Bookreviews

P. Sean Brotherton, ***Revolutionary medicine. Health and the body in Post-Soviet Cuba.*** Xx: Duke University Press**,** 2012. 288 pp. illustrations, $24.95.
ISBN 978-0-8223-5205-1 (pb).

In *Revolutionary Medicine* P. Sean Brotherton offers a nuanced description of the dyadic relationship between Cuba's health care policies, medical institutions and the everyday practices of Havana residents seeking biomedical care in a context of growing economic and social inequalities in post-Soviet Cuba. Based on ethnographic fieldwork carried out across a ten year period between 2000 and 2010 in the city of Havana, Brotherton explores how Cubans are responding to the withdrawal of the state in the political economy of health care.

The book is informed by a "theoretically promiscuous approach" in which the author eloquently interweaves concepts of subject formation, agency, embodiment, and governmentality to conduct a "genealogy of individual bodily practices" by combining historical, epistemological and ethnographic modes of analysis (p. 4-5). To understand the present day medical care seeking and experiences of illness of Cuban citizens, Brotherton traces the historical foundations of embodied health care practices and the construction of what he terms "medicalised subjectivities." Since the socialist revolutionary project started in 1959, individuals were trained by the state to accept, seek out and desire medical intervention, encouraging feelings of entitlement that health care is a human right.

Revolutionary Medicine is divided into three parts. In the first part Brotherton uses vignettes of family physicians and individuals seeking health care to show how Cubans are negotiating macroeconomic changes in their everyday lives during a period of economic crisis, known as the *período especial*. The special period, marked by the collapse of the Soviet Union in 1989, the loss of Soviet subsidies, and the tightening of the U.S. economic sanctions on Cuba compromised the ability of the government to guarantee universal medical care. Cuban citizens long accustomed to freely accessible biomedicine now find themselves struggling for basic health needs in the face of massive shortages in the primary health sector. The family physicians, which historically were people's first line of defense for medical emergencies, could no longer solve even the most basic problems because of the lack of basic medical supplies, such as stethoscopes, thermometers, antiseptics and medicines. In the first two chapters Brotherton shows how Cubans responded agentively to this void by seeking necessary medications through remittances, social relations *(socios)* and informal arrangements.

He argues that the increased reliance on social relations challenged the historic relationship between the individual, the family and the state, and has led to an emergence of a new kind of “pragmatic subjectivities.”

Part II of the book provides an illustrated historical examination of various public health campaigns from the pre-revolutionary period (1902-1958) until the present and discusses the mechanisms and practices through which power relations operate in the primary health care system. Chapter three discusses how health and medicine became integral to the socioeconomic development of the construction of a socialist society. Health indicators were considered to be measures of the revolutionary project, resulting in highly medicalised understandings of health and well-being. In chapter four Brotherton portrays the current primary health care system, the ‘Family Physician-and-Nurse program’, or *Programa del Médico y la Enfermera de la Familia* (MEF), which placed nurses and physicians in the communities they served to produce closer patient-provider relationships. Physicians attended to patients in local polyclinics but also visited them in their everyday environment, at home, school or in the workplace, in order to establish a risk assessment of the environmental, biological, social and psychological factors at play. In practice this created a tension between the physician as caregiver and as political agent of the state. In the fifth chapter this fine line between social medicine and social control is discussed and forms the heart of Brotherton’s theoretical analysis to understand the “subtle strategies of power.” Through a number of case-studies of specific health care programs targeting various *at-risk* populations the author discusses how the disciplinary health campaigns work both constructive and oppressive for different people.

The last section of the book, entitled ‘We have to think like capitalists but continue being socialists’, sheds light on two recent phenomena; the ‘health tourism’ industry and the mobilization of doctors as marketable commodities. The emergence of a two tiered health care system, whereby those with access to US dollars could benefit from high-quality health care in private clinics, while those without access to hard currency were thrown back on the Cuban pesos-based economy where basic medicines were not even available, is a bitter pill to swallow for many Cubans. With doctors becoming commodities and the state as a profit-making enterprise, the Cuban model of preaching health care as a universal human right was no longer practiced at home.

Revolutionary Medicine is a an engaging and theoretically curious ethnography which masterfully connects global macroeconomic changes to the micropolitics of health in contemporary Cuba, and will speak to a wide range of disciplines and scholars within medical anthropology, public health, political sciences and Latin American studies.

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Carole H. Browner & Carolyn F. Sargent (eds.), ***Reproduction, globalization and the state. New theoretical and ethnographic perspectives.*** Durham and London: Duke University Press, 2011. 293 pp. $24.95. ISBN-13: 978-0822349600.

The edited volume 'Reproduction, Globalization and the State. New Theoretical and Ethnographic Perspectives' brings together an interesting collection of chapters on the global anthropology of reproduction and reproductive health. In the introductory chapter the editors position their book in the history of the anthropology of reproductive health; they underline the important place of Ginsburg and Rapp's seminal article 'The Politics of Reproduction' (1991) and book 'Conceiving the New World Order: the Global Politics of Reproduction' (1995) in this history. These publications, Browner and Sargent state, have moved anthropological research on reproduction from a descriptive to a more analytical level and have drawn attention to the effects of global processes on women's reproductive experiences. In addition, they stimulated the production of a wave of single-country monographs in this area. However, the editors continue, most of these monographs have not problematized globalization as a concept, nor did they study the impact of global processes together with national policies for reproduction or did they explore methodological problems associated with global ethnography. This is exactly what the current volume intends to do.

In the introduction the editors also provide the reader with their thoughts on a number of key concepts used in the book, including: globalization, global ethnography, global assemblage, the state, the local, agency and the individual, and co-production theory. This is convenient for the reader; it serves as an introduction for the new-comer in this area, and as a wrap-up of the 'state of the art' for the reader who is already conversant with these concepts and insights.

