BOOKS

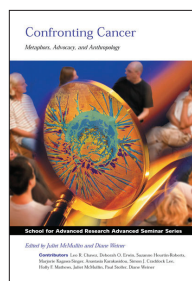**Confronting Cancer: Metaphors, Advocacy, and Anthropology.** *Juliet McMullin and Diane Weiner (Eds.). Santa Fe, CA: School for Advanced Research Press, 2009, softcover, 300 pages, $29.95.*

This stimulating book challenges the oncology professional's viewpoint on the real meaning behind the provision of culturally competent health care. By examining the lived experiences of cancer across a continuum of ethnicities, anthropologists describe the sociocultural, political, economic, and historical context in which cancer prevention, detection, and treatment may succeed or fail.

The reader is engaged beginning with the first chapter, "An Anthropology of Cancer," as the authors place cancer in a global perspective. Cancer is presented as a global issue with an intriguing metaphor. As a lack of control and degeneration of cells in the body, cancer equally represents the same unacceptable occurrence of lack of control and degeneration throughout the world. The text begins by investigating the morbidity and mortality of cancer related to the social inequalities and poverty that expose impoverished individuals to carcinogens on a personal, local, community, and national level, forcing certain populations to carry the burdens of cancer with set barriers for successful prevention, detection, and treatment.

Although cancer is the second leading cause of death in the United States, 70% of worldwide cancer deaths occur in low- and middle-income regions and countries. The goals of this book, published by the School for Advanced Research, are threefold: "(1) to examine the metaphors of cancer that teach us about our differences; (2) to delineate metaphors that naturalize inequalities; and (3) to contribute to the alleviation of suffering associated with cancer while exposing those perspectives that seek to homogenize diversity" (p. 5). Metaphors for cancer are used to demonstrate how cancer differentiates the "self from other" on the cellular as well as the social level.

A major take-away message from this stimulating anthropologic view on cancer is to prevent the mistake of equating inequality with cultural differences. The notion is demonstrated in Chapter 4, "Experiencing Diagnosis: Views from Latina Cervical Cancer Patients." In an individual case study, the author follows the gynecologic history of a young Latina woman who was diagnosed with cervical cancer, despite following recommended guidelines for screening and detection. Her journey begins with abnormal Pap smears diagnosed by her primary care physician and being treated with penicillin for diagnosis of an infectious process. Distressed, the woman expresses that her physician informed her that either she or her husband had had multiple sexual encounters that contributed to her repeated infections. Initially denied by her health maintenance organization to see a gynecologic specialist, her cervical cancer was diagnosed once she was referred appropriately. The case study points out the all too often implicit moral judgments and racial stereotypes that prevent early cancer detection and treatment (i.e., Latina women begin sexual activity at a young age, have more sexual partners, and are to blame for their illness).

Carrying out in-depth interviews with 30 Latinas diagnosed with cervical cancer, the author found that delays in treatment were caused by barriers such as women not knowing where to obtain low-cost diagnosis, lack of medical insurance, lengthy waiting times for insurance approval, and the dismissal of symptoms by medical providers. "These delays in treatment were further complicated by the women's cynicism about physicians' intentions, perceptions that they would not receive quality care, and moral and racial attributions assigned to them by medical personnel" (p. 67). In reality, racial and ethnic disparities in the incidence of cervical cancer are reduced or eliminated when socioeconomic status is taken into account (Brown, 2000). McMullin points out that cultural competence must include an understanding of how individuals experience and give meaning to the structural and social forces that impact their existence as well as the economic, political, and sociocultural perspectives that mask inequality.

The unequal burden of cancer in the United States has been recognized by oncology professionals, including nurses (Frank-Stromborg & Olsen, 2001; Lipson, Dibble, & Minarik, 1998). The Oncology Nursing Society (2009) position statement on quality care supports "culturally competent practitioners who value diversity and are able to respectfully interact with patients and families about illness, prognosis, interventions, and outcomes in the context of differing value systems." In Chapter 10, "Self and Other in Cancer Health Disparities," Heurtin-Roberts contests the "cultural competence" movement in the United States when viewed within an anthropologic framework. "What actually constitutes cultural competence varies widely and frequently involves a number of problematic practices and perspectives, often running the risk of strengthening differences, the Self/Other dynamic, and power differentials in contemporary U.S. society" (p. 189). "Otherness" is seen as sociocultural differences, often prescribed negative attributes such as illness, disability, or stigma-generating illnesses such as cancer, whereas the "self" is defined as the societal group that is normative and holds the dominant perspective.

The contributing authors in *Confronting Cancer* engage the professional to examine the anthropology of cancer and the application of concepts such as cultural competence, health disparities, and the "complexity of diversity" within cultural groups. Cultural group members define what health means for its own members and recognize the healthcare needs of its membership.

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