

indigenous are shown in sharp relief of each other. Marti's records also show the efforts of illiterate women who are clever enough to self-identify as "poor suffering mothers" (p. 39) to elicit empathy from the male dominated government of a highly structured patriarchal society.

In two very different social environments and for totally different reasons, two contributors reach a similar conclusion. Jennifer Alexander and Paul Alexander present Javanese markets as gendered domains where normative behavior is so far removed from the valued norms of the society that the women's participation in the marketplace becomes invisible and, thus, non offensive (p. 52). Moving to India, Lessinger finds that although urban trading, as an occupation, is not defined by gender, it still makes women "invisible" (p. 74).

Providing another matrix, Gracia Clark introduces the concept of "nursing-mother work," (p. 103) as reported in life narratives of Kumasi women traders in southern Ghana, showing the inherent contradiction in Akan society between child rearing and breadwinning as life projects (pp. 106–107). She states, "without the capacity to take care of her children financially, a woman's biological power of childbearing cannot be fully realized" (p. 107).

As evidence of just how much some women are able to accomplish, B. Lynne Milgram finds market women in Ifugao, Upland Philippines, mapping new experiences onto indigenous ideologies in response to a market that has expanded both locally and internationally. They have not become marginalized with the changing market, nor have men brushed them aside. They have, however, found it necessary, like others, to maintain their mothering and nurturing image (p. 132).

In a like manner, Kapchan finds that Moroccan women have "expanded their repertoire for feminine behavior and changed the social imagination with regard to gendered performance in the public sphere" (p. 161). Responding to the vulgarities of globalization, including "inflation, mass urbanization, and increased privatization" (p. 163), women have adapted their cultural behavior to participate in this new market economy. In this process, Moroccan women also have created new "techniques of authority construction" (p. 178).

In chapter 7, "Hungarian Village Women in the Marketplace During the Late Socialist Period," Eva V. Huseby-Darvas reflects upon the women who suffered the same invisibility as their counterparts in other parts of the world as they suddenly become valued by the state for their industry and for the role they are now needed to play in the transformation of their society:

Paradoxically, while village women contributed substantially to the household economy and their marketing ventures conformed to local community norms of resourcefulness, they were still stigmatized by fellow villagers because their actions challenged the mores of the traditionally patriarchal village. [p. 186]

Connections among identity, ethnicity, and class—an issue of global significance—are saved for last. Lynn Sikkink finds that rural Bolivian women are able to "shape their identities and ethnicity through vending traditional medicines" (p. 218). In this negotiation, they also attribute to themselves healer status.

After reading this volume, I found an appropriate conclusion in Seligmann's introduction:

In this brave world, market women are among the "managers of contradiction," a fact that has not been lost on governments and international lending agencies. [p. 21]

Under the Medical Gaze: Facts and Fictions of Chronic Pain. Susan Greenhalgh. Berkeley: University of California Press, 2001. ix + 371 pp., tables, figures, notes, references, index.

JEAN JACKSON

Massachusetts Institute of Technology

Under the Medical Gaze is an autoethnography of an anthropologist–patient's eight months of frustrating and discouraging interactions with a rheumatologist and, more inclusively, Western medicine as practiced in the United States in 1996. By *autoethnography* Susan Greenhalgh means a written account that draws upon an author's memory of her experiences, as well as upon supporting materials, such as her medical record and a very detailed diary she kept during the period covered by the book. During this time Greenhalgh had no intention of writing such an account, and her discussion of the reasons why she subsequently decided to do so form a substantial

and interesting part of the book. Bringing the book project to fruition turned out to be a silver lining to what was otherwise a very dark cloud indeed.

Under the Medical Gaze takes the form of a mystery novel: the uncovering of clue after clue ultimately leads to an answer to the burning question of why "S." (Greenhalgh's term for her patient self) feels so rotten, despite being under the care of a celebrated physician ("Dr. D."). He is aggressively treating S. for what he has diagnosed as fibromyalgia, a recently formulated diagnostic category referring to an extremely painful and incurable (but manageable) muscle condition distributed throughout the body. It turns out that the overeager Dr. D. "clinically manufactured" (p. 24) S.'s disease—she was misdiagnosed. (Dr. D.'s specialty is—guess what?—fibromyalgia.)

Greenhalgh uses her own case to explore several current themes in social science: (1) narrative—and, more generally, the conceptual and linguistic tools that make up rhetoric; (2) the hegemonic "medical gaze" of the title, in particular, assertions of and resistances to power during clinical encounters; (3) gender socialization; (4) science studies, with a focus on the way scientific facts are constructed and applied; and (5) reflexivity, in particular the methods of autoethnography, in which the ethnographer plays the roles of both researcher and subject of research. With regard to her specific concerns, Greenhalgh explores the psychosocial sources of chronic pain and chronic illness in general (such as how suffering that is not permitted direct expression or politicization can become somaticized); medicalization (the "diseasing" [p. 3] of social life); the process in which "emerging" (p. 5) diseases such as fibromyalgia are socially and culturally constructed (here Greenhalgh is not implying that a sufferer's symptoms are somehow not real); "mind-cures" (p. 15) (certain kinds of alternative medicine) versus body cures (biomedicine); the degree of one's own responsibility for one's ill health; and, finally, the authority of embodied experience versus an authority derived from years of clinical experience. She intends the book as a political and, in particular, feminist intervention.

Greenhalgh's twist on the standard case-study approach is intriguing. The reader finds it necessary to keep remembering the relationship between Greenhalgh and S. in order to avoid applying to S. and her problem some of

the same discourses (objectification, pathologization) biomedicine employs. The temptation to do this hammers home Greenhalgh's point about how "traumatic" playing the patient role can be, for it entails transforming three-dimensional people into passive bodies whose autonomy and personhood are marginalized significantly, their ideas and feelings reduced to the status of symptoms interpretable only by the physician.

