BOOK AND FILM REVIEWS


In *Patients and Agents*, Alyson Callan examines the plight of the mentally ill in a Bangladeshi village, 17 kilometers from Sylhet, a divisional town that has undergone rapid social change due to extensive overseas migration. Callan explores local concepts of mental illness, diverse responses to it, and the use of Western biomedicine and local healing, with particular attention to Islamic discourses and the effects of modernity.

Callan’s book is based on twenty-five months of fieldwork, the majority of which was conducted during 1999–2001. She interviewed fifty patients with mental illness, most of whom were female, and their families. Callan is a psychiatrist and an anthropologist but she did not reveal her medical background during fieldwork. She learned the Sylheti dialect and hired a research assistant.

Callan’s ethnography is informed by theories of agency to explain personal autonomy in dealing with mental illness. She sees the persistence of traditional healing practices as historically contingent and influenced by changing socioeconomic conditions. *Patients and Agents* is divided into eight chapters, and includes an introduction, conclusion, glossary of local terms, bibliography, and list of illustrations and key informants. The introduction discusses the background of rapid change, modernity, and the book’s central concerns: agency, historical and material conditions, and the endurance of traditional healing in Bangladesh. I will summarize Callan’s eight chapters under three broad headings.

Sylhet, Bangladesh, and ethnopsychiatry in modernity: In the first chapter, ‘Sylhet and Social Change’, Callan introduces readers to the local context in relation to tradition and modernity. She focuses on macrosociological processes, for example, the overseas migration of Sylheti Bangladeshis to Britain, the Islamization of public and private spheres of life in Bangladesh, and gender roles and the traditional norms of marriage in the region. In later chapters, Callan explains how such processes shape people’s perceptions of and responses to mental illness. In the second chapter, ‘An Outline of Ethnopsychiatry of Sylhet’, she describes the pluralistic system of healing in the village, providing case studies of different types of healers and the multiple pathways to psychiatric treatment. She also presents locally prevalent concepts of mental illness and emotions, and the links between these and the concepts of self. Her astute observation of the failure of biomedicine in Bangladesh explains the readiness of Bangladeshis to seek other forms of healing.

Madness, religiosity, and sorcery: The third (‘The Relationship between Madness and Religiosity’) and fourth chapters (‘Sorcery: “What Else Do We Bengalis Do?”’) focus on the central themes of the book. Madness is described as ‘going fagol’; at times it is considered holy and other times not. Callan argues that such considerations and distinctions are not arbitrary but steeped in power relations and village social dynamics, and influenced by political economy. In the fourth chapter, Callan draws on the anthropological concept of sorcery to argue that the readiness of patients and families to attribute
sorcery as the cause of mental illness seems an articulation of local conflicts and global economic forces. But she gives little attention to the local terms for sorcery in the Sylheti village. In chapter 6 (‘Spirit Possession, Personal Autonomy and the Law of Allah’) Callan elaborates upon a particular case of family conflicts, in which a twelve-year-old girl was thought to have gone fagol because of a spirit sent by a sorcerer. She discusses the construction and the limits of agency in spirit possessions, and how her Muslim participants pragmatically handled the apparent divide between autonomy and Allah’s command. These chapters demonstrate the central role that Islam plays in shaping the concepts, manifestations, and responses to mental illness, as well as the practices of the different healers, including psychiatrists. This is reinforced in chapter 7, ‘Muslim Patients, Hindu Healers’, in which Callan describes communal relations between majority Muslim patients and families and the minority Hindu healers to illustrate how (Hindu) traditional healing has its own place, one in which the Islamic orthodoxy does not always interfere.

Gender relations, mental illness, and resistance: The fifth and eighth chapters deal with the intersections of gender and mental illness. In the fifth chapter, titled ‘Marriage, Madness and Resistance’, Callan provides rich case studies of two women and one man, who all went fagol after marriage. She argues that marriage plays a key role in the cultural context of Sylheti and Londoni Bangladeshis (Bangladeshis living in London). Mobilizing Gramsci’s point of view, she constructs madness as ‘counter-hegemonic’ with unintended effects that may go against the wishes of the afflicted. Chapter 8, ‘Female Saints’, adds further insight into the particular ways gender relations play a role in the world of the mentally ill. Firands (female saints) can exercise a certain authority even in the presence of patriarchal structures. Being a firani can provide alternative ways of asserting agency for women in the limiting world of the village.

In the concluding chapter, Callan reiterates the role of Islamic discourses in shaping the mental illness discourse, the role of agency in manifestations of and responses to mental illness, the paradoxical failure and dominance of biomedicine, and the ubiquity of traditional healing practices in Sylhet at a particular juncture of modernity.

Callan’s ethnography is rich in ‘thick descriptions’, illustrations, extensive quotes, and theoretical insights. My only criticism is against her occasional, sweeping generalizations. Sylhet in no way represents the whole country and Bangladesh is not a culturally uniform land. Callan’s literature review is based on materials available on the Internet. The large numbers of off-line research articles published on related topics could better inform her arguments. Apart from such oversights, this book would be interesting for anthropologists working in Bangladesh, and mental health activists, clinicians, and policy makers. Callan’s ethnographic insights can inform the development of a locally competent mental health system in the country. The book also adds to the psychological and linguistic anthropology literature, extending the legacy of James Wilce’s work on mental health discourses in Bangladesh.

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