The book consists of three parts. The six chapters in the first part 'Global Technologies, State Policies, and Local Realities' explore the intersections of and interactions among local, national and global influences on reproductive policies and practices. Addressing a variety of contemporary reproductive health issues, the ethnographic accounts presented depict both the development of policies and the way actors at the local level creatively navigate the opportunities and constraints they see themselves confronted with. Susan Erikson, in her contribution on the use of fetal ultrasound technologies in Germany (where women get an ultrasound scan at every prenatal exam), makes the reader strongly aware of the complexity of the task global anthropologists have set for themselves. The question she raises, 'How does a discipline embrace the global/macro and the local/micro theoretically and methodologically and makes the results comprehensible in narrative form?" (p.25) may sound pretty familiar to many anthropologists in this field who have faced similar challenges. In the next chapter Junjie Chen addresses population policies in China, which are widely critiqued for their coercive character. The author shows how over decades the Chinese state kept justifying this policy by depicting Chinese peasants and their reproductive patterns as "opposed to the state's modernization agenda and therefore in need of'civilizing' state interventions" (p.20). Further, Chen argues, contemporary attempts of the Chinese government to give a bit more space for individual reproductive choices are largely cosmetic – directed at the global community – and hardly have any impact in practice. Matthew Gutman also addresses the issue of population policies, this time in Mexico where he focuses on male involvement, or rather the neglect thereof. While in the international health arena the involvement of men in reproductive health is being emphasized, Gutman shows that locally – in Mexico – men are mainly seen as barriers to responsible reproduction. Hence they are excluded from state population policies. While international policies may affect national policies to a certain extent, he argues, they do not fully determine them. In the following chapters Lisa Ann Richey and Cecelia van Hollen examine pregnancies in times of AIDS and ARVs, in South Africa and southern India (Tamil Nadu) respectively. Richey explores the intersection of different histories and policies at various levels – local, national, and global. She examines the paradoxical situation her South African female HIV+ informants are confronted with: being encouraged to get pregnant and advised to have safe sex at the same time. Van Hollen looks into the social consequences for the Indian women who were already pregnant when they detected that they were HIV+. She shows how a woman's HIV/AIDS status is a family and social event rather than an individual one. The stigma attached to AIDS, in the context of a weak regional state where policies of informed consent for HIV testing and confidentiality are not enforced, places the pregnant HIV+ women in complex situations, which they attempt to resolve by carefully navigating the medical system, and their kind and family networks. In the last chapter of section one Ellen Gruenbaum examines how recent debates about female genital cutting (FGC) are being shaped by global influences from two contradictory directions, namely that of various Islamist groups on the one hand, and that of western feminist and human rights discourses on the other. Interestingly, Gruenbaum shows how states can interpret regional practices as backward or appropriate at different moments in time, depending on multiple global and local dynamics.

The second part 'Biotechnology, Biocommerce, and Body Commodification' examines how states are responding, in the form of legal and ethical guidelines, to global developments in reproductive technologies. The chapters address the way these technologies are challenging and transforming conventional local notions of kinship and of what constitutes a proper family. Finally, they show how global reproductive technologies are transformed by cultural contexts and how this may lead to unintended or unexpected consequences. Aditya Bharadwaj reveals how Indian infertile patients, infertility specialists and the government co-produce a number of practices that altogether strengthen Indian stem cell research and the biotechnology industry. While Indian governmental guidelines stipulate that embryos cannot solely be harvested for stem cell research and emphasize the practice of informed consent and rational autonomous decision making, IVF doctors encourage their patients to donate their embryos as a 'gift' to science and do not heavily emphasize informed consent procedures. Infertile patients, on their turn, as a reaction to "subtle moral pressure"(p. 122) are prepared to share or give their embryos altruistically, an attitude which is shaped more by notions of social suffering related to infertility than by informed consent procedures. In Marcia Inhorn's contribution about advanced reproductive technologies (ARTs) in the Muslim Middle-East she illustrates how locally diverging interpretations of the religious law (sharia) define IVF practices. By comparing the local interpretations of the sharia among the more restrictive Sunni and the more flexible Shia, she shows how religious law is being (re)interpreted and in some cases evaded. In addition, she explores the ambiguous position IVF-children may have in different societies. Claudia Fonseca takes the reader to the use of DNA-techniques in Brazil, where this technique, since the 1990s, has become available for children to discover the biological identity of their parents. The expectation was that DNA testing would mainly be used by unmarried women and their children in child support claims. To the contrary, though, Fonseca demonstrates that the technique became popular among married men, intending to proof that they were not the progenitors of their female partners' children.

The chapters in the third part 'Consequences of Population Movements for Agency, Structure, and Reproductive Processes' examine the effects of policies and politics on the reproductive lives of migrants and other (internally) displaced populations and the way they negotiate institutional structures, laws, and regulations. Mark Padilla first analyses the impact of structural and economic changes in Dominica, from an economy based on agriculture into one based on tourism, on sexual practices of male working class migrants. Using the concept of 'regional masculinity' he shows how risks of HIV and STDs are produced and affect the men as well as their wives and children. In contrast to the other chapters Padilla's contribution pays more attention to his theoretical framework and to a lesser extent provides the reader with ethnographic insights. Carolyn Bledsoe and Papa Sow, based on multisided research in Spain and Germany, examine how the power of states affects the reproductive patterns of non-citizen resident groups. They show how the European Union's policy of family reunification, as "one of the few remaining windows of transnational mobility for people from poor regions" (p. 187), encourages them to exploit the part of themselves that potentially has the highest human rights value in a particular foreign country at a certain moment (e.g. being a minor, parenting a child, or having married a local). Carolyn Sargent also examines how the (reproductive) lives of West-African migrant women and their families in France are being shaped by immigration policies, institutionalized biomedical practices, and religious tensions. She takes a historical approach, showing the reader how France initially (in the 1970s) allowed and stimulated family reunification and polygamous unions, while currently both are complicated, forbidden, and discouraged. These changes in policy discourses and the herewith connected discriminatory practices, Sargent argues, tremendously affect the reproductive lives and choices of the migrants. Carole Browner examines the ways Mexican immigrant women in California decide on the use of amniocentesis (which is mandatorily offered to all pregnant women in this state). In particular she considers the role of untrained medical interpreters in the decision-making process and reflects on the meaning of agency, choice, and constraints in such a context. Finally, Linda Whiteford and Amee Eden examine – using a critical medical anthropological approach – why female refugees and otherwise displaced women are often excluded from reproductive health care by the humanitarian agencies, despite the various human rights treaties and international laws that stipulate that such care should be provided.

The themes presented in this volume are highly topical; the complexities of studying the local and the global, the micro and the macro, are well illustrated; and the theoretical notions the chapters build on are clearly explained. These three qualities, together with a thought-provoking foreword by Rayna Rapp and epilogue by Didier Fassin, make this volume highly recommendable for academics and others interested in the field of reproduction and globalization.

