

1 **Charisma and the clinic**

2 **Abstract**

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

16 **Key words**

17 Charisma – Affect – Posthumanism – Autism - Weber

18 **Introduction**

19 Within geography and the environmental humanities significant recent attention has been  
20 directed towards the concept of 'charisma'. Derived from the work of geographer Jamie  
21 Lorimer (Lorimer 2006; Lorimer 2007; Lorimer 2008a; Lorimer 2008b; Lorimer 2009;  
22 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  
27 affective responses (such as interest, disgust, fascination, or joy) experienced by the observer  
28 upon that reception. Importantly, charisma is significantly related to context, it 'emerges in  
29 relation to the parameters of different technologically enabled, but still corporeally  
30 constrained, human bodies, inhabiting different cultural contexts' (2007: 916). Whether an  
31 entity is salient or silent, generates strong or weak affective responses, or whether those  
32 responses are positive or negative is, then, not entirely determined by inherent properties of  
33 the organism but, rather, upon by the whole ecological setting within which that organism is  
34 immersed and perceived.

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

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

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

## 70 1.2 *Differentiating Weber*

Hollin GJS & **Giraud E** (2017) 'Charisma and the Clinic.' *Social Theory & Health*. 15(2): 223-240.

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

78 The primary concern of Weber was the 'charismatic leader'. What demonstrates a leader's  
79 charismatic qualities is that the instructions they give out are not followed because of the  
80 inherent rationality of their arguments; it is *they* who make their arguments seem believable  
81 rather than the fact that the arguments are inherently so (Dow 1969: 135). Neither are these  
82 leaders followed on the basis of tradition; these individuals come to occupy powerful political  
83 positions but it is not simply on the basis of these positions that they are followed. Rather, it  
84 is specifically *personal* characteristics which make a leader charismatic (Adair-Toteff 2014:  
85 6).

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

Hollin GJS & **Giraud E** (2017) 'Charisma and the Clinic.' *Social Theory & Health*. 15(2): 223-240.

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

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

114 However, though much of this work has focused on human-animal engagements, it is  
115 important to note that both Lorimer and other geographers who have engaged with charisma  
116 have sought a *symmetrical* framework; that is, a framework which may be readily applied to  
117 humans and nonhumans alike (Greenhough & Roe 2011; Lorimer 2007: 915). Thus, while  
118 the majority of work on charisma has examined nonhumans, there is no reason why this must

119 be the case. The key question for those interested in healthcare is one of utility and not  
120 applicability. In the following sections we attempt to demonstrate this utility by showing how  
121 adopting the framework offered here can aid in the understanding of how researchers act  
122 upon autism spectrum conditions as an especially informative example.

### 123 **Analysis**

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

137 While we encourage the division to viewed heuristically, there are three different types of  
138 charisma in this framework: ecological (which relates to the affordances an entity has),  
139 corporeal (related to bodily interaction) and aesthetic (pertaining to an entity's initial visual  
140 and emotional impact). These forms of charisma all refer to affective relations that emerge  
141 within specific material-discursive assemblages. In clinical settings we suggest that each form  
142 of charisma offers purchase for understanding why particular phenomena emerge and are

Hollin GJS & **Giraud E** (2017) 'Charisma and the Clinic.' *Social Theory & Health*. 15(2): 223-240.

143 comprehended and responded to in (relatively) consistent ways across particular sites or  
144 through particular practices, to the extent that they seem 'obvious' even though in other  
145 socio-cultural contexts (or at other historical periods) these phenomena are not visible at all  
146 or responded to quite differently.

147 *Ecological charisma inside and outside the clinic*

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

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

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

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

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

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



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

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

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

198           Interviewer: And why do you think that is?

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

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

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

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

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

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

#### 234 *Aesthetic charisma's role in diagnosis*

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

Hollin GJS & **Giraud E** (2017) 'Charisma and the Clinic.' *Social Theory & Health*. 15(2): 223-240.

