

Undergraduate Research Symposium May 17, 2019 Mary Gates Hall

Online Proceedings

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USING ANTHROPOLOGY TO UNDERSTAND OUR PAST AND PRESENT

Session Moderator: Stephanie Selover, Near Eastern Languages and Civilization

JHN 111

12:30 PM to 2:15 PM

* Note: Titles in order of presentation.

Petrology of Ancient Pottery

Madelyn Joy Milligan, Senior, Materials Science & Engineering

Mentor: Daniel Cook, Aeronautics and Astronautics

Mentor: Stephanie Selover, Near Eastern Languages and Civilization

Mentor: Tuesday Kuykendall, Materials Science and Engineering

Pottery is ubiquitous across all levels of civilization, with distinct styles and patterns that can be used to give insight into the nation from which it was crafted. Looking deeper than what the eye can see, the mineral and chemical components can also reveal origins by mapping the components of the pottery piece to likely locations of where that mineral or element is commonly found. Ceramics may have many layers of interest, including the glaze, the slip, and the main body, that can be studied with minimal invasion and destruction of the artifact. Holistic analysis and characterization of these historical pieces requires a multidisciplinary perspective, incorporating fields such as materials science, history, and archaeology. The methods involved in this experiment include x-ray fluorescence (XRF) and scanning electron microscopy (SEM) in order to determine chemical composition and microstructure, respectively, of artifacts (circa 8000 BCE to 1250 CE) found in modern-day Iran. However, not all artifacts are made in the area they are found, hence the need to establish provenance. Preliminary XRF data shows certain samples may contain seashells, owing to their calcium components. This suggests that provenance could in fact be from Iran because Iran is not landlocked. In this we see that provenance is established in part by determining the composition of the artifact and where those materials most likely came from. In attempting to trace the origins of these particular artifacts, a protocol is also developed for mapping other samples and ensuring repeatability while doing so.

Early Arsacid Iconography and Ideology in Royal Coinage

*Ryan Robinson, Senior, Near Eastern Studies (Culture & Civilization), Anthropology: Archaeological Sciences
 UW Honors Program, Undergraduate Research
 Conference Travel Awardee*

Mentor: Stephanie Selover, Near Eastern Languages and Civilization

This project is a portion of my honors research, which attempts to decipher the unknown nature of the first Arsacid kings. The Arsacid Dynasty ruled Iran from 246 BCE – 224 CE in the wake of the Hellenistic wave ushered in by Alexander the Great's conquests. This topic is largely dismissed in academia due to general disinterest and the paucity of textual and archaeological data. This is a gross oversight, as the Arsacid empire controlled the land between the Indus Valley and Anatolia and fostered international exchange for over four centuries. Given the lack of traditional data, the primary source for the early Arsacid kings – those who ruled before their empire's relationship with Rome began at the dawn of the 1st Century BCE – is the coinage they minted. These coins show the pictures and words Arsacid rulers choose to represent themselves, which evolve as their state expands. I analyzed detailed sketches of these coins – drawn and compiled by historian David Sellwood in his seminal 1980 volume – with special attention to the kings' image, their titles, and the picture of the royal archer imprinted on the back of nearly every Arsacid coin. I matched the observations I made of the coins with what textual and archaeological data exists to conclude that the first Arsacid kings synthesized Hellenistic and Iranian symbology to craft a cultural status quo for their remarkably diverse empire. For this presentation, I focus primarily on the picture of the royal archer. The early Arsacids instilled the figure of the archer with traditional Persian motifs and depicted him seated on a Greek religious symbol (the omphalos) in a move that exemplifies their coinage-based propaganda program.