Like a good mystery, this book contains heroes and, disclaimers notwithstanding, villains. Although Dr. D.'s sins are hubris and similar all-too-human failings, and although Greenhalgh assures readers he is not a villain, the reader cannot avoid forming such judgmental impressions in so reflexive a literary genre. Unwittingly fostering the impression that one is "bashing" (p. 16) one's research subjects is a common, probably unavoidable occupational hazard in science studies in general. An example of how this works is Greenhalgh's discussion of the six rhetorics, or "persuasive devices" (p. 32), used by Dr. D.—scientism; reification; domination; biomedical infallibility; physician heroism; and patient, rather than physician, benefit. Not surprisingly, each of these rhetorics assumes a negative valence (patient benefit is negative because it allows physicians to kid themselves that they always act only in the patient's, rather than their own, interest). That these are *biomedicine's* rhetorics is important to keep in mind; but, in the book, the border between this particular physician and the institution of biomedicine necessarily becomes fuzzy at times. Greenhalgh makes it clear that Dr. D. is a dedicated physician; her passionate attempt to examine the degree to which S. herself was responsible for creating the nightmare she experienced constitutes one of the book's strongest features.

Of course, the real villains are the larger health care system's institutional self-protectiveness, ideology, and pervasive patriarchy. Greenhalgh documents how both S. and Dr. D. were trapped in the same larger systems of power. These villains constitute the fundamental backdrop to the dramatic, at times melodramatic, set of struggles Greenhalgh recounts. At times, her candor might embarrass readers, first on her behalf (as when she describes how S. became enamored of Dr. D.), then on the reader's behalf (at least, I would hazard, most of the book's female readers might become

embarrassed) because they too have participated in such encounters and colluded in the power plays that maintain the gender status quo. Although disconcerting at times, the romantic and sexual metaphors (such as *seduced*) are right on target. The climax of the book—S.'s final meeting with Dr. D.—for which Greenhalgh expertly prepares the reader by building tension, is indeed climactic. In an unfortunate true-to-life way, S.'s oft-envisioned fantasy of how the meeting would go failed to materialize.

Several of the blurbs on the back of the volume note how well written it is. I agree wholeheartedly that Greenhalgh tells a gripping story and that an obviously competent and sophisticated writer has lovingly crafted this book. The book, however, could have been at least 30 pages shorter—at times its redundancy is irksome. Overall, *Under the Medical Gaze* is well worth reading and appropriate for undergraduate and graduate courses dealing with bodies, gender, health care delivery, and ethnographic research methods.

The Indians and Brazil. *Mercio P. Gomes.* Gainesville: University Press of Florida, 2000. ix + 300 pp., appendix, notes, bibliography.

MARCELO FIORINI
Hofstra University

Mercio Gomes aims “to reinterpret the relations between the Indians and the Brazilian nation” in view of what he terms “the Indian demographic turnaround” (pp. 14–15)—the rebound of the indigenous population in the country after it reached its lowest point in the 1950s. This fact, Gomes states, flies in the face of the evolutionist anthropological perspectives popularized as “the acculturation paradigm,” which predicted the imminent demise of “the Indian” through extinction or assimilation into the folds of “Western civilization” (pp. 20–21). Although this vanishing-world mentality may still be common, many alternative views of what Gomes calls “the Indian question” have emerged since the 1970s (p. 5 and *passim*). Gomes’s own perspective reaffirms the resilience of cultural practices in spite of the growing forms of social intervention perpetrated by “Western” interests against the indigenous ethnics of Brazil.

Gomes’s book is a comprehensive review of a complex subject—the history of indigenism

and of other attitudes regarding Brazil’s autochthonous population. The author devotes several chapters to an outline of the historical relations (legal, economic, connubial) between indigenous societies and the successive waves of colonization that settled Brazil during Portuguese domination, as well as under the aegis of the Brazilian empire and the republic. Although Gomes does an engaging job of picking apart the changing conceptions of the Indian in Brazil, his encyclopedic style often means sacrificing depth for breadth of scope. He condenses a great deal of information into summary descriptions that do not tell the reader exactly how such anthropological knowledge was constituted in the first place. For instance, the succinct discussion of Tupinambá warfare and cannibalism, with few explicit citations, ends up glossing over different perspectives on these practices provided by a number of scholars.

Gomes might have considered more closely other significant books on the history of indigenism in Brazil, such as the work of Souza Lima (p. 270), one of the harshest critics of the indigenist policies promulgated by the Brazilian Indian Protection Service (SPI), the Brazilian state agency that vied for the integration of Brazilian Indians into the nation state. Gomes reveals flagrant continuities between the policies implemented during colonial times and the indigenist ideology bolstered by the SPI, yet he only fleetingly recognizes the role of the SPI in processes that led to the definitive alienation of indigenous lands (in Brazil, Indian lands are federal property, although indigenous peoples retain the rights to the exclusive use of their resources). At times, Gomes writes as an almost apologist for the SPI, perhaps because he identifies his own perspective on “the Indian question” as akin to (and evolving from) the work of Darcy Ribeiro, who ideologically headed the SPI for a period of time. Although the SPI may once have been in good hands, the agency was more often an instrument of political forces inimical to indigenous rights; testimony to this lies in the hideous participation of an SPI employee in the “Massacre of Parallel 11” directed against the Cinta Larga in 1963 (p. 82).

In the last chapter, Gomes might have described the Indian Movement through the words and deeds of its members, rather than merely mentioning historical indigenous heroes such as Araribóia, Felipe Camarão, and Janduí (p. 224). Except for Mario Juruna, the