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E. Summerson Carr, ***Scripting addiction: The politics of therapeutic talk and American sobriety.*** Princeton: Princeton University Press, 2010. 323 pp. US$ 29.95 (paperback). ISBN 978-0691144504.

In her well-crafted ethnography, *Scripting addiction: The politics of therapeutic talk and American sobriety*, E. Summerson Carr provides fascinating insights into the ways that institutionalized talk therapy is used as a means of shaping the subjectivities of recovering alcoholic and drug addicted women in an American mid-western city. Focusing on the therapeutic and institutional spaces of the out-patient drug treatment program, 'New Beginnings', she artfully works to untwine the "semiotic entanglements" of her research subjects, "an interconnected group of professional practitioners and drug using clients," as they navigate the network of social services meant to meet the therapeutic, housing, legal, and medical needs of the recovering women. Carr shows us how the languages of "sobriety and self-sufficiency" are closely intertwined, and why learning and mastering this particular script of addition is vitally important. Not only for the professional caregivers who must learn to frame their program goals and objectives using the script if they want to qualify for state funding in an environment of shrinking resources, but also for the female client-consumers, who constantly work to shape the ways their words will be interpreted by caregivers who have the capacity to give or take away income, jobs and housing opportunities, to say nothing of influencing parole processes and decisions about child custody issues.

Beyond the basic brilliance of her ethnographic description, Carr is interested in demonstrating the cultural and political dimensions of the way people speak in clinical settings. She argues that addiction counselors effectively silence clients from making institutional critiques and social commentaries when they stop their clients from engaging in talk that does not focus on their own inner states. The public talk of clients is then used as a basis of evaluation, impacting access to basic goods and services. Finally, clients who are adept in therapeutic language are occasionally able to "flip the script" to work the system to their advantage.

Carr's arguments are based on three and a half years of fieldwork. During her early engagements with Fresh Beginnings – a result of an internship connected to her master's study in social work – she realized the importance of language in the therapeutic milieu, which prompted her to situate her graduate work within the field of linguistic anthropology. Her combined experiences as an intern involved in the running of the program and as an ethnographer trying to reflect on and understand the institutional practices of the program from a critical distances allows Carr to offer empathetic portrayals of both care providers and clients, an unusual achievement.

In addition to an introduction and conclusion, the book consists of six chapters. Chapter One, 'Identifying Icons and the Politics of Personhood', provides a broader political and economic framework to the book, linking Clinton-era welfare reform policies and expanding neoliberalism with the transformation of social services discourses away from dependency toward the framing of patients as consumer-clients. The second chapter of the book examines the institutional pathways that brought clients to Fresh Beginnings, showing how professionally generated institutional texts, including case notes and referrals, associated with each client effectively shaped access to various resources and services, and, further, how clients seek to control the production, dissemination and use of these texts to ensure they accrue the best possible service from a system set up to judge them.

Chapter Three, 'Clinographies of Addiction', examines the history of the association between talking cures and addition in the United States, demonstrating how the therapeutic practices of Fresh Beginnings fit within this history. The focus on the talking cure and its political effect in regards to shaping individual subjectivities is taken up in Chapter Four: 'Addicted Indexes and Metalinguistic Fixes'. Carr carefully illustrates how by encouraging clients to reflect inward and take personal responsibility for their addictions during group therapy sessions, counselors also prevent the women from situating their addictions within wider structural frames. Whenever women seek to explain their situation by critiquing the social services available to them or the state, they are silenced and told to focus on identifying the choices that they, as individuals, can make to improve their general living situations.

Chapters Five and Six examine and theorize the ways clients put the therapeutic script of the addict to work for them, first by focusing on women who seem to come to inhabit the script, publicly speaking as addicts in specific moments, and second, by "flipping the script," that is performing scripts of addiction on cue to meet certain expectations and cures. Together these two chapters show the way clients embedded in an institutional system that does it best to box them into a particular script, are able to strategically reproduce that same script in particular settings and at specific times to be seen as 'good clients', both within and outside of institutional settings.

Carr's book, while a thoroughly interesting and convincing read, is also theoretically challenging, providing convincing evidence to back up a growing body of research relating practices of institutional responsibilization to processes of neoliberalism. This is a compliment, but it also means that it is not a book one would quickly recommend to lay audiences. I would, however, assign it to advanced bachelors, masters and PhD students in the social sciences. I expect the book would be particularly interesting to linguists interested in the link between institutional speech and practice, researchers in the field of alcohol and drug studies, and anyone conducting research on psychosocial therapy practices, particularly those directed at groups.

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Anna Enquist, ***De verdovers*** [The anaesthetists]. Amsterdam / Antwerpen:
De Arbeiderspers, 2011. 309 pp. € 24.95. ISBN 9789029578592.

The author was inspired to write this novel after an 'internship' in anaesthesia at the Free University Hospital, VUMC, in Amsterdam. Arko Oderwald of the medical faculty at the Free University has long been active in the field of Literature and Medicine. Approximately five years ago, he invited writers to observe hospital activities and write about them. Anna Enquist, who is also a psychoanalyst and musician, was the second writer to be invited. She chose anaesthesiology because of the contrast with her own profession. In psycho-therapy, someone is pushed to inspect and bring forth personal experiences. Revealing and reliving feelings is believed to have a healing effect. Anaesthesiology does the opposite – protecting the patient against pain by eliminating the senses. The hospital's invitation provided Enquist with the opportunity to realize an old plan and investigate the experience that people (clients and professionals) have with this opposite practice.

The Dutch title, 'De Verdovers', is hard to translate into English. It refers on the one hand to anaesthetist but on the other hand, to the act of numbing or dulling the senses in ordinary life. There is no English equivalent that captures these two meanings in one term.

In her novel, Enquist draws both on her psychoanalytic profession and on her hospital observations. The protagonists are an anaesthetist and her brother, a psychotherapist. The exact story, which is dramatic and well written, is not relevant for this review. What *is* relevant, is what the novel tells us about life and work in a hospital as the backdrop of the unfolding events.

The reader gains access to the operation theatre where a team of various specialists work together and sometimes under great stress with much improvisation if things do not go as planned. Enquist vividly describes the team members' satisfaction with a successful intervention and their disappointment and anger with failure. Meetings to improve the quality of their work and to solve conflicts play an important role in the story. Euphoria alternates with frustration and rivalry between colleagues.

