

and harbours high hopes for the EU to act as a safeguard of social models different from the Anglophone liberal countries. But the conclusions are ultimately quite critical as reality does not live up to these high hopes: European integration is conducive neither to an expanding welfare state nor to deliberative democratic processes. This finding is plausible, but should we really be disappointed? Is the welfare state expanding and deliberative democracy thriving in New Zealand and Norway? And is the EU really so off the mark when it supports devolution and outsourcing/privatisation of public services if elected governments, of different ideological leanings and with different welfare systems, inside and outside the EU, push for exactly these trends? Just because comparative welfare state scholars do not like any of this, often for good reason, this does not mean that the agenda is undemocratic.

The disappointment, expressed in so much of EU scholarship, should make us think instead whether our conception of

*Queering Health: Critical Challenges to Normative Health and Healthcare* edited by Laetitia Zeeman, Kay Aranda and Alec Grant. 2014: Herefordshire, UK, PCCS Books. ISBN: 978 1 906254 71 1

As the editors of *Queering Health* acknowledge up front, “these are challenging times for western healthcare” (p. 1). They do not offer a prescription for reform. Instead, the chapters in this work aim to queer the underlying assumptions and practices of a system dominated by biomedical approaches and constrained by neoliberal politics. As this work so ably demonstrates the use of queer as a verb – meaning to challenge or disturb widespread conventions and assumptions – it opens up new possibilities and delivers new perspectives. Charlie Glickman describes queering as “an act of ongoing transformation, both within ourselves and in relation to the world around us” (www.charlieglickman.com). While the book primarily focuses on the United Kingdom, its approach and insights readily apply to other industrialized nations.

*Queering Health* delivers a rare combination of theory, narrative, and practical relevance. Its chapters are all informed by theory – primarily queer and feminist theories. The theoretical framework is laid out in the early pages. Ian Parker’s foreword provides a whirlwind tour of the interface between psychoanalytic, feminist, and queer theory as it manifests in a context of “heteropatriarchal capitalism” (p. ix). The introduction clearly states that the aim of the book is to queer healthcare. Drawing upon personal narratives, the work seeks to “reinvigorate debates about health, well-being, and social justice” (p. 18) in hope of building a healthcare system that is “inclusive, participatory, and ethically accountable” (pp. 11–12).

Anyone who is familiar with the experiences of LGBT individuals (those who identify as lesbian, gay, bisexual, trans, or queer) in straight healthcare establishments is aware of the consequences of identity-based marginalization. Three of the chapters in this book focus on sexual identity while resisting what Butler termed “essentialist identity.” Jane Traies and Sally R. Munt consider the intersection of lesbianism and age as they present the findings of the 3-year national project, *Women Like That*, which surveyed 372 British women over the age of 60. Most of their respondents were not out to their doctors, which left their sexual identities invisible to health services. Traies and Munt argue for holistic care that treats diverse facets of identity and is characterized by mutual respect. Then Lee Price reports on the experiences of older gay men, which brings him smack up against a limitation of queer theory. While appreciating the fluidity of identity *in theory*, he found it hard to reconcile with the daily lives

what links welfare states, democracy and European integration is appropriate. Just like the welfare state, the EU may be a novel attempt at making national democracy compatible with the demands of international (economic and political) integration. Both extend entitlements to outsiders and minority needs, neglected or even opposed by the popular consensus and majority representation. The best welfare systems share a problem-solving attitude to policymaking with the EU regulatory polity. In sum, both the welfare state and European integration by law may check and complement national democratic processes rather than be their mere continuation. It is to the credit of this volume that it makes us think about these fundamental relationships.

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of older gay men. As he explains, “. . . everyday lives are important to me, and I am more interested in the practical implications of research” (p. 56). With a nod to the heterogeneity of the population, his work identifies considerations that many older gay men face when seeking healthcare. Thus, his work is especially relevant to social work practice. Lastly, Kath Browne, Leela Bakshi, and Georgina Voss consider bisexual identity. Bisexuality troubles the gay/straight binary and so is well aligned with queer theory. Nonetheless, the bi identity can lead to invisibility, both in the realm of politics and in service delivery. Drawing on data collected in Brighton, UK for the *Count Me In Too* project, these authors emphasize the diversity of lifestyles and perspectives within the bi community, and argue for service delivery that avoids normative assumptions and treats identities as “reference points” (p. 75) rather than as boundaries or descriptions.

Queering of the mental health system begins with a chapter by the editors on evidence-based mental health practices. They use the botanical metaphor of rhizomes to describe the potential contributions of queer, constructionist, and biomedical epistemologies to a more inclusive, organic, and evolving discourse on health and mental illness. Where earlier chapters relied on surveys for their empirical grounding, the next two are informed by the authors’ personal experience. First, Alec Grant and Helen Leigh-Phippard provide a “little story” – of Helen’s experiences with psychiatric care as a compelling critique of the broader institutional narrative of mental health services. Through dialogue, Alec and Helen present the oppressive practices that stem from the normative assumptions of the institutional discourse. Critique of discourse and practice in mental health continues in the next chapter, authored by Alec Grant. As a critically reflexive insider, he comments on cognitive behavioral psychotherapy (CBT), noting the lack of clients’ voices as well as the low priority assigned to the client–therapist relationship. In an insightful turn, he argues that use of the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* to inform selection for randomized clinical trials amounts to “a form of circular neo-positivist logic where walking bundles of psychopathology, rather than people, become the focus of evidence-based psychotherapeutic help” (p. 127). Grant calls on his readers to contest oppressive discourse through stories that capture the experiences and the resistance of people with mental illness.

