

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/346079160>

Brewis A. and Wutich A. Lazy, Crazy and Disgusting: Stigma and the Undoing of Global Health, Baltimore: Johns Hopkins University Press. ISBN 9781421433356 (hbk), £26

Article in *Sociology of Health & Illness* · September 2020

DOI: 10.1111/1467-9566.13190

CITATIONS

0

READS

22

1 author:



Maria Jesus Vega-Salas

University of Bristol

7 PUBLICATIONS 19 CITATIONS

SEE PROFILE

Some of the authors of this publication are also working on these related projects:



Behavioural determinants of obesity (physical activity, sedentarism and diet) according to socioeconomic position in Chile [View project](#)

of disclosure of HIV status prior to penetrative sex as form of public protection. Hoppe posits that there are distinct elements that drove this discourse, including moral entrepreneurs – discussed in this book in the form of lawmaker zero (a refreshing twist on patient zero) – and the lobbying of interest groups, seeking to forward their own political agendas at the expense of the HIV-positive population. Their homophobic, anti-sex-work political projects were enabled by sensationalised media and extant social stigmas.

We enter the courtroom in chapter five, ‘HIV on trial’. Hoppe makes clear the problematic decision-making of judges with no medical understandings of HIV, who are partisan and influenced by wider public opinion. He emphasises how bases for conviction often contradicted scientific evidence and literature, while in chapter six ‘Victim Impact’, he discusses how the gender of the victim, or complainant influenced sentencing. Sexist notions relating to female vulnerability meant that despite homophobia being a driver for punitive HIV-related law making, the implementation of these laws disproportionately affected heterosexuals. The harshest HIV-related prison sentences were given to straight black men.

In these chapters, Hoppe is convincing in his core argument: that punishment is not an appropriate response in the management of HIV. Hoppe uses specific state legislation from Tennessee and Louisiana to highlight the damaging impacts of punishing HIV, where defendants who were considered to have failed to disclose their status were made to publicly register as sex offenders.

This book offers numerous points of consideration that are relevant not only to the epidemic he discusses, but also our current pandemic. Notions of shame, stigma, misinformation (fake news) and punishment can immediately be applied to our experiences of COVID-19. Though it is likely to find audiences amongst social scientists and public health professionals, I would argue that it has value for anyone interested in the relationship between disease and law, including those in the legal profession, policymakers and students. It is forensic and thorough, but engaging and accessible in terms of structure and language. Beyond just acknowledging obstacles to reform, Hoppe outlines some convincing alternatives to the punitive measures that make up the majority of the book. He advocates promoting collective responsibility, encouraging it as a substitute to individual responsibility as a public health measure, combating

stigma, offering alternatives to prosecution and translating the jurisprudence of blame to a one of equal protection. Hoppe offers a powerful, gently subversive text that is a call to action to build a new selection of tools to rebuild our epidemic responses, and to stop punishing disease.

Jen Remnant
Heriot-Watt University

Brewis A. and Wutich A. *Lazy, Crazy and Disgusting: Stigma and the Undoing of Global Health*, Baltimore: Johns Hopkins University Press. ISBN 9781421433356 (hbk), £26

It is not a surprise that Brewis and Wutich’s book has been shortlisted for the 2020 Foundation for the Sociology of Health and Illness Book Prize. It is a pleasurable book to read. The authors make the complicated subject of global health and its attendant politics easily accessible to wider audiences. The book examines why many public health interventions aiming to modify individual behaviours have contributed to the production and reinforcement of stigma. Drawing on Goffman’s (1963) work, they define stigma ‘as the process by which people become classified within society as less valuable, undesirable, or unwanted’ (p. 3); their analysis is then focused on three major public health challenges: obesity (‘lazy’), mental health (‘crazy’), and community sanitisation (‘disgusting’). The authors use material from their and collaborators’ ethnographic case studies conducted mainly in resource-poor contexts around the world to exemplify how public health campaigns use stigma as a strategy to promote behavioural change.