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

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

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

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

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

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

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

Hollin GJS & **Giraud E** (2017) 'Charisma and the Clinic.' *Social Theory & Health*. 15(2): 223-240.

285 Key elements of aesthetic charisma are evident here. Tied to the above discussion on  
286 ecological charisma, it is evident that autism is most charismatic *sui generis* and that  
287 'grasping the whole renders it more than, and quite distinct from, the sum of its parts' (Ellis  
288 2011: 772). As discussed above this is clearly an important part of autism science's  
289 epistemology, 'there is this something that seems to be there that doesn't necessarily come  
290 up' and 'you know but you don't know' and this is related to a visceral, emotional 'gut  
291 instinct'.

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

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

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

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

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

#### 324 *Corporeal charisma*

325 Corporeal charisma is distinguished from other forms of charisma by being generated by  
326 particular 'proximal encounters' (Lorimer 2015: 44), wherein 'affections and emotions [are]  
327 engendered by different organisms in their practical interactions with humans' (Lorimer  
328 2007: 921). This form of charisma, therefore, engages with recent work that has shifted the  
329 focus away from the visual towards other sensory, embodied experiences that produce  
330 affective engagements (e.g. Ahmed 2004; Myers 2012; Thrift 2004). The primary differences  
331 between corporeal and aesthetic charisma, however, emerge from where the 'encounters take  
332 place rather than on the basis of any qualitative difference' (Lorimer 2015: 45).

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

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

351         That experience of working with these children with autism stuck in my mind, I just  
352         found it very, very compelling and fascinating. Of course there wasn't nearly as much  
353         know then about autism as there is now, but there's just something about the kind of  
354         mysterious nature of the way they are and I remember, this is from way back when I  
355         was an undergraduate, but I remember this kind of experience of having this child

356 take me by the hand and use my hand to get things that he wanted. (Senior Lecturer,  
357 interview 2)

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

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

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

379 Intimately tied to this physical proximity is the affective, non-rational, nature of the



Hollin GJS & **Giraud E** (2017) 'Charisma and the Clinic.' *Social Theory & Health*. 15(2): 223-240.

380 experiences. The Senior Lecturer refers to their meetings as being unquantifiable and  
381 emotional and as 'compelling', 'fascinating', and 'mysterious'. Likewise, the Professor  
382 describes the moment of encounter as 'utterly fascinating but so upsetting'. Crucially, these  
383 bodily, inarticulatable experiences have, retroactively, been made sense of on the basis of  
384 these interviewees' expertise and knowledge about autism: articulated as a moment of  
385 epiphany. These epiphanies can be juxtaposed with the everyday experience of *jouissance* –  
386 which can be seen within the affected encounters described elsewhere in the autism literature.  
387 Chloe Silverman, for instance, discusses 'love as a form of labor' in the everyday care  
388 practices and commitments that are undertaken not only by parents, but also psychologists  
389 and clinicians who research autism (Silverman, 2012: 3). Des Fitzgerald, similarly,  
390 foregrounds the way that the 'search for a neurobiology of autism, is traced through the  
391 feelings, and the body, of the unapologetically individual and familiar autism neuroscientist'  
392 (Fitzgerald 2013: 138). It is these everyday somatic engagements, coupled with moments of  
393 epiphany, that constitute corporeal charisma as understood within clinical and medical  
394 settings.

## 395 **Discussion**

396 In this article, and working through the example of autism, we have argued that the concept  
397 of charisma has much to offer sociological studies of health and illness. Adopted from the  
398 work of geographer Jamie Lorimer, which has received wide uptake within geography and  
399 the environmental humanities, charisma 'encompasses both the ecological and the affective  
400 dimensions to a body's behaviour' (Lorimer 2007: 915) and has been described as being  
401 crucial in determining how and where we come to know particular objects of investigation.  
402 We have here systematically elucidated the tri-partite nature of charisma as discussed in the  
403 literature (with particular focus upon ecologies, aesthetics, and corporeality) through

404 reference to autism and sought to show how charisma allows new understandings of how this  
405 contemporary diagnostic classification comes to be seen and worked on by medical and  
406 scientific practitioners.