The book’s closing chapters return to questions of the body. First, Kay Arranda and Laetitia Zeeman deconstruct the discourses of resilience. They acknowledge the “inherently conservative nature of resilience” (p. 146), which calls on individuals to adapt, rather than question or resist, systems of

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healthcare or social welfare. This critical perspective suggests a new understanding of the resilient subject as one “who in turn can comply or collude, subvert or resist . . .” (p. 142). Kay Arranda draws upon “queer feminism” to examine the abject body in healthcare and health policy. She places the surveillance and regulation of nonnormative bodies within the Foucaultian notion of *governmentality*. So we see that health promotion efforts that emphasize personal responsibility distract attention from socio-cultural conditions and messages that promote over-eating or inappropriate eating even as they help shame those who live in fat bodies. The closing chapter by Olu Jenzen reflects the affective turn in queer theory, which reinforces the connection between politics and emotion. Treating historical records “archives of feeling,” she examines two traumas inflicted by the Swedish healthcare system: first, the 1945–1955 dental experiments at a Swedish hospital in which patients were fed large amounts of sugar to promote dental decay; and second, programs

of enforced sterilization that extended as recently as 2013 to trans-individuals seeking gender reassignment. She suggests that reading archives of trauma is in itself an act of resistance – opposing closure and troubling popular narratives of progress. As William Faulkner may have said, “The past is never dead. It’s not even past.”

Troubling assumptions and reforming systems are different, but compatible, projects. *Queering Health* engages with both, though its emphasis is clearly more theoretical than applied. Still, the book’s stories and exquisitely clear theoretical presentations can inform anti-oppressive social work practice in a variety of fields, troubling the inevitability of normative assumptions and inspiring its readers to reimagine systems of care.

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## Calendar

### 5th Global Meeting on Bullying and the Abuse of Power: Sexual Bullying and Abuse

May 6–8, 2015, Dubrovnik, Croatia

Contact: Gavin Fairbairn, Susan Fairbairn  
E-mail: [gsbullying@inter-disciplinary.net](mailto:gsbullying@inter-disciplinary.net)  
Rob Fisher  
E-mail: [abuse5@inter-disciplinary.net](mailto:abuse5@inter-disciplinary.net)

### 19th International Symposium of the International Consortium for Social Development

July 7–10, 2015, Singapore

Contact: Secretariat  
Website: <http://icsd2015.unisim.edu.sg>

### Public Health Conference 2015

July 11–13, 2015, Bangkok, Thailand

Contact: Vladimir Mladjenovic  
Organised by: Tomorrow People Organization  
Website: <http://www.publichealth-conference.org>

### Children and Childhoods Conference 2015

July 14–15, 2015, Ipswich, Suffolk, United Kingdom

Contact: Children and Childhoods Conference Team  
Organised by: University Campus Suffolk, Unit for the Study of Childhood and Youth  
Website: <http://www.ucs.ac.uk/Faculties-and-Centres/Faculty-of-Arts,-Business-and-Applied-Social-Science/iSEED/Children-and-Childhoods-Conference-2015.aspx>

### 15th International Conference on Diversity in Organizations, Communities and Nations

July 15–17, 2015, Hong Kong, China

Contact: Conference Producer  
Organised by: Diversity in Organizations, Communities & Nations/Common Ground Publishing  
Website: <http://ondiversity.com/the-conference-2015>

### 3rd Annual International Conference on Cognitive – Social, and Behavioural Sciences (Online conference)

August 3–6, 2015, Kyrenia, Cyprus

Contact: Dr. Mehryar Nooriafshar  
Organised by: Future Academy®  
Website: [http://futureacademy.org.uk/ContentConference.aspx?code=238&conference\\_code=3&description=2015%20August](http://futureacademy.org.uk/ContentConference.aspx?code=238&conference_code=3&description=2015%20August)

### 5th International Conference on Health, Wellness and Society

September 3–4, 2015, Madrid, Spain

Contact: Conference Producers  
Organised by: Health, Wellness, and Society/Common Ground Publishing  
Website: <http://healthandsociety.com/the-conference>

### 5th Conference of the International Society for Child Indicators, ISCI 2015: ‘From Welfare to Well-being: Child indicators in research, policy and practice’

September 2–4, 2015, University of Cape Town, South Africa

Contact: Organised by: Children’s Institute, University of Cape Town, African Child Policy Forum, UNICEF and the Poverty & Inequality Initiative at UCT  
Website: [www.isci2015.org](http://www.isci2015.org)

### 5th International Society for Child Indicators Conference: From Welfare to Well-being: Child Indicators in Research, Policy and Practice

September 2–4, 2015, Cape Town, South Africa

Contact: E-mail: [info@isci2015.org](mailto:info@isci2015.org)  
Website: [www.isci2015.org](http://www.isci2015.org)