

Health and Medical Anthropology
Review of Mille Kjærgaard Thorsen,
Living with Diabetes and Uncertainty
in Cairo: Sweetness Under Pressure.
Abingdon: Routledge, 2023, 187 p.

In May 2023, Routledge Studies in Health and Medical Anthropology published the book *Living with Diabetes and Uncertainty in Cairo. Sweetness Under Pressure* by Mille Kjærgaard Thorsen. Here, Thorsen studies the everyday life of people in Egypt, both of those with type 2 diabetes, as well as their families and the people they come in contact with (medical workers and pharmacists), via two different understandings of diabetes – one which sees diabetes as the result of pressure (in the opinion of the general population), and the other for which diabetes is the result of obesity (in the opinion of medical workers). Although dealing with these issues in Egypt is the main theme of the book, Thorsen also draws lines with a diabetes clinic in Denmark, as well as with *Novo Nordisk* – the world-renowned Danish insulin company, and places these spaces in the context of international research and guidelines in the field of diabetes, making her work very broad. The author spent a total of nine months in the field in Cairo and three months in different locations in Denmark, during 2015 and 2017.

Theoretically, the book covers theories of uncertainty, doubt and conspiracy, through which the author considers how knowledge is reproduced and questioned, both at the local level in Cairo and at the global level of biomedical research. It primarily focuses on people who have been diagnosed with type 2 diabetes within the last couple of years and who associate the diagnosis with the pressures of everyday life. Pressure appears empirically throughout the book in the domain

of economy (inflation), fear, paranoia, corruption, love and suffering. In addition to pressure (Arabic *ḍaḡhī*), the concept that encapsulates the book is uncertainty, in connection to the individual bodies of people with diabetes and their families, but also to society at large. One of the most interesting findings of Thorsen's book is the fact that pressure or stress are biomedically recognized as a risk factor for type 2 diabetes; however, not by the medical practice in Egypt or Denmark. In other words, certain etiologies of type 2 diabetes have been transformed into biomedical practice, while others have not (p. 12–13). Consequently, Thorsen raises the following questions: why is this happening and what has potentially been overlooked that could make a difference in the success of diabetes treatment and prevention strategies in Egypt and across the region? The broadest goal of the book is to understand the global inequalities in the field of type 2 diabetes and its treatment, through the questions and doubts of people with type 2 diabetes and their families in Egypt (p. 14).

Thorsen engages in a very detailed anthropological analysis of the history of diabetes, starting from the theory of knowledge and its production, change, contestability and deceptiveness. As an example, she analyses a 2016 WHO report, which states that overweight and obesity are strongly associated with diabetes (p. 9–10). However, the regions with the highest and lowest prevalence rates of diabetes and obesity do not match. The South-East Asia region, for example, has the second highest prevalence rate of diabetes but the lowest prevalence rate of obesity, while the European region has the second highest prevalence of obesity but second to last diabetes prevalence

(p. 9–10). Thorsen poses questions: Why is diabetes then so easily associated with obesity, what is the cause of obesity and why is the combination of these two terms (*diabesity*) constantly emphasized in biomedical literature?

In the field of neoliberal responsibility of the individual for her own health and diabetes, Thorsen finds that her interlocutors essentially place the condition of type 2 diabetes first in the environment and then into the body. Namely, most of the people she worked with in Cairo, who had been diagnosed with type 2 diabetes expressed that it was their environment that needed to be controlled and managed, rather than their own body¹, thus effectively resisting the neoliberal conception of self-care. Indeed, biomedical research has linked stress to type 2 diabetes (p. 65). Recent anthropological literature has critically examined this neoliberal understanding and individual responsibility for a range of health problems, including type 2 diabetes. It argues that the neoliberal understanding of type 2 diabetes has led to the prioritization of risk factors such as obesity over other known risk factors related to, for example, structural and political issues. In the chapter “Food” Thorsen writes about these factors: informants did not associate diabetes with neoliberal ideas of individual “lifestyle choices” or with the idea that they enjoyed a life of abundance and wealth; instead, type 2 diabetes was associated with a state of deprivation

¹ For this reason, people with type 2 diabetes and their family members did not see great importance in measuring blood sugar every day, controlling food intake and type of food, as well as physical activity. Instead, the treatment of diabetes primarily revolved around ways to relieve pressure caused by environmental factors (p. 66).

and scarcity, food shortages, and a poor economic situation.

Chapter “Drugs” depicts the resistance of the bodies in Cairo to use drugs for type 2 diabetes. Thorsen considers the ways in which the pharmaceutical industry advances the neoliberal understanding of type 2 diabetes in its attempts to heal individual bodies and their so-called obesity. However, she also writes about the ways in which people in Cairo were hesitant to even accept this idea – acutely aware of the ways in which type 2 diabetes was, in their perspective, linked to experiences of pressure caused by uncertainty in many spheres of everyday life. Thorsen argues that the available solutions to type 2 diabetes promoted by the pharmaceutical industry that exclusively treat individual bodies undermine the political and other structural inequalities of type 2 diabetes for which a solution is not so readily available yet equally necessary. This became very apparent in Cairo when those diagnosed with type 2 diabetes began to resist political and medical uncertainty by perpetuating the atmosphere of uncertainty themselves, persistently questioning the motives of doctors, but also pharmaceutical and medical companies in general.

Throughout the book, Thorsen argues that story digging is a starting point of the improvement of type 2 diabetes care in Egypt – by acknowledging the experiences of those diagnosed with the condition, not only to gain understanding from the local population, but as a way to recognize that the high prevalence of type 2 diabetes in Egypt, and in the region in general, relates to much more complex issues than simply excessive food consumption. The author illustrates the ways in which biomedical research can point to the multiple etiologies of type 2 diabetes; however, the

complexity of these different etiologies is disappearing and being transformed into a simpler story of diabetes, both in international medical guidelines and policies, and among health personnel in Cairo. Nevertheless, the author ultimately raises the question for readers – if people in Cairo were easily “governed” to adhere to type 2 diabetes treatment in ways promoted by, for example, *Novo Nordisk* or local medical workers, would they solve the “problem” of type 2 diabetes in Egypt? It seems unlikely, and I assume the author would answer this way as well, given the common attitude that diabetes care and prevention cannot take place solely in the doctor’s office or through treatment aimed at individual bodies, but also in the spheres of national and transnational policies that affect the conditions in which those individual bodies exist.

The greatest strength of this book lies in the way in which the author connects

the pressure and uncertainty of everyday life with the social factors of diabetes, putting them in a well-rounded political context. Thorsen approaches diabetes through the socio-political situation in Egypt and vice versa, which affects not only the person with the diagnosis, but the entire family and community as well, which she portrays exceptionally. Tackling practical policies around diabetes and obesity as its cause, Thorsen proves not only that obesity is not the cause of diabetes, but also that social factors are, and that the focus needs to shift from the individual fault of a person’s diet, to the sphere of society and culture.

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