



# Anthropology & Aging

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## Book Review

*Barbara Ehrenreich. Natural Causes: An Epidemic of Wellness, the Certainty of Dying, and Killing Ourselves to Live Longer. Twelve: Hatchett Book Group. 2018. pp. 234. Price: \$18.00.*

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## Book Review

*Review of Holland, Janet and Rosalind Edwards, eds. Understanding Families over Time: Research and Policy. Palgrave MacMillan: Hampshire, England: 2014. Pp. 205.*

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Barbara Ehrenreich is known for making us question the way American society works. Her classic work “Nickel and Dimed” (2001) demonstrated the power of ethnographic methodologies as she embedded herself in the unskilled labor force to reveal harsh truths about the status and opportunities afforded (or not) to the working poor. Since then, she has written several other books that similarly aim to demonstrate the incongruity of various aspects of our culture to her readers, from the outdated notion of the American Dream to the supposed “power” of positive thinking.

In her latest work, *Natural Causes*, Ehrenreich continues this tradition of public anthropology as she aims her sights on the medical establishment. The field of anthropology is no stranger to taking a critical eye to the Western biomedical system, and to her credit, Ehrenreich references a number of anthropological works in her book. Her first two chapters skewer the medical establishment for dressing up their screenings and annual examination procedures as “rituals of humiliation” that do not actually locate treatable conditions early enough (despite the fact that the author herself is a breast cancer survivor, presumably a beneficiary of the mammogram to which she directs much of her ire). Ehrenreich argues that most preventative screenings are costly, degrading, and create unnecessary worry through false positives. She draws on the anthropological stylings of the Nacirema (and cites this foundational work directly) to demonstrate the absurdity of many biomedical procedures by describing them in detail from an etic perspective. For example, she describes the gynecological exam as a form of sexual harassment “disguised as a professional, scientifically justified procedure” that causes trauma in female patients. She argues that many of the behaviors we have come to accept in the examination room are considered rude and/or violent outside of the clinic walls. In these first chapters, Ehrenreich asks the reader to question everything they know about preventative screenings, which is uncomfortable at times.

The book takes several hard left turns, from arguing in chapter three that very little about biomedicine is truly rooted in scientific evidence, to the ludicrous pursuit of extreme athleticism in chapter four, to the illogicality of the mindfulness movement in chapter five. Chapter five strays from the topic at hand toward

describing Autism Spectrum Disorders (ASDs) and learning disabilities as being related to decreasing attention span stemming from the reliance on screen time. She even puts the term “spectrum” in quotation marks (p. 73), as if to suggest that Autism is not actually a spectrum of related conditions. Her assertion that Autism and related diagnoses are a result of an overreliance on technology are spurious at best, using cherry-picked data, as she does throughout much of the book.

Chapters eight and nine were particularly interesting, however, because she uses her PhD research to show that some immune cells, called macrophages, play an active role in cancer and other cell death. These immune cells have been shown to encourage and pave the way for cancer cells to invade new areas of the body. This research that our own immune systems might be slowly killing us is likely to be new to most readers, even if these chapters did not seem to fit neatly in the middle of the book.

Most damaging, however, is that the overall tone of the book suggests that since the medical establishment has much to be desired in terms of effectively using evidence-based science and focusing on patient-centered outcomes, the medical system is therefore so flawed as to be harmful. In fact, chapter one opens with a personal treatise on why she now rebuffs all screening recommendations and shuns regular check-ups with her doctor, stating that she is now “old enough to die” (at 76 years old).

Ehrenreich’s writing suggests she is attempting to grapple with her own mortality but she does so in a way that articulates deep distrust of the medical establishment. This produced very mixed feelings for me reading this book; as a medical anthropologist I enjoy critiquing our medical system as much as the next anthropologist, but as a gerontologist I must also work within the field of public health. I had to truly question what I thought I knew about preventative screenings and their effectiveness throughout the book, which details the history of medical “science” and shows that much of it is not based on science at all.

Ehrenreich rightly rejects the way Americans link health and wellness to morality and virtue. She argues that economic class is written on the body as a space of demonstrating wealth through our physical appearance and the performance of fitness behaviors. Yes, agreed. However, she needed to take one step further from her own narrow point of view and acknowledge that one of the biggest factors of poor health in America is a lack of access to medical care, especially in communities of color. Choosing to shun an excess of preventative screenings and lab tests is not a luxury afforded to everyone.

I read the book with interest as a scientist, but was simultaneously concerned with the messaging to a general audience readership, to which this book was aimed. Overall, it seemed her assertion was that getting check-ups, exercising, and eating and sleeping right is much more trouble than its worth, merely adding “years of toil” and disability to the lives of older adults who want nothing more than to just sit around all day. My reading of the public health literature and my own work on healthy aging lead me to a very different conclusion than Ehrenreich’s: that such preventative lifestyle behaviors can contribute to making your last years of life as disability-free as possible, rather than contributing to a longer life of disability and pain, as Ehrenreich seems to believe. Although this book may discourage the casual reader from visiting their physician regularly, as I read the book I found myself planning how I could use the text

to spark lively discussions in my senior (or graduate-level) public health and gerontology courses. Once students have a firm grasp of the evidence-based research literature, they may quite enjoy debating the points from Ehrenreich's book in a classroom setting where the discussion can be framed in terms of the role that preventative screenings and lifestyle behaviors have on public health.