Part I, ‘Disgusting,’ focuses on stigma attached to sanitation and hygiene campaigns to reduce open defecation in deprived rural areas around the globe. Specifically, they analyse Community-Led Total Sanitation (CLTS), a ‘nudge’ approach to make people ‘want to build and maintain their own toilets’ (p. 28). This public health effort uses stigma to promote behavioural change by invoking disgust and shame of open defecation and poor hygiene practices. This is achieved by policing and publicly humiliating anyone who does not comply with these expectations including facing economic fines, rejection and shame. This approach is predicated on neoliberal assumptions

of individuals' ability to build, pay for and maintain their own toilets, as linked to continued compliance with 'civilised' hygiene practices. The CLTS interventions are not always successful in changing behaviours over the long term. Their (un)intended consequences result in replacement of local hygiene norms with 'global' ones, while producing and reinforcing stigmas at community levels. Analysis of hygiene norms in different contexts reveals a common theme; hygiene stigma is mostly attached to marginalised people. Projection of stigma is also expressed as disease markers, linked to ideas of contagion, in which stigma results in the avoidance and rejection of the stigmatised because they might spread this disease to entire communities.

Part II, 'Lazy,' analyses anti-fat stigma and how discriminatory attitudes towards people with larger body size are rapidly spreading around the globe. Public health efforts to tackle obesity reinforce anti-fat stigmas, placing all the responsibility on the individual, ignoring structural changes in food production and exercise environments in diverse contexts. The authors analyse how anti-fat attitudes are embedded in our daily lives, as taken-for-granted and unquestioned viewpoints that are found to be similar even among communities who had a high esteem towards larger-size people. The authors argue neoliberalism is one of the causes of this emerging global anti-fat stigma by spreading western body ideals (p. 86). This globally spread stigma has consequences, expressed as epidemics of disordered eating and depression. In chapter 5, the authors provide a 'myth checking' of cultural beliefs reinforced by the media, public health campaigns and legislation aiming to tackle the 'obesity epidemic'. These beliefs reinforce anti-fat stigmas by blaming individuals for their 'poor lifestyle decisions' (p. 109), ignoring the structural determinants of obesity. This section ends with recommendations on how to de-stigmatise public health anti-obesity campaigns and interventions by shifting from the individual to a focus on structural inequalities.


Part III, 'Crazy,' reflects on mental health, as a long-standing stigmatised field. Firstly, the authors recognise Goffman's work on mental health treatment and stigma as a starting point. Despite the efforts influenced by Goffman's work for over half a century, there has been no evidence showing improvements towards mental illness stigma. Secondly, the authors challenge assumptions that small-scale communities are places with lower

stigmatising attitudes towards people with mental illness. They conclude that an inclusive approach, incorporating social roles for people with mental illness are central to addressing mental health stigma in different contexts (p. 169). Lastly, they explore how the most vulnerable people in society living in poverty and deprivation are caught in a cyclical double jeopardy of stigma and distress, resulting in further mental health issues such as depression and anxiety.

In the final chapter, the authors provide a more optimistic view; they reflect on how to prevent and challenge stigma from public global health efforts to avoid its unintended consequences. They provide a checklist for health practitioners, policy-makers, scholars, health-related programme directors and public health professionals to evaluate the likelihood of stigma in any intervention, proposed policy or medical consultation (p. 191). Recommendations include making stigma more visible, identifying and tracking it, and connecting the evidence to policies that recognise the damage and effect of stigma on the groups who are more affected, mostly, the socially disadvantaged and marginalised population.

This book, written before the COVID-19 pandemic, offers various examples that can be applied to the management of any epidemic. The analysis offered around sanitisation can be related to the worldwide campaigns to increase handwashing and hygiene standards to reduce contagion. As stated by this book, these campaigns can easily reinforce hygiene stigmas, especially towards many communities around the world facing poverty and water insecurity, for whom adequate sanitation is almost impossible. Similarly, the focus on obesity is equally relevant. Specifically, campaigns shifting the responsibility to lose weight onto individuals to reduce the 'dangerous effects of fat' but also to 'minimise' possibilities of catching and dying from COVID-19.

Brewis and Wutich's book offers a rigorous analysis of how public global health efforts can create and reinforce stigma. One limitation is that there is no explicit analysis on the role of colonialism in these global processes. Despite this, I enjoyed reading this well-researched book. This book is recommended for anyone with a general interest in global public health, undergraduate and postgraduate students from health-related disciplines including medical sociology. This book should be considered by health practitioners, scholars and public health professionals when designing and implementing health-related interventions.

