

The author takes us to Hong Kong to trace the origins of an epidemic of anorexia nervosa starting in the early 1990s and peaking in the 2000s. The charge is that the west is culpable for this epidemic. However, this is not only for the “obvious” reasons of importing the western obsession with slender beauty, but more insidiously because of creeping medicalization. The case study is built around what the author learns of the experiences of Dr. Sing Lee, “China’s preeminent researcher on eating disorders.” Interviews with Dr. Lee, combined with the author’s interpretation of local Hong Kong press reports, are used to chart the transformation of indigenous understanding of the rare cases of eating disorders into a biomedicalized disease epidemic imported complete with popular western causal models—“no assembly required.”

The author shows Dr. Lee’s puzzlement with the dearth of cases of anorexia in Hong Kong—a place he believed, given its whole-hearted adoption of many western values, was “primed for the disorder.” Lee’s search for the factor that might be acting as a protective mechanism culminates in his realization that what had inhibited the incidence of anorexia in Hong Kong was simply that it did not exist in the “symptom pool.” Food refusal in Hong Kong was typically given a different meaning—it is (or was) explained in terms of lack of hunger, rather than the desire to be thin or excessive fear of fatness, as it usually is in the west. In Hong Kong, “anorexia” was not a culturally available script for understanding eating disorders and so neither sufferers nor carers employed it. However, the confluence of biomedicalization, commodification, and sustained media attention (a classic moral panic) served to transmit the idea of anorexia as a legitimate expression of psychological distress. Impressionable Hong Kong adolescents suddenly had available a new scientifically legitimate way of showing their internal turmoil—and an outbreak of “me-too” mimicry ensued.

Chapter 1 concludes with the analogy of a western biomedicine as an overwhelming unstoppable current. Chapter 2, “The Wave that Brought PTSD to Sri Lanka,” opens with the devastating tsunami of 2004 and the hundreds of western trauma counsellors that “poured” into Sri Lanka in the aftermath. This is an unflattering portrait of individuals and aid organizations, mostly American, ostensibly seeking to avert a “second tsunami of mental illness” brought on by posttraumatic stress disorder.

Again the author’s main issue is the neglect of the anthropological fact that like other psychological phenomena, trauma is understood and managed in historically

and culturally specific terms. The various aid agencies arrived in Sri Lanka with an indefatigable certainty in the universality of PTSD, mostly an American conceived disorder. Western “traumatologists” embarked on an intensive program of training locals to identify and treat PTSD. The author seriously questions the value of such training given its utter blindness to the “local idioms of distress” (more frequently physical and social than psychological expressions, the author argues). Traumatologists’ insistence on categorizing Sri Lankan’s response to the catastrophe in the frame of biomedical understanding, rather than in indigenous terms rendered much of the “aid” meaningless and of no real benefit and possibly even harmful.

More than the other cases presented, the author’s frustration with the ethnocentrism of western mental health experts pushes him toward sarcasm and pillory. Traumatologists are likely to be particularly dismayed at being drawn as culturally insensitive “evangelicals” trampling into Sri Lanka to solve a problem (PTSD) that did not exist before their arrival. At one point the author’s disdain bubbles over and he reaches for the lampoon—drawing a Monty Python-ish juxtaposition of well-meaning trauma counsellors offering a puppet show to desperate (albeit bemused) Sri Lankans pleading for potable water. The critique, however, takes a far more serious turn in the author’s castigation of traumatologists’ attempts to dissuade local people’s from using euphemisms to describe their experiences of civil war-related violence. The author argues that the use of euphemisms does not indicate “psychological avoidance” induced by PTSD but rather a cultural strategy to avoid further conflict by minimizing more literal descriptions that could impassion and induce revenge. Western ideas of PTSD may inadvertently perpetuate the cycles of violence that they are seeking to salve.

The African island of Zanzibar is the setting for Chapter 3 and another narrative recounting how western certainty in the universal applicability of biomedical conceptualizations is misplaced and ultimately damaging. In this case study, the transformation of local understanding of schizophrenia is explored through the experience of an American expatriate anthropologist, Juli McGruder. This is an account of the value of patient anthropological analysis—where a researcher alive to cultural difference, someone who knows that “culture...is a local phenomenon” may break the local “code” to see the function of the different meanings given to the illness experiences. McGruder’s work is used to show how each culture provides its members with the repertoire of appropriate scripts for

making sense of and managing illness. McGruder's work led her to conclude that in Zanzibar, schizophrenia is greeted by many families with a degree of quiet acceptance, as a God-sent "burden to be embraced." This disposition is in stark contrast to the fear and loathing associated with schizophrenia in the west.

Far from passive acceptance of God's will, in the west schizophrenia is a scourge of chemical origin and something to be remedied if not eradicated. This scientific reductionism, argues the author, ultimately "dehumanizes" the sufferer. Abstracting from the complex experience of mental illness only the concept of chemistry having gone awry diminishes all the other meanings given to the illness and social functions they serve. Far from destigmatizing mental illness as is claimed, biomedical explanations of mental illness may exacerbate stigma by making mental illness appear more intractable. Defining sufferers as biologically or genetically different, virtually a "different species" may attenuate relationships that constitute the membership of one's culture. Ultimately, substituting a scientific chemical explanation for the indigenous belief that God's will is being enacted could exacerbate, rather than relieve, suffering.

In Chapter 4, "The Mega-Marketing of Depression in Japan," we move to Japan for a classic tale of disease mongering. Here, the focus of critique shifts from the (perhaps) well-intentioned, but mostly pernicious, biomedical usurpation of local understandings to the aggressive marketing of depression for the profit of western pharmaceutical manufacturers. The full gamut of drug promotional techniques is described as being employed to drive home the idea of depression as a common, debili-

tating, but simply remedied condition (with proprietary drugs, of course). Co-opting medical opinion leaders, establishing patient advocacy groups, and promoting public awareness campaigns that garnered intensive media attention are identified as instruments that barraged the Japanese with the science of depression. The marketing effort proved successful. Depression rapidly became an accepted diagnosis and drugs for depression started to make millions for manufacturers.

Crazy Like Us is a valuable book. It offers a strong argument for recognition of cultural uniqueness that moves beyond the bureaucratic platitudes of "cultural sensitivity." There are some limitations, such as offering each of the small number of direct informants as a peerless authority on the matters at hand and occasional lapses into sarcasm. These, however, are outweighed by sincerity and a cogent interpretation of the available evidence. If the book occasionally hits an overwrought note regarding the potential dangers, the polemic is intended to shake the certainty out of those who believe too fervently in the usefulness of what "we" (the west, particularly Americans) have to offer the rest of the world. Mental health professionals, international aid agencies, and pharmaceutical companies, the noses most likely to be irritated, should read this book.

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