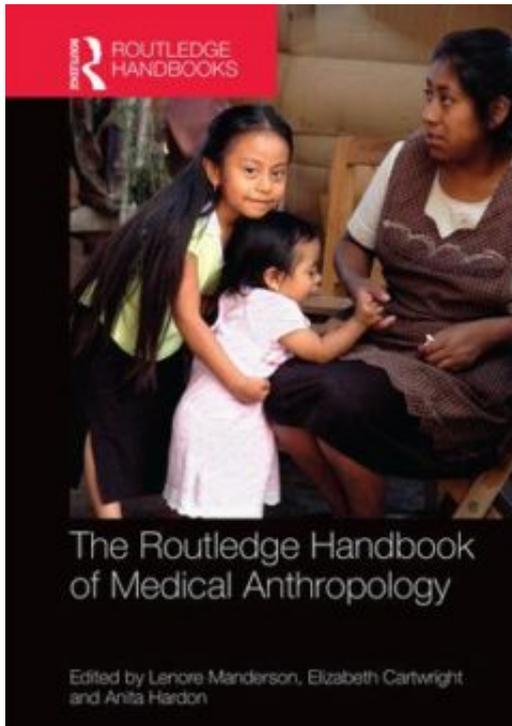


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## Lenore Manderson, Elizabeth Cartwright and Anita Hardon's The Routledge Handbook of Medical Anthropology

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By Casey Golomski



[The Routledge Handbook of Medical Anthropology](#)

Edited by Lenore Manderson, Elizabeth Cartwright and Anita Hardon

Routledge, 2016, 393 pages.

This is not a run-of-the-mill medical anthropology reader. Thank Routledge, its editors, and contributors for it. As someone who regularly convenes intermediate-advanced courses in medical anthropology, I'm grateful for its readability, teachable qualities, and particular theoretical angles. I'm going to trace four areas where I think the new *Routledge Handbook of Medical Anthropology* is innovative among the current offerings of similar edited volumes on the market for our discipline.

### Visual innovation :: contextualized photographic figures

Recently, there's been hot and necessary discussion about the images used for anthropology book covers: [Tunstall and Esperanza \(2016\)](#) over at [Savage Minds](#) provide interesting practical guidelines for book cover image selection as a way to decolonize anthropology. Ethnographies of medicine, suffering, and war with nuanced photographic figures of belabored people arguably make these books more compelling and help them win awards (De León with Wells 2015, Biehl with Eskerod 2007, 2013), and also raise ethical questions about the images we choose to give life to our writing. The *Routledge Handbook* contains 16 photographic figures, taken by both contributors and others selected from a global Internet-based call-for-submissions in 2015, each placed as a 'prelude' (xii) to its respective chapter. A thoughtful, roughly 150-175 word description by the photographer accompanies each figure, giving it fuller context beyond the usual one sentence caption.

I appreciate projects that aim to decolonize higher education, the academy and our respective discipline, and find Tunstall and Esperanza's approach insightful. Some might criticize the *Handbook* for its use of a conventional anthropological image for the cover—it features a photograph by Cartwright of an indigenous Oaxacan mother and her daughters waiting to see an herbalist for a sore throat. Despite this, the volume as a whole embodies other critical approaches that align with the decolonizing project: its images' lengthier descriptions help eschew would could be misread in a single caption; it uses images that exemplify health and life's 'mundanity' (xii) for chapters that also discuss white populations in North America, Australia and Europe; and it includes an explanation of the overall process of image selection as one of knowledge production (xii-xiii). Figures that were illustrative in these regards were Mary Anne Funk's image and description (Fig. 12, p. 260-261) of homeless Oregonians using a shelter's mobile shower facility to open the *Handbook's* chapter on "Global Quests for Care"; Jerome Crowder's image and description (Fig. 10, p. 206-207) of medicines for sale like Vicks Formula 44 at the *mercado negro* ("black market") in La Paz, Bolivia to open the chapter on "Marketing Medicine"; and Athena Madan's image and description (Fig. 13, pp. 280-281) of an earnest, young professional woman named Fatimah leading a peace-building workshop in a well-lit office in Kabul, Afghanistan to open the chapter on "War, Violence and Social Repair."