Expectations about academic research and dissertations heighten the pressure as do the collisions between work and private life. The mother's work and her perfection in the physical technique of anaesthesia put her daughter off. Her daughter accuses her of not seeing the person in the body. Her work has made her a 'control freak', a god that assumes power over life and death. One anaesthetist describes his work as follows: "You bring them close to death. The deeper the anaesthesia, the more the patient descends into a condition that we cannot call life anymore. That is the essence of our work, to let people pendulate on the edge of death, where you feel nothing, where no stimuli reach. But meanwhile we make sure that the basic processes continue… During a few hours we are a kind of external brainstem. When everything is over, we bring the patient back from the underworld" (pp. 236-237).

The contrast between evoking and dulling sensation is symbolised in the increasingly uneasy relationship between the brother and sister and the third protagonist, a medical student who switches from psychoanalysis to anaesthesiology where he meets a tragic end. The plot of the novel is ingenious, but what the author has learnt from her investigation into psychoanalysis and anaesthesiology remains unsolved. That is the privilege of the story teller.

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P.W. Geissler & C. Molyneux (eds.), ***Evidence, ethics and experiment. The anthropology and history of medical research in Africa***. New York, Oxford: Berghahn Books, 2011. 498 pp. $95.00. ISBN-13: 978-0857450920.

This book is a compilation of rich ethnographic, historiographic and contextualised work that was initially presented and discussed at a conference 'Studying trial communities' in Kilifi, Kenya. the focus was on medical research in Africa during colonial and postcolonial times. The book thus encapsulates more than a hundred years of medical research done in various African countries in a somewhat unequal partnership between local researchers and scientists and international partners from Europe and the USA. All the contributions in the book attend in some or other way to issues of epistemology, power and research ethos. The chapters cover an array of scientific studies such as clinical trials, treatment for malaria and leprosy, vector control surveys, ethnobotany and ethnopharmacology in the advancement of medical science.

A theme that runs through the book is the effort to understand how unequal economic and political disparities between global institutions and scientists and their African collaborators – including the temporarily employed scientists and study subjects – often shape medical research.

A second important issue at stake is the interrogation of the ethos that informs this type of medical research. The authors examine the many forms that concerns, discussions and decisions take in relation to ethics, equity and the public good in the course of such encounters. This is often done by, for example, resituating research ethics in political-economic contexts and recording shifts over time and locales.

The chapters are organised in three thematic groupings. The first, titled 'Engagements' broadly examines the relations involved in, or that constitute medical research. In this regard the chapter by Whyte carefully unfolds the complex relational aspects of making epidemiological knowledge in Uganda, for example through the entanglement of scientists and study subjects in bureaucracy, regulatory standards and paperwork. In the second chapter Strathern interrogates the notion that the engagement between researchers and the researched is predicated upon different 'perspectives' that have to be brought into line to achieve scientific results. Instead, the author argues, 'Euro-American' knowledge can in itself be regarded as 'perspectival'. Leach and Fairhead's work in the Gambia illustrate how issues of power, cultural values and meanings intersect with global economic processes, notions of benefit and risk, the search for health and the local constraints on health care in the decision of parents to consent to participation in clinical trials. The processes of knowledge production and understandings about ethics may interlock, or contrast with, local struggles of the people involved in the research processes. Reflecting on his own research on AIDS in Tanzania, Dilger concludes that ethics involves an ongoing process of critical self-reflection. Manton's historical work on trials on a drug for leprosy in Nigeria shows how local associations can shape global laboratory standards, while also affecting people's experiences in local and international settings. In the final chapter in this section Ulrich reflects on bioethics, its complexities and related controversies.

'Evidence' is the title of the second section of the book and it centres on the production and negotiation of evidence in medical research. Feierman elaborates on different conceptualisations of evidence as promoted by clinicians from Ghana and Zambia while engaged in collaborative research with American counterparts from teaching hospitals. The chapter by Kachur focuses on different interpretations of evidence in relation to 'experimental' and 'quasi-experimental' work done in a research project in Tanzania where the government introduced a new drug as an issue of 'local policy' rather than as a clinical trial. In the next chapter Kelly interrogates the construction of 'reality' in the Gambia when a largely non-existent medical regime of care, and a clinical trial, intersect. Mueller-Rockstroh attends to the sometimes contested and negotiated understandings of mothers, administrators and doctors of the 'good' of ultrasound technology in Tanzania. Traditional medicine research in Tanzania from the 1970s to the present is the focus of the chapter by Langwick and it raises ethical, methodological and political questions in this regard. Geissler highlights the experiences of Kenyan scientists between the 1960s and the present to explore their particular ideas about evidence as linked to action to specific health issues. In the final chapter in this section Heald reflects on the disjunctive that sometimes arises from rights-based 'exceptionalist' discourses about HIV in Kuria, Kenya and those of public health.

The third section in the book is titled 'Politics' and attends to politics and histories of medical research, as well as public health in African countries. In the first chapter Ombongi scrutinises the changing relationship between biomedical policies and the state from colonial times to the end of the 1980s. In the following chapter Lachenal focuses on the Pasteur-Institut in Cameroon and shows how an ethos of collaboration from a former colonial order is both reproduced and transformed in new global political engagements. Research on and control of malaria in a mine in former Northern Rhodesia (Zambia) is the focus of the chapter by Schumaker. While locals often resisted the project, it was also understood as offering progress and the potential for well-being. Nguyen's chapter discusses the global movement of antiretrovirals from America and Europe to Africa, linking it to the potential for the deployment of therapeutic power and scientific authority, to order the world politically. In the final chapter White argues that medical research and interventions are not necessarily about ethics, but about politics.

The book is instructive, interesting and innovative. It draws on strong empirical work and opens up significant discussions concerning epistemological and ethical issues and will be of interest to a wide range of scholars, including medical anthropology, history, medicine, science and epidemiology.

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Michael Goddard***, Out of place: Madness in the Highlands of Papua New Guinea.***
New York: Berghahn, 2011. 173 pp. Hb $70.00/£42.00. ISBN 978-0-85745-094-4.

