


REVIEW

Rituals of Care: Karmic Politics in an Aging Thailand

Felicity Aulino, Cornell University Press, Ithaca, NY, 2019, 210 pp., pbk US \$22.95, ISBN 13: 9781501739736

Kanthee Anantapong 

Faculty of Medicine, Prince of Songkla University, Songkhla, Thailand and Marie Curie Palliative Care Research Department, University College London, UK

This book presents how the care of ageing people in Thailand is formed and driven by karmic beliefs and political structure. The author is Felicity Aulino, an Assistant Professor of Anthropology at the University of Massachusetts, Amherst, USA. In writing this book, she conducted critical phenomenological research by immersing herself into the very lived experiences of family care-givers, volunteers, practitioners and policy makers in Thailand. She observed daily care practice, attended health-care meetings and talked to various stakeholders. Social policies and political crisis, as well as immediate daily experiences like contents on Thai television shows, were taken into account. Her understanding of Theravada Buddhism principles was excellent and extensively applied in her analysis. With these rich and critical observations, the book successfully reached its aims to demonstrate how religious beliefs, social expectations and political events shape and constrain the care into ritual practice.

In Chapter 1, she first discussed karma (or *kam* in Thai, one's actions and their consequences across lifetime) and merit (or *bun* in Thai), and how they enable Thai people to use ritual, habituated acts as a mode of care provision. This differs from the mode of sincerity with genuine enactment, which the modern Western frame values as the most rightful actions. Without saying a word, automatic recognition of other people's feeling at a time ('*ao jai khao ma sai jai rao ... [t]he wants and needs of others come into our heart*'; p. 46), and ability to give appropriate responses were demonstrated as a necessary quality of 'being Thai' in Chapter 2. The socially sanctioned mode of behaviours was vividly illustrated in Chapter 3, in which maintaining social harmony is inferred as the primary goal of any social interaction in the Thai context. However, social interaction is determined by the social hierarchy which is indicated by one's karma and merit; rich and powerful people are assumedly carrying good karma and more merit, and therefore deserve more attention and blissful prospects.

Shifting to a broader picture of care, Chapter 4 discussed how typical Thai volunteers 'work for' the ageing people and how volunteer work helps themselves in 'making merit' to which the work often involves social harmony activities such as temple rituals, gifts and fun outings rather than direct emotional and physical

support. Chapter 5 discussed the rituals of care in terms of technologies of restraint, which is rooted from the karmic logics and sanctioned social practice, and further introduced higher determinants called structural violence of care such as political conflicts and systemic social oppression. Finally, in the Conclusion Chapter and also throughout the book, Aulino acknowledged other related but rival or out-of-the-scope theories of care. She pointed out the possibility of these other theories complementing the findings of this book and their implications regarding care in Thailand.

The book presents a comprehensive view of karmic logics and political influences on current care practice for the Thai ageing population. When becoming unwell or facing difficult situations like caring for someone very ill, Thai people often recount what we have done in the past (karma) and feel sorry for the lack of fortune (lack of merit), although these ideas are sometimes subtle. Thai people have a common idiom that applies to these situations – ‘*laew tae bun tae kam*’ – which can be translated into ‘let it depend on merit (*bun*) and karma (*kam*)’. This idiom is reflected in all the chapters in that Thai people usually accept or are at least impassive to the difficulties in daily life circumstances, systemic social and political oppression, and habituated mode of care as these difficulties are seen as the ramifications of one’s karma and merit. The book indeed gives us an insight into Thai rituals of care beyond the idea of filial piety which is frequently used to describe Thai care practice (Knodel *et al.*, 2018).

As a clinician and researcher, I found this book suitable for various readers. Practitioners, students and researchers can learn an example of the interplays between religious, social and politic factors regarding the care frame for the ageing population, which can also be applied to other settings. Furthermore, by comprehending ideas in this book, practitioners can help redesign habituated care, which is mainly provided by family care-givers and volunteers, *e.g.* with the endorsement of paid formal care-givers, respite care, educational training, and personalised care plans to meet one’s emotional and physical needs (Schulz and Martire, 2004; Knodel *et al.*, 2018). The book can help students and researchers become more critical when investigating health-care or social care interventions across different contexts. It is also interesting for researchers to study further how the decreasing intensity of karmic beliefs in younger generations will influence these rituals of care in the future and how it will affect the wellbeing of the ageing population.

References

- Knodel J, Teerawichitchainan B and Pothisiri W (2018) Caring for Thai older persons with long-term care needs. *Journal of Aging and Health* **30**, 1516–1535.
- Schulz R and Martire LM (2004) Family caregiving of persons with dementia: prevalence, health effects, and support strategies. *American Journal of Geriatric Psychiatry* **12**, 240–249.

doi:10.1017/S0144686X2000118X