407 As discussed, studies examining charisma play close attention to affect. Examining the role  
408 of affect has, of course, already been an increasing area of interest within healthcare settings,  
409 with a burgeoning body of work focusing on the affective properties of individuals; drawing  
410 attention to the role of corporeal relations; and foregrounding affective labour (Fitzgerald  
411 2013; Kerr & Garforth 2016). What charisma offers analyses of healthcare contexts beyond  
412 these existing examples, we suggest, is a sense of how particular affective relations emerge as  
413 consistent patterns of response, within a particular ecological setting, and over time and  
414 space. Charisma goes beyond studies of affect, therefore, as it does not purely characterise  
415 affect as being a property of individual biology (see Leys (2011) and Wetherell (2015) for a  
416 critical discussion); neither does it solely refer to the process of being (or learning to be)  
417 affected (Despret 2013). Nor, can charisma be attributed to the affective environment of a  
418 particular site (Friese 2013; Kerr & Garforth 2016) but, rather, demands that attention be paid  
419 to the entire assemblage.

420 Charisma shifts the focus onto how affective relations become tangible and assume a distinct  
421 logic, within particular ecological settings, and marked by particular material and discursive  
422 factors. The example of autism makes this broader utility clear for, while existing studies  
423 have shown that autism epistemologies are radically shaped by the affective responses of  
424 parents and researchers (Fitzgerald 2013; Silverman 2012) what has not been foregrounded is  
425 that these affective responses are intimately tied to particular ecological settings. This  
426 observation most readily applies temporally (for autism was neither seen nor felt until the  
427 mid-twentieth century) but also spatially: Interviewees described spaces where autism is seen

428 and felt more readily than others. Strikingly, the laboratory was described as a space where  
429 autism is hard to grasp whereas individuals can be seen as 'clearly autistic' in other spaces.

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

447 Second, while work in geography has previously discussed the 'non-innocence' of charisma  
448 (e.g. Clark 2015), non-innocence has primarily been articulated through those who have been  
449 'left behind', the non-charismatic species that have been ignored in conservation efforts (e.g.  
450 Lorimer 2006). What healthcare settings foreground is the potential non-innocence of  
451 charisma for charismatic organisms themselves. Analyses of healthcare have long detailed –

Hollin GJS & Giraud E (2017) 'Charisma and the Clinic.' *Social Theory & Health*. 15(2): 223-240.

452 whether through processes of medicalisation or subjectification (Callon & Rabeharisoa 2004;  
453 Ussher 2004) – the ambivalence of falling under the gaze of medical professionals. If  
454 medical attention is, at times, unwanted then charisma may be likewise. Analyses of charisma  
455 within healthcare settings can thus contribute to a growing body of literature (e.g. van Dooren  
456 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

Hollin GJS & **Giraud E** (2017) 'Charisma and the Clinic.' *Social Theory & Health*. 15(2): 223-240.

- 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.
- 482 Despret, V., 2016. *What Would Animals Say if we Asked the right Questions?* Minneapolis:  
483 University of Minnesota Press.
- 484 Dow, T.E.J., 1969. The theory of charisma. *The Sociological Quarterly*, 10(3), pp.306–318.
- 485 Ellis, R., 2011. Jizz and the joy of pattern recognition: Virtuosity, discipline and the agency  
486 of insight in UK naturalists' arts of seeing. *Social Studies of Science*, 41(6), pp.769–790.
- 487 Featherstone, K. et al., 2005. Dymorphology and the spectacle of the clinic. *Sociology of*  
488 *Health & Illness*, 27(5), pp.551–74.
- 489 Fitzgerald, D., 2013. The affective labour of autism neuroscience: Entangling emotions,  
490 thoughts and feelings in a scientific research practice. *Subjectivity*, 6, pp.131–152.
- 491 Fitzgerald, D., 2014. The trouble with brain imaging: Hope, uncertainty and ambivalence in  
492 the neuroscience of autism. *BioSocieties*, 9, pp.241–261.
- 493 Friese, C., 2013. Realizing potential in translation medicine: The uncanny emergence of care  
494 as science. *Current Anthropology*, 54(October), pp.S129–S138.
- 495 Gardner, J., 2016. Patient-centred medicine and the broad clinical gaze: Measuring outcomes  
496 in paediatric deep brain stimulation. *BioSocieties*. doi:10.1057/biosoc.2016.6
- 497 Gardner, J. & Williams, C., 2015. Corporal diagnostic work and diagnostic spaces: clinicians'  
498 use of space and bodies during diagnosis. *Sociology of Health & Illness*, 37(5), pp.765–  
499 781.
- 500 Giraud, E. & Hollin, G., 2016. Care, Laboratory Beagles and Affective Utopia. *Theory*,

