, 2014, “Experimental partnering: Interpreting improvisory habits in the research field” *International Journal of Social Research Methodology* **17**(1) 45-57.

Scott-Samuel, A. & Smith, K.E., 2015. Fantasy paradigms of health inequalities: Utopian thinking? *Social Theory & Health*, 13, pp.418–436.

Shaw, A., 2003. Interpreting images: Diagnostic skill in the genetics clinic. *Journal of the Royal Anthropological Institute*, 9(1), pp.39–55.

Silverman, C., 2012. *Understanding Autism: Parents, Doctors, and the History of a Disorder*, Princeton, New Jersey: Princeton University Press.

Thrift, N., 2004. Intensities of feeling: Towards a spatial politics of affect. *Geografiska Annaler*, 86, pp.57–78.

Timmermans, S., 2014. Trust in standards: Transitioning clinical exome sequencing from bench to bedside. *Social Studies of Science*, 45(1), pp.77–99.

557 Ussher, J.M., 2004. Premenstrual syndrome and self-policing: Ruptures in self-silencing
558 leading to increased self-surveillance and blaming of the body. *Social Theory & Health*,
559 2(3), pp.254–272.
560 Van Dooren, T., 2014. *Flight Ways: Life and Loss at the Edge of Extinction*, New York:
561 Columbia University Press.
562 Wallis, P. & Nerlich, B., 2005. Disease metaphors in new epidemics: the UK media framing
563 of the 2003 SARS epidemic. *Social Science & Medicine*, 60(11), pp.2629–39.
564 Warin, M., 2014. Material feminism, obesity science and the limits of discursive critique.
565 *Body & Society*, 21(4), pp.1–29.
566 Weber, M., 1968. *On Charisma and Institution Building* S. N. Eisenstadt, ed., Chicago:
567 University of Chicago Press.
568 Wetherell, M., 2015. Trends in the Turn to Affect: A Social Psychological Critique. *Body &*
569 *Society*, 21(2), pp.139–166.
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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).