### Organizational innovation :: an edited volume that is not quite an edited

volume

By saying the *Routledge Handbook* is organizationally innovative, I mean that the textual structure and narrative delivery of the content is above par. This is an edited volume that is not quite an edited volume. Each chapter is co-authored by Manderson, Cartwright and Hardon, but each takes lead authorship on different chapters. In total, including the three main authors, there are 67 contributors. Each chapter contains between 3 and 5 case studies written by the other contributors, which are embedded in the main co-authors' narrative to make up the chapter's thematic whole. For example, chapter 5, with Hardon as the lead author, is titled "Stress in Everyday Life" and explores "the ways in which people live with and talk about stress in a variety of sociocultural and economic settings" and "the diverse ways people strive to manage or cope with stress" (94). As it moves through sub-sections on "Diverse Idioms of Distress", "Managing Stress", "Talking Therapy", and "Escape", the chapter slips narratively into embedded case studies on Japanese depression by Junko Kitanaka, Argentinean psychoanalysis by P. Sean Brotherton, and Indonesian promotions of smoking by Mark and Mimi Nichter. Still, the chapters function well even if one chooses to excise or focus on a single particular case study for classroom assignments.

The book as a whole is not limited to a chronological-historical linearity. The first half of the book focuses on phenomena related to the life course and kinship, and the second half on globalized movements of people, goods and institutions in the contemporary world as they affect health and quality of life, although these two themes are by no means hard or fast. It does not start with classic articles by W.H. Rivers or Irving Hallowell. It does end though with a future-oriented chapter titled "Vital Signs: Medical Anthropology in the Twenty-first Century" that points to topics for the discipline to start exploring anew or invest itself in further. These include: the epigenetics of structural violence; ecohealth, ecobiopolitics and ecorisk as concepts to describe relations amongst "humans, other living things, and the environment" (372); populations' adaptation and resilience in the face of climate change; governmentality and the global environment; revisiting cultural competency models and practice; the reshaping of medical practice through big data; relations between humans, bodies, and microbial entities: "an Anthropology of Us" (374); and health and wellbeing for asylum seekers—this section uncannily references the rise of (then U.S. presidential-candidate and now president-elect) Donald Trump.

I also like the broadly accessible language of the *Routledge Handbook*. To me, chapters in comparable edited volumes like Wiley-Blackwell's (2010) *A Reader in Medical Anthropology* have a gloss of prestige, are prosaic, and complex in theory, but are often too in-accessible to be instructional, not only to the majority of undergraduate students but

colleagues in allied fields to whom we want to recommend demonstrable examples of our work. Singer and Erickson's (2015) *A Companion to Medical Anthropology*, to me, is more usefully instructionally-oriented, or in the case of Inhorn and Wentzell's (2012) *Medical Anthropology at the Intersections*, more practically-oriented. Both are heavy with works by familiar senior researchers. Perhaps this is an issue of sales and circulation—having likely already read and reread a recognizable canon of theory offered in other edited volumes like these, the reader kind of knows what he's going to get when he buys it, and that's low risk. There's comfort in familiarity, and that itself is cultural (Mahler 2013). With the *Routledge Handbook*, I think readers can ably get outside of the canonical comfort zone for a while.

### Intergenerational innovation :: fresh contact between junior and senior scholars

This comment about canonical versus new research represents one of the best things about the *Routledge Handbook*: it is intergenerationally innovative. It includes a substantial number of works by postdoctoral and doctoral fellows, assistant professors, and academics, who are working in fields of public health and development. The embedded, yet still independent form of the case studies produce a realistic conversation between current theory and current research projects unfolding the world over. This synergy is exciting compared to other volumes where only a small number of emerging researchers and their ethnographies make the cut. Graduate students who did not train with the handful of key theorists at particular institutions represented in other volumes should find the *Routledge Handbook* refreshing for this reason. When editors take chances on young research, there's great intellectual payoff.