Hollin GJS & **Giraud E** (2017) 'Charisma and the Clinic.' *Social Theory & Health*. 15(2): 223-240.

501 *Culture and Society*, 33(4), pp.27–49.

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

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

506 Hinchliffe S, Kearnes MB, Degen M and Whatmore S, 2005, "Urban wild things: a  
507 cosmopolitical experiment" *Environment and Planning D: Society and Space* 23(5)  
508 643–658.

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

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

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

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

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

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

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

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

525 Lorimer, J., 2008b. Living roofs and brownfield wildlife: Towards a fluid biogeography of

Hollin GJS & **Giraud E** (2017) 'Charisma and the Clinic.' *Social Theory & Health*. 15(2): 223-240.

- 526 UK nature conservation. *Environment and Planning A*, 40(9), pp.2042–2060.
- 527 Lorimer, J., 2007. Nonhuman charisma. *Environment and Planning D: Society and Space*,  
528 25(5), pp.911–932.
- 529 Lorimer, J., 2006. What about the nematodes? Taxonomic partialities in the scope of UK  
530 biodiversity conservation. *Social & Cultural Geography*, 7(4), pp.539–558.
- 531 Lorimer, J., 2015. *Wildlife in the Anthropocene: Conservation after Nature*, Minneapolis &  
532 London: University of Minnesota Press.
- 533 Macdonald, H., 2002. “What makes you a scientist is the way you look at things”:  
534 Ornithology and the observer 1930–1955. *Studies in History and Philosophy of Science*  
535 *Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, 33(1),  
536 pp.53–77.
- 537 Moore, M.J., 2014. *On the Spectrum: Autistics, Functioning, and Care*. University of  
538 California Santa Cruz.
- 539 Murphy, M., 2015. Unsettling care: Troubling transnational itineraries of care in feminist  
540 health practices. *Social Studies of Science*, 45(5), pp.717–737.
- 541 Myers, N., 2012. Dance Your PhD: Embodied Animations, Body Experiments, and the  
542 Affective Entanglements of Life Science Research. *Body & Society*, 18, pp.151–189.
- 543 Pickersgill, M., 2012. What is psychiatry? Co-producing complexity in mental health. *Social*  
544 *Theory & Health*, 10(4), pp.328–347.
- 545 Roe E & Greenhough B, 2014, “Experimental partnering: Interpreting improvisory habits in  
546 the research field” *International Journal of Social Research Methodology* 17(1) 45-57.
- 547 Scott-Samuel, A. & Smith, K.E., 2015. Fantasy paradigms of health inequalities: Utopian  
548 thinking? *Social Theory & Health*, 13, pp.418–436.
- 549 Shaw, A., 2003. Interpreting images: Diagnostic skill in the genetics clinic. *Journal of the*  
550 *Royal Anthropological Institute*, 9(1), pp.39–55.

Hollin GJS & **Giraud E** (2017) 'Charisma and the Clinic.' *Social Theory & Health*. 15(2): 223-240.

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

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

555 Timmermans, S., 2014. Trust in standards: Transitioning clinical exome sequencing from  
556 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.

570

---

<sup>i</sup> 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).