

and illness, structural violence, social capital, biopolitics, biopower, hegemonic rhetoric, but also discussion of NGOs as agents of development should have been discussed more in depth and put in the main text, not in endnotes. Finally, some topics such as health systems, gender, ethnomedical practitioners, and research methods deserve more attention.

In spite of the few critical comments, I wholeheartedly recommend Nichter's book to all those who are interested in practical lessons and in critical assessment of public health practice and development policy. The book will continue to be the main textbook for my module in global health.

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Rebekah Park & Sjaak van der Geest (eds), *Doing and living medical anthropology. Personal reflections*. Diemen: AMB, 2010, 156 pp. € 15,00. ISBN 978-90-79700-25-7.

AMMA, the Amsterdam Masters in Medical Anthropology of the University of Amsterdam, is an international program to educate professionals – most of them with a degree in medicine or one of the social sciences. AMMA celebrated its tenth anniversary in 2007, and invited its alumni to present the vicissitudes of their professional lives as medical anthropologists. Many former students responded, and eight of the contributions are collected in this book as personal reflections on medical anthropology, completed by three contributions from AMMA faculty.

In their introduction, the editors, Sjaak van der Geest (one of the founders of the program) and Rebekah Park (a former AMMA student), discern three themes underlying the contributions: (1) applying anthropology; (2) integrating anthropology into a non-anthropological profession; and (3) the impact of anthropology on personal experiences of illness. In order to follow these themes as a reader, you will have to zigzag through the texts, as the actual order of contributions in the book is alphabetical.

Doing and living medical anthropology is an intriguing title, but what is meant by 'living' medical anthropology? To explain this, the editors emphasize the close link between anthropologists in their personal, social and historical context and their theoretical and methodological orientation. They quote Foucault, who sees his analytical and theoretical work following his personal experience and observation of being-in-the-world. Autobiography and fieldwork intersect according to Van der Geest and Park, and of course the exploration of personal episodes of illness in anthropological terms testify of this intertwined personal-professional. But was Foucault talking about this type of introspection? I am not sure. Most of the contributors in the book testify to a link, at least, between a personal or professional discomfort they felt (mostly in professing healthcare) and their choice to study anthropology. Essential in the AMMA teachings – I know being an ex-AMMA student myself – is the theorem of the anthropologist being his or her own research instrument and personal reflection as the means to make this work. The example of how Anja Krumeich's personal pregnancy influ-

enced the quality of her fieldwork studying motherhood in Dominica, underlines this. But are they all talking about the same and does this refer to a shared notion of 'living medical anthropology'? I doubt that. After reading the book I felt the editors left me guessing how these notions about the personal-professional overlap, and how common grounds are to be defined.

The relevance of the connection between the personal and the professional or scientific development of the anthropologist is best found in the chapters of Van der Geest and Park (chapters 8 and 7). Both these authors problematize the fieldworker in the context of research and field. I think this should be seen as the fourth theme in the book. Let me start with them.

Van der Geest critically reflects on the usefulness of medical anthropology. He looks back on an impressive life as a researcher in Ghana and Cameroon and as a teacher in medical anthropology. Basically he describes anthropologists as 'islanders', who do not succeed in bridging the gap with the dominant biomedical discourse or healthcare policy. According to Van der Geest, solutions are situated in refining the conditions under which research is conducted. He wants involvement of 'the other': research should be more participatory and results better accessible and more relevant for initiators, informants and policy makers. Park seems troubled by the same problem, but approaches it differently. Instead of aiming at participation of 'the other' in her work, she focuses on her own participation in the lives of 'the other'. In her case 'the others' are ex-political prisoners (survivors) from the Dirty War in Argentina (although she rejects the idea that this period of cruel dictatorship was a war). Park relies on the work of Kleinman, Scheper-Hughes, Farmer, and Mattingly and makes clear that every anthropological endeavor has an innate moral stance to be found in the way the anthropologist translates fieldwork data into a narrative. Park's moral stance leads to her getting involved as an activist-anthropologist in the former political prisoners' organization. One might consider the generation gap between Van der Geest and Park and raise the question of what the young Van der Geest would have thought about Park's position? He saw his research project in Cameroon succeed, but not come to implementation because his conclusions did not suit the responsible policy-makers. Was he then motivated by a similar involvement?

Analyzing the data from her fieldwork, Park coins the concept of an 'anthropology of prevention' next to the 'anthropology of remembrance' that is so well known in the academic field. I was truly impressed by the diligence of her step-by-step approach to an – for her – inevitable affirmation of the pre-anthropological position she took ("a 'pre-cultural' ethic of engagement" – she follows Scheper-Hughes in this). Her studious reflection on fieldwork complements the argument of Van der Geest. Park shows that stories do not tell themselves and that presenting data is a process of translation in which the anthropologist is the medium coming to a narrative.