Anthropological fieldwork is not easily ‘outdated’ and, in contrast to research in fields like psychiatry and psychology, ethnographic data are not considered to be useless once they are older than a decade. ‘Out of Place’ exemplifies how old experiences may still be relevant: Michael Goddard, an Australian anthropologist, based his book on research he did in 1985 among the Kakoli, a small ethnic group in the remote Western Highlands of Papua New Guinea. As a young anthropologist, he tried to collect his data by ‘doing as the natives do’, trying to be as unobtrusive as he could, and feeling embarrassed about some ill-fated attempts to intervene on behalf of some of his informants who suffered from psychiatric disorders. Now, a quarter century later, and matured as an anthropologist, he uses his material in a reflective way and has enough distance to consider his own role in producing the ethnographic reality described in his research.

As a student, Goddard set out to explore local concepts of mental illness. He had a hard time. He was prepared for encountering ‘other ways’ of conceptualizing mental illness, but not for being with people who had no concept about mental illness at all. For the Kakoli ‘mental illness’ was a ‘non-issue’ in their frame of reference. Consequently, there could not be a thing as a ‘Kakoli ethnopsychiatric system’. The fundamental matter that this book addresses is therefore what psychiatric categories mean in a context where people do not recognize its object.

While the Kakoli had no concept of ‘mental illness’, they did have concepts of ‘madness’ and ‘madmen’ but these had nothing to do with the medical realm. Their word for ‘madness’, *kekelepa,* would translate as ‘being socially out of place’. The traditional healer Manenge, one of Goddard’s main informants, and who had “a canny understanding of what he could cure and what not,” was adamant that he could do nothing against *kekelepa*. More than that, he was bemused that western psychiatry was considered a branch of medicine. In contrast *kekelepa* was profoundly a social category and the term could be used to indicate various kinds of deviance, such as naughty children or stubborn pigs. Goddard went after the people who were described as *kekelepa* and three of the six chapters in the book are filled with elaborate case descriptions of the people he met. These stories are more than narratives of individual psychopathology: they are attempts to describe how *kekelepa* was produced in the social dynamics of Kakoli society. A defining factor for *kekelepa* is the inability to fulfil the paramount social norms of reciprocity and resource sharing. Surely, among the people considered *kekelepa* one could find people who would be considered schizophrenic or manic-depressive by a Western trained psychiatrist, but *kekelepa* also included people who for various other reasons demonstrated socially estranged behaviour. In this way studying *kekelepa* reveals what is means to be social in the Kakoli way.

A system of psychiatric services existed only in rudimentary form in Papua New Guinea. Initially the system was built by a few western psychiatrists who are described as ‘isolationist’ and ‘territorialist’: they believed good psychiatry was clinical psychiatry in a hospital setting. Till the end of the 1970s it was largely inadequate and purely hospital-based. In the end of the 1970 this changed somewhat, but in essence the mental health care system stayed what it was: an under-resourced part of the health care system, not taken seriously by the medical peers and hardly considered a useful treatment option by the population. As Goddard describes in some of the case histories, the people in the Highlands were not so much against formal psychiatry, but could not integrate it in their system of thought. With one exception: while the tolerance for odd behaviour was rather high among the Kakoli, sometimes a family and community could not handle a severely behaviourally disturbed person anymore; in those cases they valued the asylum function of a mental hospital. The people hardly expected the person with *kekelepa* to be treated, but were happy that the madman was out of the community for a while. Family members did in general not bother to visit the 'patient' and made no attempts to encourage him to take his medication once he was released from hospital. Medical personnel saw this as irresponsible behaviour. Goddard does not agree and judges this "ambivalent use of psychiatry" as a logical step in attempts of the community to control 'mad behaviour'.

In a theoretical interlude Goddard sketches the development of western psychiatry in Europe as an epiphenomenon of the rise of the capitalistic production mode, which made it necessary to frame deviant behaviour in illness terms. For the Kakoli, with a very different way of organizing their society, it did not make sense to look at madness as a medical disorder, and certainly not as a brain disorder. The Kakoli concept of the person is very different from that of Europeans. For example the concept of *numan*, often translated as 'mind', differs considerably from the English concept of 'mind': the *numan* is physically situated in the chest and not in the brain, and, perhaps more importantly, is not an individuated concept, but a socially interactive entity. The *mini* that has some resemblances with the English word 'soul' is located in all parts of the body and survives after death. This conceptualization of the person is not easily compatible with descriptions of schizophrenia as a 'mental' disorder.

We can draw several lessons from this interesting monograph on madness in an isolated ethnic group. Firstly, studying madness among the Kakoli reveals as much about the culture of these people in general, as it does about madness. In Goddard's words: "Madness became an ethnographic reference point for a more phenomenological understanding of the Kakoli life world." Secondly, it reveals the pragmatic ways of how Kakoli people employ their unsystematic and flexible cultural notions of madness. I found remarkable resemblances with African ethnographies about pragmatic ways of dealing with misfortunes. It would be interesting to compare Goddard's findings with those of Susan Reynolds Whyte in her 'Questioning misfortune'(1997) about Uganda. Thirdly, although the fieldwork was conducted 25 years ago, and the author never returned to the Western Highlands, Goddard does make convincingly clear how fluid and rapidly changing local knowledge may be. Armed with elaborate descriptions of complex and subtle classifications recorded by previous researchers, Goddard found that within one or two decades of exposure to Christendom, capitalism and national politics, the people were hardly using some of the 'traditional concepts' anymore. Even many old people seemed not to remember these concepts. In this way the book is a strong reminder against tendencies to fix local systems of thought into rigid nosologies of static local knowledge.

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Alexandra Halkias, ***The empty cradle of democracy: Sex, abortion, and nationalism in modern Greece***. Durham, NC and London: Duke University Press, 2004. 423 pp. US$ 27.95. ISBN 978-0822333234.

Greece reported rising abortion rates during the 1990s, a time when low birth rates were considered a national crisis. This contradiction was called *demografiko*. Adding to these population issues was the growing influx of immigrants, both legal and illegal, that was perceived as a threat to Greece's racial make-up and identity. These converging pressures spurred calls to raise the birth rate among ethnic Greek citizens. Within this context, Alexandra Halkias explores how female bodies are configured, constructed and made to fit nationalistic Greek discourses and reproductive policies.