Disordered Eating and the Politics of Isolation

Ellie Pickering, Senior, Anthropology: Medical Anth & Global Hlth

UW Honors Program

Mentor: Rachel Chapman, Anthropology

Millions of people across the United States struggle with disordered eating. For the proportion of those who have been clinically diagnosed with “eating disorders”, many will continue to fall in and out of the grasps of their illness - even after the privilege of receiving comprehensive treatment and therapeutics. The issue of “chronic relapse” amongst individuals who have attended inpatient, partial hospitalization, and/or intensive outpatient care for disordered eating necessitates a thorough questioning of “treatment”, “illness”, and “recovery”. Despite so many years under the “medical gaze” of research in medicine and psychology, as well as in sociology and feminist scholarship, little has been done to make space for the voices of those affected. Therefore, the intent of this project is to strip away hegemonic discourses on disordered eating, and radically listen to those who have traditionally been silenced, isolated, and reduced to statistics in other literature. Drawing from subaltern and feminist theory, I seek to illuminate the lived and embodied experiences of women who have attended and returned to clinical treatment for disordered eating on multiple occasions. A phenomenological, (auto-)ethnographic approach is adopted to explore the liminal period between their treatment cycles. Having personally returned to treatment for disordered eating numerous times, I will use reflections from my own experience to inform my engagement and collaboration with other women who have embarked on a similar journey towards healing to produce a collection of narratives. Deeply listening to these individuals and juxtaposing their narratives may shed light on the ways they resist, negotiate, and perform relationship and identity in the sphere of “recovery”. Contextualizing healing trajectories in this way has implications for a new lens through which “relapse” and “recovery” are discussed, and could reveal what may be missed in the realm of current therapeutics for disordered eating.

Sociocultural, Political, and Historical Factors Affecting Maternal Health Outcomes in Korhogo and Abidjan, Ivory Coast: An Ethnographic Country Report

Christelle Nidafolo Silue, Senior, Public Health-Global Health, French

Mentor: Richard Watts, French & Italian Studies

Maternal Health is an important topic, especially in developing countries, because of the significant inequality in access to healthcare in places such as the Ivory Coast (West Africa). This presentation presents a one-month research conducted in the Ivory Coast, with the aim of analyzing how sociocultural, political, and historical factors affect maternal health i.e. quality and access to care. To conduct this research the

history of the country dating from its independence to his present day were assessed. Secondly, sociocultural factors such as one’s culture norms were also covered by talking to hospital staff and local women about their experiences. Additionally, the political state of the country such as the civil wars that it has endured were discussed. All the data for this project were gathered using ethnographic field research methods such as site visits and key informant interviews with two politicians, two physicians and locals. In order to provide a comparative analysis, the research was conducted in two distinct locations, Korhogo and Abidjan which have differing economic status and government help. Interviews were audio recorded, transcribed, and analyzed to look for common themes around barriers to maternal health. Site visit notes were transcribed and analyzed, and pictures were documented for further descriptive analysis. Key themes from analysis include high healthcare costs and culture barriers as negative impacts on maternal health. The study revealed that when treating a patient, it is important to take into consideration their culture norms and it will also be beneficial to have free care for pregnant women which will in turn hopefully encourage them to seek care. We hope to conduct further research, which allows governments and people to recognize that community health is crucial in healthcare and that breaking the inequitably cycle in access to healthcare is essential.

Segmented Assimilation Concern among Refugee Families

Tessa Samuels, Senior, Sociology and Anthropology, University of Puget Sound

Mentor: Monica DeHart, Sociology and Anthropology, University of Puget Sound

With the global refugee crisis, resettlement agencies do important work to insure successful refugee resettlement. Previous research suggests that some refugee families struggle with segmented assimilation, which is when a child assimilates faster than their parents, disassociating from their culture of origin, creating conflict with their parents. Building on this research, this qualitative ethnographic study investigated segmented assimilation concern among families through semi-structured interviewing. Refugee families and childcare providers for refugee children were interviewed to understand the needs of families in managing segmented assimilation and to gain insight from childcare providers serving those families. While it was hypothesized that families would be concerned about segmented assimilation, the recently arrived families in this study were not experiencing segmented assimilation. This is due to a lack of resources which maintains daily stresses of supporting themselves. The resettlement agency in the city where interviews were conducted solely provided housing and employment placement services, meaning that refugees had no resources for civic engagement, education, community building, and other neces-

sary programs. While families are now physically safe, in terms of not being in a war zone or crowded refugee camp, their lives are still extremely strained, in part due to the lack of adjustment resources. Many families work long hours simply to have enough money to live in their apartment and feed their children. The lack of resources given to resettlement agencies, especially in the recent years under the Trump administration, have profound impacts on the lives of hundreds of refugees that are being resettled, and the thousands more that have not been allowed into the United States due to restrictions under the Trump administration. After refugees move to America, it takes time for them to establish their lives in their host country, and the lack of resources allocated to refugee resettlement impedes this process.

