

evokes the new forms of international security since 9/11 by looking at the 'freedom of movement' discourse in parallel with the reality of control. He concludes that mobility is not a right but a practice of freedom. In a reverse manner, Gallya Lahlav focuses on anti-mobility movements and the case of migration in the USA and the EU, introducing us to a mobility control 'trilemma' (rights, security and markets) of neo-corporatist relationships between states and the non-state. In her chapter Mihaela Nedelcu takes a close look at three ICTs that are changing the experiences of Romanian migrants in Canada and Switzerland: digital and satellite media, the Internet and mobile phones. She underlines the post-mobility epistemological shift to a cosmopolitanism perspective: migrants, once seen as doubly absent (from the country of origin and destination), are in fact co-present.

Finally, the last part of the book deals with medical practices in India. Fouzieyha Towghi and Shalini Randeria start by analysing the mobilities of norms and forms within two reproductive health technologies in India. This eighth chapter gives a thorough demonstration of how medical infrastructure built with public sector investments primarily benefits private companies. Lawrence Cohen ends this section by discussing how Bollywood challenges clinical mobility. Playing with clichés of slums, the author presents us with clinical utopia – an idealised care that promises 'the restoration of an originary condition' (p. 225).

Building on the ideological connotation of mobility in the neoliberal discourse and mobilising repeatedly Latour's actor theory network, this book compiles some critical reflections on theory and method when it comes to questions of mobility.

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**Talley, Heather Laine. 2014. *Saving face. Disfigurement and the politics of appearance*. New York: New York University Press. 256 pp. Pb.: US\$19.24. ISBN: 978 0 8147 8411 2.**

In *Saving face* Talley examines and interrogates the framing of (medical) interventions aimed at treating facial difference in the United States: faces that visibly diverge from dominant gender and ableist appearance ideals. The aim of the book is to expose the by-products of framing facially divergent people as socially dead and the portrayal of reconstructive facial surgery as essentially life-saving instead of life-enhancing. Four concrete cases are analysed: the popular and long-running television show *Extreme Makeover*; surgeons' presentation of facial feminisation surgery as a necessary intervention for transwomen; *Operation Smile* that aims to eradicate cleft lip and palate; and medical-ethical scientific deliberations of the potential risks and benefits of face transplantation. The cases discussed differ greatly and do not all deal with facial disfigurement as it is commonly defined; *Extreme Makeover* candidates' faces, for instance, tend to be defined as average rather than disfigured. However, in all cases facial surgery is discursively presented as life-saving in that it staves off social death.

An interesting finding of Talley is that reconstructive surgery tends to be informed by increasingly narrow appearance ideals of what constitutes a normal face, whereas it seeks to ward off social death by creating unremarkable faces. These ideals do not reflect the full range of unremarkable faces people encounter in everyday life. Moreover, Talley points out that medical interventions framed as life-saving and informed by a limited understanding of the normal may decrease the societal tolerance of facial difference. A by-product of defining reconstructive facial surgery as staving of social death is

that it helps to account for treatment regimes that are likely to shorten patients' biological life-spans (e.g. think of life-long medication that seriously compromises people's health).

*Saving face* is an important contribution to the literature because it does not focus on the body beautiful but on medical interventions to normalise body appearance changing ideas of what constitutes a normal appearance in the process. The medical interventions discussed by Talley are presented as fixing social ills by producing unremarkable faces and bodies. Passing for normal is something most people strive for, not only facially divergent people. People with physical disabilities may, for instance, limit their use of wheelchairs to increase the quality of their social interactions but at the cost of functionality. Moreover, the average Joe and Jane routinely normalise their appearance by applying makeup, by wearing flattering clothes, by perusing the permanent removal of facial hair or more invasive body treatments.

Talley also leaves some important issues undiscussed. She does not thoroughly examine whether facially divergent people are socially dead in everyday life. *Death* suggests that these people have no social life at all, whereas one may argue that they have a relatively small social network. One may also question whether medicine can stave off social death by delivering a face that helps people to pass for normal. As Talley points out, children who are successfully treated for cleft lip and palate may still look noticeably different. The same may be said of people who have had a face transplant. People may look more normal post-surgery and surgery may help to alleviate problems with critical body functions, but if post-surgery people still visibly diverge from the norm, they generally still face stigmatisation. The latter is important to mention; people may be unaware

of how the framing of facial difference relates to lived experiences of disfigurement.

*Saving face* is also inconsistent in how it positions appearance disorders relative to functional disorders. In chapter 1 Talley asks: 'how is it that facial disfigurement but not mobility impairments carry vital significance?' (p.41). Mobility impairments tend to be also appearance impairments. And divergence in appearance often goes together with functional impairments as Talley acknowledges when she discusses *Operation Smile's* discursive constructions of cleft lip interventions (chapter 5). However, she does not include in her discussion that cleft lip and palate are discursively treated as primarily functional impairments in some countries. *Saving face* convinced me that whether people are primarily framed as with appearance or mobility impairments may matter little in everyday life: they all face stigmatisation and are discursively constructed as in need of normalisation. All-in-all, *Saving face* raises at least as many questions as it answers. It is an interesting read for scholars who research disability in general, not only for people who are primarily interested in facial difference.

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**Van Heekeren, Deborah. 2012. *The Shark Warrior of Alewai. A phenomenology of Melanesian identity*. Wantage: Sean Kingston Publishing. 224 pp. Hb.: US\$110.00. ISBN: 978-1907774034.**

The Shark Warrior Kila Wari was a historical hero among the Vula'a of Papua New Guinea, and died a famous death. The stories (*rikwana*) of his exploits are diagnostic features of the current transition of the long-Christianised Vula'a from a largely oral towards a literate