By connecting various data that range from the personal accounts of research participants, observations of gynecological encounters, media news, pop culture, and her personal experiences, the author is able to compose a complex picture that makes evident contradictions and negotiations as well as reproduction paradoxes, choices, and policies. With this methodological strategy, Halkias demonstrates how personal decisions shape and are shaped by broad social contexts, in this case, the nation. Theoretically, she grounds her analysis in biopolitics and the body politic using the lens of feminist theory to examine the production of racialized and gendered bodies of ethnic Greek and alien citizens.

The empty cradle of democracy offers an excellent example of how "the personal is political." The book shows in ample detail that there are many layers, shapes, and contradictions oscillating from the public to the social and personal spheres in what is usually seen and considered as the women's *own* decisions regarding their bodies and reproductive choices.

Halkias makes evident how addressing reproduction means speaking about the reproduction of a nation and of a people; here she refers to the Greek nation and people. Therefore, the abortion of what would become a Greek citizen is morally and socially regrettable and widely conceptualized and understood as murder. Similarly, the author notes a rather marked sense of compulsory motherhood for Greek women, who she portrays as in charge of reproducing the nation. Thus gender and femininity are informed and composed by nationalistic discourses that are materialized in the *demografiko* as a technology, which constructs female bodies as deviant when they fail to contribute to the birth of fellow Greek citizens.

On the other hand, when Halkias focuses on women's experiences, she argues that abortion is considered a 'natural' and widely used contraceptive option that restores the body's 'normal' state. In this sense, drawing from her ethnographic data, Halkias demonstrates that the practice of abortion is at odds with the *demografiko* and the discourse behind it, for it is favored as a natural option over other birth control methods. The pill, the IUD, or condoms are seen as intrusive, invasive, and disruptive to the nature of the body, and therefore, undesirable. Another relevant finding forwarded by Halkias is that contrary to what is usually defended as women's individual choice, reproductive decisions are largely a couple's decision. This is not only because abortion is often discussed with partners, but also because abortion decisions are quite informed by how a woman feels about the relationship with her partner at the time of the pregnancy. That is to say, abortion is not only about women not wanting to have a child at a particular point in their lives, but also not wanting to have a baby with their existing partner. Nonetheless, Halkias does not present abortion as an 'easy' option. She focuses on women's choices that surround abortion decisions, which have led many of them to experience the situation and the decision-making process as a rather lonely time in their lives. Although women may count on friends', relatives' or their partners' support, ultimately, the final decision is theirs. Thus, as Halkias shows how some women try include their male partners in the abortion decision-making process to feel that the responsibility of the decision is not theirs alone. The author argues that given this situation, individuals (both male and female) should not be considered fully autonomous, as their choices are generally relational to others.

Overall, this is a well-written and relevant book. However, it is repetitive in places and therefore, unnecessarily long. The usefulness of certain parts is not completely clear. In this regard, the multiple references to Athenian popular culture to analyze and explain data tend to make the text somewhat contrived. This point could also be extended to the ethnographic data thats could have included more alternative interpretations and experiences to give a more diverse picture of reproductive practices in Greece. Nonetheless, the book is rich, relevant, and puts forward novel interpretations of the undeniable relationship between gender, reproduction, identity, and the nation.

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Peter Lloyd-Sherlock, ***Population ageing and international development: From generalisation to evidence***. Bristol: Policy Press, 2010. xiv +288 pp.
£ 22.99. ISBN 978 1 84742 192 0 (pb).

The main theme of Peter Lloyd-Sherlock's book is that generalizing about the life conditions of older people and the implications of a greying society for economic and social development and health is misleading and dangerous. The author criticises two widespread stereotypes about ageing and international development. The first is that population ageing is problematic for development and the second that everywhere in developing countries older people face similar problems of poverty, vulnerability and marginalisation. Critiquing these common beliefs, he argues that ageing is an integral part of and not a threat to development; that processes of development vary and lead to different experiences of growing old; and that, moreover, within similar development processes ageing experiences may also vary considerably. The chapters deal with (1) international development and population ageing, (2) experiences of ageing in the context of development, (3) pensions and development, (4) ageing and health, and (5) ageing related to family, care and migration. These are followed by three more descriptive country case studies of South Africa, Argentina and India.

The author intended the book to serve as a counter-weight to the pessimistic and negative bias that permeates most of what is written and said about population ageing. In a personal communication, he told me that he agreed that population ageing presents major challenges, particularly with regard to the provision of long-term care for the frailest old. But, he also believed that "with the political will, there are affordable opportunities which could do much to stave off these challenges."

The author's argument is most convincing in chapter 2 where he discusses experiences of ageing. He criticises the 'life stages' approach in studying older people. That approach assumes that people can be categorised in stages that differ from each other. In this generalising view, older people are as it were locked up in a static model of dependence and inactivity. The author argues that a 'life course' perspective does more justice to the lived reality: lives are looked at more holistically. Older people are different; some have the agency to remain active and play a crucial role in family and economic affairs: They "construct their own life courses through the choices and actions they take within the opportunities and constraints of history and social circumstances" (p. 43).

That optimistic view is hard to maintain in the next chapter about pensions. The author can do little but admit that few developing countries have been successful in setting up a realistic pension system for all older citizens. In most countries only a small elite enjoys a – often meagre – pension. The inability and unwillingness of governments to provide substantial nation-wide pensions mark the problem they face: they cannot – or are not prepared to – bear the 'burden' of a growing older population. Claims that it is their tradition that the family takes care of its grandparents are a convenient excuse clothed in respectful cultural terms.

Writing in broad terms about development and ageing is ambitious and not without risk. The author bases the work on a wealth of quantitative data interlaced with some ethnographic illustrations and references to qualitative studies, which are mainly found in the country case studies. The author's call for caution and his more optimistic view on the consequences of ageing are well taken, but one wonders if his plea for a more differentiated perspective is not a generalisation of another kind. In spite of the variations in development and ageing, one can hardly deny that the present demographic transition does place both rich and poor countries in an awkward dilemma. Even if older people get pensions and/or continue to contribute to the economy, in the long run the balance between the economically productive and less productive population is bound to become problematic and will unduly increase the burden on the young and middle-aged. Increased migration, another development, may bring remittances to the older generation, but these will not compensate for the growing absence of relatives willing and able to provide care and company. Calling these worries about the future 'clichés', as the author does, is too brusque.