María Jesús Vega-Salas 
 University of Bristol
 e-mail: mj.vegasalas@bristol.ac.uk

Reference

Goffman, E. (1963) *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice-Hall.

Dennis F. , *Injecting Bodies in More-Than-Human Worlds*. London: Routledge. 2019. 248pp £120.00 (hbk) ISBN 978-1138609556

A major perk of contributing to the *Foundation for the Sociology of Health and Illness Book Prize* is engaging with texts you may otherwise miss. One such book – Fay Dennis’ first monograph – was a genuine pleasure to read. On the one hand, Dennis wields a classic social science sensibility: dismantling taken-for-granted, and unsophisticated, narratives of the phenomena in question – in this case, prevention initiatives and drug use as pleasure *or* misfortune. Yet on the other, Dennis breaks new ground by drawing upon STS and new materialist sensibilities to surpass hierarchical conceptualisations of drug use, namely, by staying with the foggy inter-relatedness of drug-using bodies, substances and settings. Dennis connects creative qualitative research with post-structural and post-humanist thinking to make sense of the human and non-human arrangements of drug use. In so doing, she provides unique insights into the complex world of injecting drugs, carefully mapping out how bodies are thought, lived and intervened with. Dennis skilfully takes us past the governing, yet limited, principles of rationality, control, and addiction, and into the murky and choppy waters of assemblages, affects, pleasures and harms.

Dennis begins her book by sketching out the ‘generalities of pleasure and misfortune’ (p.1) which circulate in powerful outlets (e.g. media, policy and research) and plague common conceptions of drug-use. In the midst of such minimalism, Dennis stakes her claim: let us hear the stories of users, often omitted from dominant narratives on drug misuse, to do justice to the complex entanglements of bodies, substances and worlds. I would prefer a punchier introduction, but given the intellectual pay-off, its length is

understandable and likely to satisfy others. In what follows, Dennis, by noting how bodies are always in a process of becoming, details her approach to injecting bodies which is as much theoretical as it is methodological. Her inclusion of body-mapping, in which participants map their bodies with respect to their actions and feelings in the drug ‘event’ (drawing upon Cameron Duff), is one of Dennis’ standout contributions. The remarkable hand-drawn body maps of Ajay (p.70), Lucy (p.74), Reggie (p.88), Sandra (p.114), Mya (p.118), Meg (p.129), Carlos (p.130), Jon (p.134), Silvie (p.137) and Malik (p.169) animate their desires, affects, and embodiments in ways unlikely to be possible when relying solely on verbal or fieldnote data.

Chapters 2-5 essentially trouble popular, though naïve, conceptions of ‘pleasure’ (CH2 and CH3), ‘harm’ (CH4) and ‘recovery’ (CH5). Dennis’ treatment of pleasure is nuanced and perceptive, showing a paradox in which pleasure is addictive, but addiction *itself* cannot be recognised as pleasurable. This collision of seemingly incompatible, yet entangled, feelings prompt Dennis to call for thinking *with* pleasure in considering drug treatment policy and practice. This must also recognise how pleasure in the injecting event is relational, including substances, equipment, space, time and other bodies. Moving beyond purely individualised interpretations of such moments, Dennis explores how drug use in more-than-human worlds constitutes an assemblage of socio-material collectives that can be pleasurable, but also shift in challenging ways, such as Lucy’s metaphor of the ‘tilting water glass’ whereby the drug event is beyond her control (p.75). Recognising the drug event as a fragile affair reliant on a delicate balancing of bodies, forces and technologies is a fitting seg-way into Dennis’ subsequent claims: that drug-use becomes part of participants’ embodiment which, in some cases, offer benefits for their own wellbeing, yet is threatened by stigma and marginalisation. Here, drug ‘effects’ are entangled in webs of pleasure *and* harm, moving us beyond normative and abstracted thinking of drug use as fundamentally destructive and its users as in need of intervention (i.e. nonparticipation).

Dennis’ final empirical chapter outlines service providers’ attempts to promote an alternative method of intervention which refuses absolute ways of knowing drug-using bodies and how to treat them. Working *with* habits, for Dennis, enacts a more intimate and ethical commitment which pushes against prescriptive principles guiding the