Intersectionality and Mortality: Oppression, Health, and Black Women in the United States

Katherine E. Mijal, Senior, Interdisciplinary Arts & Sciences, UW Tacoma

Mentor: Margaret Griesse, SIAS, University of Washington, Tacoma

Mentor: Christine Stevens, Nursing and Healthcare Leadership Programs, University of Washington Tacoma

My research is on the intersectionalities of racism and sexism as they apply to the healthcare of women of color, and specifically that of African-American women's maternal mortality rate. African-American women die of after-birth complications at a rate that is three times higher than that of White women. I am using Critical Race theory and Intersectional Feminism to analyze how racism and sexism are interconnected, and how they together implicitly bias many healthcare professionals. I am working from the viewpoint that racism is widespread throughout American society, and highly influences the way that people of color, and white people, live their lives. However, I also believe that an intersectional approach is necessary to fully understand the influences on women's healthcare, and that examining the sexism inherent in women's care is vital to understanding the full extent of the bias society holds against Black women. I am creating a literature study on the history of bias in the medical system with a focus on historical methods of medicalizing racism, researching the explanation for Black women's historical distrust for the white healthcare system, and a focus on current research on implicit bias among healthcare professionals. I am hoping to discover whether the underlining differences in Black women's maternal mortality rate, due to their societal positionality, is being addressed by their doctors in their healthcare strategies. I am hoping to show that a healthcare system which addresses bias and the biological and psychological effects of racism and sexism rather than ignoring them and treating every woman the same is vital to ensuring every woman's optimal health outcome.

Bursting the Bubble: Transforming White Identities

Kerrie Lynn Agosta, Senior, Anthropology

UW Honors Program

Mentor: Rachel Chapman, Anthropology

What does it take to burst the "bubble" of white privilege...what are the moves? Awaking to one's complicity as a white person who benefits from racist systems of unearned privileges that mark a white supremacy culture can be a difficult experience. This research is the result of one person's willingness to enter the transformative journey of following the auto-ethnographic process of dissolving and reconstituting their understanding of a white-self through the lens of indigenous scholarship and growing relationships with people of color whose voices and stories told of a reality that was unlike her own. In choosing to resist resisting the fear that is bound up in entering conversations about white privilege and racism, and holding space in an uncomfortable process, the researcher turned to her 89.7% predominately white community of Bainbridge Island, Washington to examine the culture of relationships between communities of color and those who identify as white. She asks the question "can, and if so, where, when and how are white identities transformed from positions of White Fragility and white supremacy into identities and relationships with people of color, of solidarity, allyship, accompliceship and race-traitorship in denouncing white privilege in order to create a culture that is equitable and inclusive for all people? Centering the methodology of relationships as sites of knowledge, the researcher engaged in cultivating cross-racial friendships with community members who were actively working in spaces of racial equity, inclusion, and social justice. In documenting the intersection of their lives and stories, valuable knowledge was gained in the accounts of privilege, fragility, oppression, hope, despair, joy, adversity, and triumph that is embodied in their collective experiences. This research contributes to the ongoing discovery and scholarship of the ways in which white identities move through the stages of transformation in relationship with communities of color.

Collaborating for Continuity: How a Network of Black Women in Seattle Make Sense of and Advocate for the Health, Well-Being, and Safety of Their Communities

Madhavi Bhuvana Kuthanur, Senior, Anthropology: Medical Anth & Global Hlth

UW Honors Program

Mentor: Rachel Chapman, Anthropology

Black womxn in the United States have a long-standing history of creating community-based support networks and utilizing strategies of resilience to thrive in an oppressive society. Black feminist scholars have formulated useful frameworks such as "transformative work" and "intersectionality" to help contextualize long-standing practices of resistance, resilience, and transformation. As a medical anthropology

student, the aim of my project is to understand how Black womxn in Seattle make sense of and advocate for the health, well-being, and safety of their communities. In order to answer this question, I collaborated with a diverse network of Black womxn who are initiating conversations about health and social justice in their churches, workplaces, and advocacy groups. Mount Zion Baptist Church, a predominantly African American church in Seattle, functioned as a community center for a network of Black womxn actively working to advance health equity. To learn about the ways that Black womxn in Seattle express, communicate, and act on their personal and political views regarding health, I engaged in participant observation at health-centered church events, advocacy meetings, marches, and health equity committee gatherings. Furthermore, I conducted structured and unstructured interviews to understand how Black womxn in Seattle perceive societal conditions and rely on support networks to radically better their lives. Through the experience of listening to Black womxn's life history narratives, I learned about the vital role that solidarity, collaboration, and faith have in creating positive social change. My ethnographic research process has enlightened me to the importance of listening to and learning from the lived experiences of Black womxn who consistently work to transform their own health and the health of their communities.