In conclusion, this book unfolds an impressively optimistic view about ageing. It is also, without doubt, a much needed and extremely well documented plea against simplicity, generalisation, and pessimism concerning ageing and development. But I am afraid that the author is too drastic in his denouncement of existing worries about the greying of the world, 'developing' as well as 'developed'.

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Katharina Schramm, David Skinner & Richard Rottenburg (eds.), ***Identity Politics and the New Genetics***. Oxford, Berghahn Books, 2012. 226 pp. $80.00/£47.00.
ISBN 978-0-85745-253-5 Hb.

Identity politics is becoming increasingly complicated with the emergence of DNA technologies and growing knowledge of molecular science. The element of identity, or what binds a group of people, is sometimes clearly visible, based on the 'here' and now' yet can also be invisible, far away, hidden in a remote past. A central question cutting across this book is, 'in what way forming of identity is changing because of the practices of emerging DNA technologies', or, more simply put, 'identity before and after DNA technologies'. Highly interesting is that this book does not take the (making of) identity for granted, but every chapter unpacks the extremely complicated process of its formation. Consistent in various chapters is a critical attitude towards the assumption of DNA as something 'infallible' and 'telling us the truth' (p. 3). Topics range widely and in what follows I introduce a brief summary of each chapter.

In Chapter 1, Smart et al. discuss what it precisely means that 'race' is socially constructed and the effects this has in debates about 'race'. After analyzing four main discussions on 'race' (e.g., as a social and/or a biological phenomenon), they point out that the contemporary shift towards 'molecularised race' may actually negate previously foregrounded physical markers of 'race.' This shift makes it important to consider how DNA is mobilized in boundary making in the production of 'race' (p. 48).

Chapter 2 discusses 'if, why, when and how people can be categorized into distinct racial or ethnic groupings' (p. 53) by analyzing the British case of the racialization of forensic DNA. The chapter shows us that discussing 'the validity, reliability and legitimacy of ethnic categories and processes of categorization is endemic to the operation of the British forensic data base' (p. 18), and that a 'continuing politics of categorization takes place in conditions that defy easy distinctions between the social and the biological' (p. 18).

Discussing examples from Latin America and Europe, Wade explores in chapter 3 the changing connections between 'race' and 'kinship'. It focuses on the practice of reproductive genetic technologies, especially the international movement of reproductive gametes for fertility purposes. Highly interesting is his analysis of reproductive activities involving non-kin with regard to family, kinship, and/ or blood tie groups, and the related process of 'naturalising' non-kin into a community. Thus, Wade shows us forms of reproductive activities which are crucial in the 'naturalising' process yet which follow different paths in various kinship communities depending on the way members within these communities are related to each other.

In chapter 4, Vaisman asks questions around complexities of kinship, adoption and identification by looking at the issues of kidnapped infants during the dictatorship of Argentina. DNA technology is increasingly used in identifying family ties, but one's identity does not change overnight: Emotional ties with nurturing parents do not break because of DNA, illustrating that DNA is not necessarily a dominant determinant in identity formation.

Chapter 5 takes us along the historical dimension of identity politics, specifically its link to biology before and after DNA technologies in Switzerland. It focuses on practices of a commercial company that provides genetic ancestry tracing. The main questions include: how are history and genealogy on a genetic basis produced, sold and consumed? What needs of consumers does this satisfy? And how does this differ from other kinds of historical reconstruction that occupy the same political and economic niche? Specifically, the chapter considers how commercialized science deals with historically and culturally complex notions such as homeland and country of origin.

Chapter 6 analyzes the notion of 'Irish DNA' and the making of connections and distinctions in Y-chromosome surname studies, centering on the gendered meaning of genetic technologies. The chapter considers the ways in which ideas about nationhood, ethnicity and relatedness are being reworked in this strand of genetic genealogizing in relation to the politics of national and diasporic belonging.

Chapter 7 explores the diasporic and gendered dimension of ancestry testing, looking at its usage, representation and interpretation across the 'Black Atlantic.' It examines how this practice combines notions of symbolic heritage and biological inheritance. It finally demonstrates how, through its combination of techniques of embodiment, purification and objectification, genetic ancestry testing constitutes a unique site where changing dynamics of individual and collective categorization can be explored.

Finally, chapter 8 draws on the anthropological concept 'cults of affliction to discuss the practice of ancestry testing or personal genomic histories (PGHs) and the science on which it is based (p. 193). Looking at the way the logics of Afro-Cuban divination and molecular biological identity arbitration co-constitute forms of sociality, the author examines a contradiction: 'the acquisition and inhabitation of genomically rooted identities is little else than a practical response to the mobilization of enchanted technologies in the service of contextually rational projects of identity management (p. 21).' Through this dynamic, PGHs help reproduce the social reality of 'race'.

The last chapter by Palmié shows beautifully how to move beyond questions about genetic accounts of racial differences and/or similarities being true or false. Instead, it asks when, why and in what way genetic accounts become useful or used. Keen on pushing beyond dualisms, the chapter critically asks to what extent, and in which ways, a self is a product of nature or nurture, subject or object, issues of particular interest to scholars concerned with questions of 'identity and race'.

Showing how interactions between the two poles in such dualisms unfold, the chapters in this book successfully generate understandings of 'race' that go well beyond being social or biological, or the result of either science or public policy (see p. 2 and p. 22).

Finally, I highly recommend students and (senior) scholars to read this book which asks pertinent questions about 'race, identity and DNA technologies'. It provides valuable up-to-date knowledge on, and methods for studying these complicated issues.

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Cees Smit, ***Een nieuwe horizon. De toekomst van de patiëntenbeweging in Nederland*** [A new horizon. The future of the patients' movement in the Netherlands]. Hoogwoud: Kirjaboek. 166 pp. € 15.00. ISBN 978-94-6008-135-4. The book can be obtained in bookshops and via www.kirjaboek.nl. The proceeds are for the Vereniging Samenwerkende Ouder en Patiëntenorganisatie (VSOP) [Association of Cooperating Organizations of Older People and Patients].

The Netherlands has a long tradition of patients' organizations that play an increasingly important role in policy-making, practical care and research concerning (chronically) ill, disabled and older people. The author of this overview of the Dutch patients' movement, who is a haemophilia patient, has been involved in this work, from the very beginning. In 1971, at the age of twenty, he joined the society for haemophilia patients and has remained active ever since. He believes that the patients' movement now stands at a crossroads. In addition to providing information, organizing contact between peers and advocacy, a fourth opportunity has arisen: patient participation in research about the needs and experiences of patients (cf. the 2004 special issue of this journal about 'The patient as co-researcher'). This little book can be regarded as taking stock before moving forward towards research participation.

