

Yuka Nakamura. 2021. *Yamai no Kaiwa: Nepāru de tōnyōbyō wo tomoni ikiru* (The Illness Conversations: Living Diabetes Together in Nepal). Kyoto: Kyoto University Press.

In this meticulously composed ethnography, author Yuka Nakamura explores how diabetic patients in Nepal navigate the uncertainty of type II diabetes and the healthcare system as well as the meaning of “living together with others” in their daily lives. The book is based on Nakamura’s 2019 doctoral dissertation, submitted to Kyoto University, the field investigation for which spanned intermittently from 2014 to 2019 in Kathmandu and Tulsipur (in western Nepal).

The Japanese title of the book, *Yamai no Kaiwa* translates to “The Illness Conversations” in English. Nakamura introduces this concept, drawing upon the notion of “illness narratives” discussed by Arthur Kleinman and Arthur Frank in medical anthropology. The concept stems from the issues arising from the monopolization of illness-related knowledge by medical professionals, leading to the marginalization of patients, described by Frank as “narrative surrender.” The focus of illness narratives research is on reclaiming narratives from oppressed patients, aiming to restore their agency and knowledge.

Contrary to the emphasis in illness narratives research on patients constructing coherent narratives, alongside listeners’ attentive and empathic listening, these aspects are not prioritized within “The Illness Conversations.” According to the author, Nepali patients with type II diabetes often lack a

coherent narrative of their illness, discussing diabetes sporadically in daily conversations. Nakamura notes subjectless conversations, with those in close proximity articulating symptoms rather than the patients themselves. Through an exploration of these “illness conversations,” the author elucidates the significance of “living together with others,” emphasizing the communal experience of illness, pain, and suffering.

Divided into seven chapters, including the introduction and conclusion, *Yamai no Kaiwa*, delves into key concepts. The author introduces the discourse of villagers (*gāūko mānche*), referencing Stacy Pigg’s work. Nakamura notes that, within the medical context of Nepal, people who fail to adhere to treatment policies or encounter difficulties in understanding and implementing them are frequently depicted by biomedical practitioners as “dull, uncomprehending people” or “villagers.” Numerous public health-related development projects initiated in Nepal since 1951 categorized people whose behaviors and thought patterns diverged from modern scientific and developmental discourse as “villagers,” portraying them as ignorant and superstitious. Like Pigg, Nakamura argues against this portrayal, asserting that these individuals make rational choices within their own logic and social context.

Moreover, the author contends that people with type II diabetes in Nepal face dual uncertainties. Unlike diseases caused by specific viruses, the onset, cause, and occurrence of type II diabetes remain unclear. Additionally, diabetes may manifest without early symptoms; its symptoms are like waves, intermittently appearing and disappearing. The book also explores deficiencies within biomedical facilities, both human and material, as well as their management, as discussed in the first chapter.

In Chapter One, the author delves into the biomedical history of Nepal and contemporary issues. Following the end of the autocratic Rana regime, biomedical treatments were introduced locally through international development aid initiated by missionaries, mountaineers, USAID, and WHO starting in the 1950s. WHO and UNICEF expanded the concept of primary health care and launched development projects in various villages during the 1970s and 1980s. The rapid expansion of biomedical facilities driven by commercial interests began in the 1990s. In the contemporary context, there are more private biomedical facilities than public ones, with most high-tech private biomedical facilities located in Kathmandu. This exacerbates issues of medical care access, particularly for rural populations, highlighting

deficiencies in human and material resources. As a result, people perceive the biomedical system in Nepal as “broken” (*bigreko*) and “ruined” (*khattam*).

Chapter Two outlines practical reasons for the skepticism towards biomedical facilities, based on cases from local health posts, public hospitals, and pharmacies in Tulsipur. Local health posts initially focused on maternal and child health, lacking sufficient medications and biomedical practitioners for type II diabetics. Issues arose for a friend of the author as a result of prolonged wait times and inadequate examination procedures at a public hospital despite needing urgent treatment for abdominal pain. This disorganized environment affects both patients and young doctors, who are sometimes physically assaulted by frustrated patients. The shortage of doctors largely stems from the absence of senior doctors holding positions in both public hospitals and their own private clinics. Additionally, the lack of professionally trained pharmacists is highlighted within the context of a shortage of human resources.

Chapter Three and subsequent chapters focus on the illness experience of patients with type II diabetes. Chapter Three examines the etiology of diabetes in Tulsipur, highlighting the complex interplay of factors such as biomedicine, Ayurveda, food, and drugs. Patients perceive diabetes not as a homogeneous disease but as a collection of varied symptoms contingent upon individual context. Consequently, they seek to comprehend their unique symptoms and develop effective management strategies.

Chapter Four is pivotal, focusing on illness conversations among patients and their immediate social network. Despite initial appearances of bothersome care from families, relatives, and neighbors, patients assert that they would be sadder if no one cared about them anymore. “Living with others,” characterized by sincere yet clumsy consideration, proves invaluable when patients confront the unpredictable biomedical landscape in Nepal and the elusive nature of diabetes.

Chapter Five focuses on conversations among patients diagnosed with type II diabetes, their families, and biomedical professionals within the Diabetes and Endocrinology specialty clinic located in Kathmandu. Patients and their families attempt to establish rapport with doctors and nurses, similar to the connections constructed among families, relatives, and neighbors in their villages. However, biomedical practitioners exhibit hesitancy in fostering such intimate connections within their professional domain. The author suggests that patients and families engage in exploration to find

optimal disease management strategies, competing with advice from relatives, interactions with pharmacy staff, consultation with traditional healers, and information from social media. Patients are portrayed as discerning seekers of effective treatment policy, rather than being characterized by ignorance or superstition.

In the final chapter, the author concludes the book by discussing the uncertainty surrounding type II diabetes and the biomedical system in Nepal. In these unpredictable situations, as the author illustrates through what may be perceived as clumsy considerations for patients' bodies, diabetic patients and those in close proximity strive to find strategies to alleviate symptoms of diabetes using available resources and practical approaches such as observing their body, consulting with people around them, applying herbal medicines, and exploring social media. Ultimately, the author introduces the concept of a relationship called "living together." In this relational dynamic, patients and the people surrounding them collectively shape a world where suffering, pain, and anxiety are shared through conversations. Moreover, the author suggests that this relationship, referred to as "living together," can serve as a hope for living positively within the uncertainty of illness and life.

This book is a remarkable medical anthropological ethnography that introduces the new concept of the illness conversation, drawing upon the concept of illness narrative discussed by Kleinman and Frank. Sufficient data from in-depth interviews and participant observation conducted by the author enabled the construction of this new concept while maintaining a critical stance against previous studies of illness narratives. The ethnography also succeeds in deconstructing Eurocentric concepts of medical anthropology through an examination enriched with data from Nepal. However, it seems to obscure the connection between this study and a multitude of preceding studies conducted based on the methodological framework of conversational analysis, pioneered by Harvey Sacks, Emanuel A. Schegloff, and Gail Jefferson, as well as the nexus between preceding studies of dialogic construction in life story research in the realm of sociology. While the monograph often explores the distinction between narrative and conversation, it lacks a comprehensive elucidation of conversation and a precise definition thereof. Nevertheless, these critiques do not diminish the value of this superbly written ethnography. This book is highly insightful in the realm of medical anthropology, offering insights into diabetic patients'

strategies for navigating the uncertain world and illness with the people around them. Clearly, the conceptualization of “living together” could be one of the strategies for navigating the complexities of our contemporary post-pandemic uncertain world. The book should be translated into English so that it can be read by more readers in Nepal and elsewhere.

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