

Ingstad, B. & S.R. Whyte (eds). **Disability in Local and Global worlds**. Berkeley: University of California press. ISBN 978-0-520-24617-1. 17,99 euro (paperback).

This second anthology of comparative disability research in anthropology fills a gap in the literature. It brings together eminent medical anthropologists known for their research among people with physical, mental, occupational and age-related impairments who mostly do not refer to disability theory or literature. It shows what medical anthropology has to offer to disability studies: a rich and contextualised understanding of what it means to live with physical and mental differences in particular local contexts. It also raises important disability issues and shows how the experience of disability may intersect with gender, religious beliefs and macro socio-economic and political circumstances.

The first two essays show how a change of geographical location and context may change people's experiences of impairment and disablement. For instance Aud Talle's comparison of feelings of completeness versus feelings of impairment among circumcised women who migrate from Somalia to the United Kingdom is a fine example of the relativity of impairment and disability in social contexts. It shows how one and the same physical difference, the circumcised female body, may at one time and place be valued as a socio-cultural asset and at another time and place be viewed as a mutilated, impaired body in need of rehabilitative surgery. It also shows how circumcised women adapt to their new socio-cultural situation. Hilde Haualand shows the opposite process in her contribution *The two-week village: the significance of sacred occasions for the deaf community*. The two week village is an temporarily space created outside of everyday reality of most deaf signers to celebrate shared experiences as deaf people. In this space being deaf is not a disability; to the contrary it is celebrated as an asset. Signing fluencies are presented as part of (the performance) of international deaf citizenship. Haualand discusses the potentialities and threats of this transnational practice. Because ASL is increasingly inaccessible as a first language to deaf children future deaf adults may neither be fluent in spoken nor in sign languages disabling them unnecessarily. The latest essay of this anthology titled *Wheels and new legs: Mobilization in Uganda* shows that mobilization of people with motor impairments is the third contribution that shows the opportunities and limitations of geographical location to mobilize mostly men with motor impairments. It also shows that Ugandans consider economic self-sufficiency more important than physical difference itself. At least this holds for men, for women, as Whyte and Muyinda show, it is less straightforward.

Three essays deal with 'new' disabilities. Inhorn and Bharadwaj persuasively argue that infertility is not only an age-related impairment but also a disability in India and Egypt. Infertility is considered an impairment in many western countries in the sense that it restricts women in the often taken for granted ability to conceive, deliver and raise healthy babies but is rarely considered a disability in the discriminatory sense: women and men are not excluded, stigmatized or shunned because of infertility. This is different in India and Egypt where women who fail to become mothers risk abandonment and social stigma. It would be interesting to see how ethnographic infertility research could offer new insights to disability studies research and vice versa. In particular because there is ample disability research on reproductive rights of women with mental differences.

Two essays show that disability in some contexts is more about being noticeably different than about functional impairments. Weiss claims in her contribution on the rejection of disability in Israeli society that Israeli babies that look normal at birth but turn out to be severely impaired later in life have better survival chances than babies that have a superficial 'abnormality' at birth. Also the abortion of malformed babies in uterus knows no restrictions in Israeli society. Lock questions in her essay the laissez-faire eugenics when it comes to unborn babies for genetic illnesses and afflictions. Lock argues that genetic testing is

presented as individual choice of couples but that these individual choices are also socially and culturally informed and may well have societal consequences. Maybe we are not that far removed from Nazi eugenics as we would like to think she argues. Lock also problematizes genetic testing itself by pointing out that genetic tests often cannot predict disease severity or even whether the unborn baby with the 'illness gene' will develop the disease at all. The practice of genetic testing may well change existing disability categories and hierarchies that are partly informed by severity and expression of illness (Deal, 2003).

Kohrman's stand-alone essay is a fine example of how disability categories are politically constructed and motivated. Kohrman also problematizes the de-contextualisation and uncritical importation of Western disability rights discourses in non-Western countries. As does Ingstad in her essay *Seeing disability and human rights in the local context: Botswana revisited*. Ingstad is more successful than Kohrman in preserving the lived experience of disability. She refers to a WHO manual on how to use white canes in a local setting to criticize the 'agendas of activists of the developed world'. In Botswana the use of white canes does not signify independence, on the contrary, it signifies that the white cane user's family is not taking proper care of their blind relative. Ingstad has here a valid argument, unfortunately she also de-contextualizes the experiences and actions of disability activists.

On the whole, this anthology offers rich accounts of how in different places an cultural contexts disability intersects with gender, age, race and economic inequalities. It made me curious about how in a particular cultural context existing categorizations and hierarchies of physical and mental differences may contradict or compete with one another in the lives of the so-called disabled. Secondly, the anthology's value for disability studies research is limited unnecessarily. First of all, most authors make limited use of available disability literature and with that do not or, in a limited sense, contribute to disability theory. This is a missed opportunity especially in the cases that well-known disability research topics such as eugenics and reproductive health issues of people with impairments are addressed. Secondly, the anthology raises the question to what extent medical anthropology and disability studies research intersect and should work together. For instance, Scheper-Hughes and Ferreira's essay on transplant medicine and Suyá Indian cosmology is an excellent medical anthropological article that shows beautifully the adaptive capacity of a non-Western culture and explanatory illness narratives at work but it has little to do with the experience of disability as such. Domba, the main character in this contribution, undergoes a kidney transplant but is not disabled by it. Scheper-Hughes and Ferreira even hint that the transplant may enhance Domba's status. However, stories such as Domba's could contribute to a better understanding of how processes of disablement may be modified or reversed if only ethnographic researchers would adopt an emancipatory approach instead of limiting themselves to mostly descriptive studies.

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Literature

Deal, M.

- 2003 Disabled people's attitudes toward other impairment groups: a hierarchy of impairments. *Disability & Society* 18(7): 897-910.