The author first describes the Dutch patients' organizations, the financing, and the consequences of recent policy changes by the Ministry of Health. Next he considers the chances for a new strategy in the coming years. In the third chapter, Smit describes in detail how individual patients, their partners and others in their environment, together with patients' organizations, can play a more leading role in both cure and care issues. In the subsequent chapter, he focuses on how patients' organisations can have more influence on the development of pharmaceuticals – a hot issue in the patients' movement. Finally, Smit evaluates the present situation, how various parties (researchers, industry, policy-makers and patient) relate to each other. In this final chapter, he describes the 'new horizon' for Dutch patients' organizations.

This informative little book is an indispensable guide for everyone working in or with patients' organizations in the Netherlands.

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Arne S. Steinforth, ***Troubled minds: On the cultural construction of mental disorder and normality in southern Malawi.*** Frankfurt am Main: Peter Lang, 2009. 334 pp. € 63.95. ISBN 978-3-631-58717-1.

Arne Steinforth's 'Troubled Minds' poses one central question: how do the people of Malawi define what is considered to be normal human behaviour, and what is considered abnormal behaviour? Surprisingly, Steinforth situates mental disorders within a disability perspective, which, as a mental health professional, I find problematic. It is troubling that he subsumes the cultural conceptions of disability and mental illness under the superordinate term 'mental disorder' (p. 19), even though this relates to the emic definitions of the subject matter. For example, Malawian respondents use the Chichewa phrase *Mavuto okhudza nzeru kapena ubongo wa munthu*, which roughly means; 'Problems affecting a person's mind or brain'. Consequently, while using this broad definition, the book excludes disturbed *emotional* states and mild behavioural problems, and as a result also does not explore local terms related to anxiety, depression, bereavement, psychological trauma, alcohol and drug abuse, difficult personalities or hyperactive behaviour. All of these, in prevailing Western psychological discourse, should be included within the grand category of 'mental disorders'. Instead it includes problems that are more intrinsically linked to brain damage, such as epilepsy and severe learning disabilities. Therefore, in essence, the book is restricted to the conditions that a mental health professional would define as *severe* mental disorders, *severe* developmental disorders or epilepsy.

The book, based on his Ph.D. thesis, has three main pillars, covering culture and religion, nosology, and aetiology. The first main section discusses the cultural and religious traditions in southern Malawi and the cosmology of its people. It is clearly shown that the relation between mental disorder (in Steinforth's definition) and magic and spiritual powers is manifold. Often *sing'anga* (healers) have a history of mental disorder in their own past. Additionally, the author highlights that people can become disturbed due to illicit use of anti-social forms of magic or the violation of rules for good behaviour.

Steinforth does give a thorough analysis of the different forms of healing traditions, including those of Islam and Christianity, and their often antagonistic positions against 'traditional African healing' (which they reject as 'satanic'). This does not prevent Christian healers from developing their own highly personalised form of healing with traces of indigenous religion. In all African healing traditions, 'indigenous', Christian or Islamic it is common for the focus of healers' diagnostic procedures not to centre on the question of *what* specific category of disorder the condition would fit in, but rather on unveiling the hidden causative agents of it (the 'why and who').

In the second and main section of the book, the author explains the local classifications for 'mental disorder' in Malawi. It is important here – and to some extent a justification for the author's delineation of the subject – that in Malawi this includes some physical disorders, such as paralysis. The main categories he discusses are *misala* (madness with a state of apparent confusion, accompanied by abusive language and violent behaviour), *kuzerezeka* (roughly translated as severe learning disabilities) and its milder variant *kuzugukira mutu* ('spinning head'), *mutu* (a severe syndrome starting in babies and toddlers, etiologically centred around problems with the closing of the fontanelle), *khunyu* (falling disorder, which includes all kinds of seizure disorders) and *kulumala* ('being deformed'), which refers to deformations of the body, mainly the limbs and arms (including those who are lame or 'look strange'). All these conditions share a central idea: that the competency to perform the tasks of a 'normal' person are impaired through deficiencies of the 'embodied mind'.

The third pillar of the book is centred on local ideas about the causes of mental disorders, as previously defined. These are categorised into three main groups: 1) magic manipulation (by a person), 2) spiritual interventions by supernatural beings, and 3) structural factors which could include 'accidental causes' and other 'natural' factors, such as disease, premature birth, hereditary factors, or the use of drugs or alcohol. These three etiological categories guide treatment options, which can consist of: 1) purging (in order to get rid of magic substances), 2) restoring cosmological order (for example by exorcising bad spirits or appeasing good ones), and 3) restoring (accidental) damage done by structural factors.

In truth, this was not an easy book to read, partially due to the dense and sometimes opaque style of writing and abundant use of jargon. Apart from stylistic issues, there are two more profound problems with this study. Firstly, when using written sources the author draws mainly from general cultural anthropology and disability studies, and neglects the significant body of literature on transcultural psychiatry in Africa, a regrettable oversight for a book on mental disorder in Africa. Additionally, the author's use of a disability perspective requires more justification. To me it is odd, for example, that three pages are used to discuss the legal framework for handicapped people in Malawi (page 28-31), including lengthy documentation on surveys carried out in the country, while there is no mention anywhere of whether there is a national mental health policy, or whether people with mental disorders visit health centres.

Secondly, I find the book too much focused on *discourse,* and too little on *practice*. The research setting is in multi-ethnic, southern Malawi, an area where the population consists of ethnic groups that have diverse collective histories. Steinforth claims that, in spite of these historical distinctions, the diverse ethnic groups presented in his study have had such an intensive history of close inter-ethnic exchange that this justifies the search for a coherent picture of local, southern Malawian notions of mental disorder. In this search he has interviewed many people, but presents disappointingly little observational data. Rather than reading the authors attempts to formulate a coherent construction of what the southern Malawians think, I would have preferred to read about what really happens in the lives of people with mental disorders and how the people around them (family members, neighbours, healers) deal with these conditions. I believe that this is where the strength of medical anthropology lies, and that this will provide us with the most valuable insights for what is really at stake for the people themselves.

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