To be sure, there is still a good number of senior contributors, who I define as having (had) full Professorships: Redfield, Leibing, Adams, Georges, Nichter, McLaughlin, Obrist, Pool, Pols, Reis, Sleeboom-Faulkner, Davis-Floyd, Herr Harthorn, Boonmongkon, Desclaux, and Allen. Several of the younger researchers are associated with Manderson and Hardon's research hubs at the University of the Witwatersrand and University of Amsterdam, respectively. Some of the young research really stood out and strengthened their particular chapters: Arianna Huhn's ethnophysiological research in a small Mozambican town gives ethnographic weight to the often heard but rarely analyzed metaphor linking food and eating to sex. Rachel Carmen Ceasar's account of mass grave exhumations related to twentieth-century histories of political violence in Spain; and Roberta Raffaetà's description of two women's allergies in Verona, Italy using theories of ecological relationality. These and other contributors works

evidence a wonderful intellectual “interplay” (5-6) between ideas and institutions across generations, a term I borrow from the authors’ description of conceptual frameworks that support the volume’s objectives and emphasize a multiplicity of forces that shape our understanding of health.

### Theoretical innovation :: current approaches to un-conventional topics

Finally, I think the *Routledge Handbook* offers what I read as theoretical or topical innovations in the discipline, or at least as the discipline is depicted in comparable edited volumes or readers. HIV/AIDS, gender, globalization, and ecology all trend well and are foregrounded as topics meant to reshape the theories we construct to explain the phenomena we document ethnographically. This also goes into the authors’ account of the discipline in the introduction, tracing medical anthropology’s practical and conceptual history via the Alma Ata Declaration, French critical philosophies, Kleinman’s explanatory models, second wave feminism’s work on gender and health, and the HIV/AIDS pandemic. Boldly, they write, “it was HIV and its lethal consequence as AIDS, however, that most powerfully stimulated medical anthropology” (5) as a discipline in the late twentieth century.

Several chapters focus on somewhat unconventional topics for medical anthropology edited volumes, among them childhood, chronicities, and medical travel. On childhood, for example, rather than simply reproduction, the authors stress children and adolescents’ own experiences and perspectives on health and agency to underscore how these young people are active participants in their illnesses—taking them on “with insight and fear, humor and anger, and, ultimately, quite often, with grace” (18). They include this topic too as a way to make us question presumptions about research ethics with children and other “vulnerable populations.” The *Handbook* also takes interesting theoretical spins on conventional topics: cross-cultural accounts of the body are framed through theories of resistance, and the relationship between health and environment is considered through the lens of the Anthropocene. Chapter 3 specifically pairs sexuality with theoretical approaches using language and concepts of “technology” in a wide sense, ranging from contraceptives and surgeries to embodied and aesthetic practices. The growing literature on care and caregiving is discussed in chapter 8 on ways of caring through information-communication technologies, discussing patients and caregivers’ use of the Internet, smart phones, and web cams to address health and socio-emotional concerns. The specificity of the authors’ theoretical angles highlights the strength of a particular interpretive approach and allows instructors to compare it with others not as strongly

represented in the chapter.

Lastly, the international scope of its authorship, both of editors and contributors, is something else that sets this book apart from others. It represents intellectual institutional homes in Western Europe, Australia, North America, and Southern Africa. Theories emanating from the University of Amsterdam and other Western European schools are well represented throughout, like Annemarie Mol's writings on ontology and technology. Manderson's vast professional archive on gender, health and the environment supports the volume as a whole, as does Hardon's work on pharmaceuticals and HIV/AIDS and Cartwright's on structural vulnerabilities, indigeneity, and immigration. Their far reaching geographic and disciplinary scope nicely embodies what medical anthropology can do and be as part of growing discussions of world anthropologies (see the now regular "World Anthropology" section of *American Anthropologist*), as well as how anthropology can further engage a rapidly changing world.

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