

about those key concepts of person, agency, causation, space, time” (308).

We know that translation is difficult. One might even say that *theoretically* “full transference from one to another normal linguistic frame ... is impossible” (262). We all know and probably agree to some extent with the well-known aphorism *traduttore traditore* (“translator [=] traitor”) about the inevitable loss, distortion, or betrayal in translation. The problem is, as Franz Rosenzweig puts it concisely, that translation means serving two masters: the source language and the target language. These two masters might seem utterly incommensurable with very fundamental differences in tense, number, deixis, obligatory categories, ontological commitments, etc. “And yet in practice is it both possible and necessary” to translate Leavitt insists (262), and this is demonstrated very convincingly in this book, for example in Leavitt’s own thorough translation of Kumaoni narrative poetry.

Commercial translation tends to favor the target language and, thereby, warp the source language into “a usable text, that is, a normal-sounding or normal-reading text in the target language” (262). Anthropology, on the contrary, should recall the methods of good, old philology and be fearless, even welcoming, of the “monstrous” translations that professional translators shun at all costs. By “monstrous” Leavitt means translations which by any means necessarily try to convey to the reader a holistic understanding of not only the content of something but also its poetry, rhythm, intertextuality, etc. All these dimensions may easily disappear if the anthropologist is not willing to venture into elaborate explanations of the context, creating neologisms when necessary, and staying fearless of producing a far-from-normal-sounding text.

After having turned the last and 324th page of this comprehensive anthology, I find myself a good deal more familiar with classic language theory (Jakobson, Saussure, Boas, Sapir, etc.) as well as state-of-the-art linguistic anthropology in which several of the contributors must be considered spearheads. There are next to no shortcomings to put one’s finger on in this book, however, one could perhaps want an epilogue that tied in with Severi and Hank’s principal lines from the introduction. Nevertheless, I would not hesitate to call this a masterpiece of great relevance to any ethnographer whose struggles with translating has piqued her or his curiosity about the epistemological space of translation.

Anders Norge Lauridsen

**Tae, Jonathan:** *The Patient Multiple. An Ethnography of Healthcare and Decision-Making in Bhutan.* New York: Berghahn Books, 2017. 220 pp. ISBN 978-1-78533-394-1. (Wyse Series in Social Anthropology, 4). Price: \$ 110.00

Jonathan Tae’s monograph is a medical anthropological plea to view “patient-hood” as a multiple event, not just as an anthropological exercise but with a view of multiplicity in mind that could potentially affect patient care on the ground. With the rare access of a full year for research in Bhutan, Tae was able to carry out fieldwork in

the capital Thimphu as well as in urban areas around Mongar in eastern Bhutan. He presents an in-depth ethnography of the scarcely studied medical landscape of Bhutan.

Firmly based in detailed ethnographic accounts on healthcare-seeking in Bhutan, Tae argues for a nuanced view that integrates the various medical approaches patients choose from in the pluralistic health care field in Bhutan. His examples call for expanding the predominantly biomedical public health care system, taking into account patients’ needs for divinatory and other forms of what he calls “traditional” (state-sponsored *sowa rigpa*) and “alternative” (all types of other religious and folk healing) medical practices. While his divisions between “biomedical,” “traditional,” and “alternative” might serve us to understand and categorize various healing traditions, they could seem artificial when looking at the book’s ethnographic examples, since people locally do not think in these categories and make use of all kinds of medical practices. The ethnographies themselves show that “in the everyday reality of decision-making processes, patients are rarely troubled by or rejective of mutually exclusive views of practices, healths and bodies” (103). Many different types of practices (diet, calling lost souls, taking medicines, undergoing surgery, visiting diviners, etc.) are all perceived as part of “healing,” and, as Tae himself admits, this “ethnographic diversity makes it difficult to theoretically manage an assortment of practices” (41). However, Tae navigates this problem more successfully by relying on theories of “assemblages” trying to grasp the synthesis that different materialities (e.g., a scalpel) across practices (e.g., surgery and ritual) might have for patients.

The book is an important contribution to our understanding of how a small country like Bhutan handles the diversity of healing practices in their emerging public health system. Tae describes the efforts that have been made to integrate native healing practices into biomedical health care in ethical ways that “preserve culture and traditions, but ensure they don’t hurt people” (17). The reader will get a good understanding of how this is implemented and how this process has its risks, failures, and benefits.

Based on Annemarie Mol’s ontological notion of the “body multiple” (2003), Tae introduces the practices of “patient multiple” over five chapters. One of the main ethnographic patient accounts is of the young woman Pema, introduced in chapter 1, who over years travels through the landscapes of different medical practices in Bhutan in an attempt to receive cure for two diseases. Tae sees “disease” as it is enacted by patients who go through it and which exists “both in and out of biomedical interpretations” (58). Thus, in Pema’s example, her nosebleed can have both a spiritual physiology and a Buddhist etiology. Both are informed by biomedical biologies and offer a good example of what it means to be a “patient multiple” as well as a “body multiple” that experiences surgery, traditional cutting, and sucking therapies, seeks out diviners, and takes bitter herbal pills.