Story-telling is also one of the issues brought forward by Els van Dongen (chapter 9). The editors dedicate the book to her, as one of the most respected AMMA teachers and a good friend. In 2009 she died of cancer. She describes – being ill – the conflict between personal and social morality and the struggle with preserving her soul (being a social and a moral person) while losing the battle against ever progressing

metastases of a carcinoma of the colon. Van Dongen admits how she came to question whether or not all the story-telling she has done in her professional career made any difference. She cites the Dutch author Japin: “A story has no weight. You can tell about your life as often as you want, it does not become lighter”. It is an almost sinister observation, knowing that her suffering was without hope. She certainly would have loved Park’s argument that not the story, but the narrative matters, although I am sure she would be doubtful about the intensity of involvement.

Van Dongen is not the only author struggling with a role as a patient. Michael Golinko (chapter 6) ran into the experience of discovering ‘a bump in the neck’ – thyroid cancer. During treatment Golinko sees himself as both the doctor and the patient alternately and simultaneously. Interestingly, his synthesizing reflection (referring to Kirmayer’s article on the ethos of the wounded healer) on how his experience as a patient ends up making him feel that he has become a better doctor.

Two authors tell their AMMA story: how they enrolled in the program and what it did to their professional and personal lives. Italian doctor Laura Ciaffi (chapter 4) enrolled in the program because her biomedical training did not provide her with the appropriate skills to work in a community health center in a small village in Nicaragua. But back at work, after AMMA, she comes to the conclusion that anthropology lacks clinical relevance in the field. Ciaffi advocates – following Van der Geest – a radical enhancement of the practical relevance and accessibility of anthropology. Shahaduz Zaman (chapter 12), from Bangladesh, one of the eleven students from the first AMMA group (1997), saw his enrollment in the program as a start of an academic career in public health and medical anthropology and – I have to conclude after reading his enchanting text – as an opportunity to merge being a doctor and a poet.

All the other chapters are about the merits of applied anthropology in health(care) programs. Corlien Varkevisser was a teacher in the AMMA program, but above all a Dutch pioneer in the field of applied anthropology. She explores her career (chapter 11), which started in the 1960s. She did not choose anthropology, anthropology chose her. She had a wonderful career in Africa and New Guinea, developing successful programs. She advocates a pragmatic approach: teamwork, participatory approaches, combinations of qualitative and quantitative research and involvement in the implementation and evaluation of recommendations are key to her approach. She seems to forget, however, that she grew up as a professional in an era in which time mattered less. It seems that this did provide a strong experiential basis to her work. Paul Bukuluki (chapter 3) shows how his ethnographic skills unveil contextual determinants of behavior that lead to HIV-infection in Uganda. The anthropological approach unmask the (wrong) presuppositions of the policy of prevention of HIV-infection and leads the team to the development of new interventions. Vanessa van Schoor (chapter 10) describes how, working for Médecins sans Frontières in the northern part of the Ivory Coast, between enemy lines, she succeeds in developing a healthcare facility. Anthropological skills complement her management responsibilities, help to break institutionalized answers, and enhance the accessibility and sustainability of care. Emily Bhargava (chapter 2) is in a similar position, but a completely different context as director of a regional center for community health in Massachusetts. She describes

how she tries to strengthen the impact of the emic perspective in the local health arena, for example by organizing a large scale simulation game *Walk in my shoes* (to demonstrate differences in accessibility of care), and promoting a participatory approach in the development of health programs. Carla Donoso Orellana (chapter 5) reports about her experiences with research on the acceptability of propagation of condom use as a preventative strategy against HIV-infection among homosexual men in Chile. Anthropology helped to see the problems at stake in the wider cultural context of a paradoxical homophobia among homosexual men themselves, and to define the arena in which homosexual contacts come about. She also concludes however that the lack of practical relevance of anthropology limits the impact of the research.

Reading this book it becomes clear that many of my colleagues all over the world incorporate their anthropological knowledge and skills into their work and world view, but struggle to bring this anthropological inspiration to results. Bringing applied anthropology more to the center of the arena and to relevance for health(care) programs all over the world seems to be the future challenge. This book offers important recommendations to achieve this.

For most of the authors, anthropology seems to be an instrument unveiling social and cultural phenomena that are not visible at first sight or are not self-evident but presumably are impeding the effectiveness and sustainability of medical interventions or health programs. Much of the personal discomfort that motivates these authors is related to the veiled or disguised character of the influence of culture in the field of health. Reading of all these personal motivations makes one long for a theoretical and conceptual deepening and more theoretical coherence to prevent such a collection of confessions and deliberations from becoming too eclectic.

AMMA is a stronghold of applied anthropology, at risk of being overruled by the everyday practicalities of health care policy. In order to maintain being a high-quality program, AMMA should uphold a firm connection to the academic world. Van der Geest and Park represent this academic link and their contributions (seen by me as small debate, although not presented as such) were the most thrilling part of the book. Opening anthropology for the participating 'other' or promoting and developing a critical anthropology, not observing but participating in the lives of 'the others', is a theme which would have deserved more elaboration.

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Constanze Weigl, *Reproductive health behavior and decision-making of Muslim women. An ethnographic study in a low-income community in urban North India*. Münster: LIT Verlag, 2010. 250 pp. € 29,90. ISBN 978-3-643-10770-1.

Constanze Weigl's study deals with poor Muslim women's decision-making processes regarding reproductive health issues and fertility practice in a slum area of New Delhi, India. She focuses on the women's motives behind these decisions and