Chapter 2 explains the multiple medical contexts of Bhutan and introduces *sowa rigpa*, a complex medical tradition elsewhere known as “Tibetan medicine” and

practiced widely across the Himalayan region (and beyond). In Bhutan, *sowa rigpa* is promoted and translated as “the Buddhist art and science of healing” (47). Taeë lays out in detail how it is becoming the chief form of traditional medicine that in practice is linked to the notion of a “new citizenship,” in other words, the way patients feel about their bodies and link disease to national identity and traditional medicine. Here, Taeë’s historical explorations remain simplistic and would have been of more value if contextualized and compared to the politicized contexts of *sowa rigpa* in neighboring India, China, and Nepal. This would have allowed for broader conclusions and comparisons to existing anthropological research on *sowa rigpa* and national identity, for example, by Sienna Craig in Nepal and Stephan Kloos in the Tibetan exile situation in India.

Chapter 3 looks at how patients make health care choices in circumstances of life-threatening and chronic diseases, situations in which biomedicine is not the only choice of action. Taeë’s ability to show us the different perspectives of both the patients and the health care providers regarding these choices is valuable in that it allows the reader to see how decision-making is turned into an ethical discourse. What comprises “ethical,” “effective,” and “appropriate” care in this tangle of treatment choices? What are the consequences when wrong choices are made?

In chapter 4 the focus is on a type of disease with various physical manifestations and correlations called *ja né*. It forms the basis for an ethnographic analysis of different treatment options available in both the fieldsites and their surrounding rural areas. It becomes clear that so-called “alternative” practices are still used by patients but are marginalized by state-sponsored health care, for instance, in the case of the controversial treatment of *ja né* through “genital discharge sucking practices.” The chapter explores how and why such treatment practices still exist, are frequently combined with biomedical antibiotic courses, and are often deemed effective, despite obvious safety concerns.

Chapter 5 then takes the discourse into the wider field of pharmaceuticals, the politics and economics, ethics and practices of (non)availability of drugs, and the dependencies and effects they create for people. The pharmaceutical industry has clearly changed the expectations patients have today, and Taeë concludes with clear suggestions on what could be done on a national level to improve health care education and reduce suffering in a very practical sense. Relying on Annemarie Mol’s “The Logic of Care” (2008), Taeë tries to unlock practical advice from his ethnographic examples that could lead to possible implementation by all kinds of health care providers.

While Taeë’s well-researched ethnographic examples in many cases rightly call for more inclusive approaches of multiplicity in health care, it would be naïve to assume that it will have an impact on public health in Bhutan. It falls into the existing divide Taeë himself describes (19): non-biomedical healing practices are covered by anthropologists and appear in academic literature but not in publications by the Ministry of Health who, while approving Taeë’s research project, might not pay much attention to

its published results (also considering the book’s price and possibly difficult distribution in Bhutan).

To conclude, the book is clearly structured and includes several photographs that visually underline the ethnographic accounts. At times the writing is a bit repetitive, but overall the book offers a welcome contribution to the medical anthropological literature on “patient-hood” and the multiplicity this involves on the ground. With its accessibility and detailed ethnographic examples it makes a good read for undergraduate courses in medical anthropology and anybody working in or concerned with public health in Asia.

Barbara Gerke

**Trawick, Margaret:** *Death, Beauty, Struggle. Untouchable Women Create the World*. Philadelphia: University of Pennsylvania Press, 2017. 284 pp. ISBN 978-0-8122-4905-7. Price: £ 60.00

Trawick is today professor emerita of Social Anthropology at Massey University, New Zealand. This lengthy volume gathers together data – largely folk songs – that Trawick had collected in Tamil Nadu over the last 40 years or so. She tries to present this data as a coherent book. Does this work? No, because no convincing overarching argument emerges from this material to bind it together. But was it worthwhile publishing all this material? Yes, especially for those interested in folk songs and in the close textual analysis of such songs.

The book opens with a long foreword by Ann Grodzins Gold, which details Trawick’s academic career. Trawick’s first chapter discusses a woman called Sarasvati who “lived with a spirit with whom she struggled” (29). Trawick emphasises that this woman and the spirit she worshipped – the goddess Mariyamman (Māriamman) – had both endured “similar life experiences, in particular, problems with men” (31). In the second chapter she discusses the “crying songs” – which she terms “laments” – of Christian Paraiyar women. She does not specify what denomination of Christianity these women belong to, but the presence of a Tamil Catholic nun suggests that they were Roman Catholic. These women – like virtually all the “untouchable”/Dalit women in Trawick’s book – are illiterate. Trawick argues that these women sang not just funeral laments for those who had recently died, which was their ostensible purpose, but “the crying songs were heavily veiled ... the singer sang ... of her own plight” (73). Many of these women singers were older, widowed women and many of their songs were “about the sufferings of widowhood” (107). In the book’s third chapter, Trawick argues that their singing is a form of social critique for “untouchable”/Dalit women, especially when the songs are not laments/crying songs, but instead songs of hopeful affirmation. In this chapter, which is concerned with songs about “work and love” young Dalit women vigorously turn down the attempts of their upper-caste male employers to woo them into sexual relations by offering them gifts of money. In these songs the women taunt the higher caste men. This is the book’s most successful chapter because here, at least, the reader can surmise the social relations that form the context of these songs. The lack