

practice, monasteries and pagodas, center and border, and piety and ordinary life. However, I worry that continuing to reproduce these dichotomies will prevent further understanding of the Buddhist world. Are the monastic and lay worlds two incompatible universes? Is the Buddhist world composed of these two universes? How can we think about the relationship between the two?

Buddhism is itself an institution that is an ever-changing process of formation and transformation. Two vectors coexist in this process. One heads toward a public and ecumenical direction (as McDaniel shows in this book), while the other heads the opposite way, that is, toward a private and sectarian destination. Stanley Tambiah, a researcher of Thai Buddhism, argued that these two vectors have caused the Buddhist world to sway between domestication and fundamentalist reform.⁷ However, with such a pendulum model, it is impossible to fully describe the entanglement of the two worlds. Solving the relationship between these two worlds, therefore, remains an important topic in Buddhist Studies.

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Conceptions: Infertility and Procreative Technologies in India

By Aditya Bhardwaj. New York: Berghahn Books, 2016. Pp. xvii + 292.
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Infertility and assisted reproductive technologies (ART) is a topic garnering significant attention in India in academia and in the media, mostly because of India's substantial transnational commercial surrogacy in the last decade. Aditya Bharadwaj's *Conceptions: Infertility and Procreative Technologies in India* is surely a pioneering work in this area. This multi-sited ethnography based on fifteen years of fieldwork focuses on procreative technologies, their seekers, medical practitioners, and policymakers in six Indian cities. It provides a comprehensive understanding of what the author refers to as "cultural conceptions". The work covers analyses found in ancient Hindu texts and literature, to modern media discourses on India's first "test-tube baby", to doctor-patient interactions in the consultation rooms of *in vitro* fertilization (IVF) clinics. With this wealth of information, Bharadwaj argues that fertility and infertility are culturally constructed and that these concepts structure and reconcile cultural ways to understand and implement reproductive technologies.

Conceptions: Infertility and Procreative Technologies in India is organized into four sections plus an introduction and afterword. The introduction presents an overview of the anthropological debates on infertility and reproductive technologies in Western societies followed by those of non-Western societies. Ethnographies on reproductive technologies and surrogate motherhood in India have been consistently published in recent years, but Bharadwaj insists that the theoretical and critical debates are not adequate and further investigation is needed. Thus, the purpose of this book is to "add a critical Indian chapter to this expanding cultural universe of biotechnological interventions into an ever-increasing number of lives facing reproductive disruption around the globe" (pp. 24–25).

Chapters 1 and 2 consider cultural perceptions of fertility and infertility. From the Hindu perspective, fertility is quasi-sacred because it is embedded in religious and cultural norms. On the other hand, infertility is considered deviant, and infertile women (and men) are highly stigmatized. Stigma is a key word for understanding infertility in pronatalist societies, such as India, where it is understood as not

⁷Stanley Jeyaraja Tambiah, *The Buddhist Saints of the Forest and the Cult of Amulets: A Study in Charisma, Hagiography, Sectarianism, and Millennial Buddhism* (Cambridge and New York: Cambridge University Press, 1984).

just a physical disorder, but also as a threat to personhood, gender identity, and everyday life. The detailed explanations of the stigmatizing of infertility and traditional practices that aim to resolve it (such as *niyoga*, conception by proxy) are described in ancient texts, which explains the widespread appeal of reproductive technologies and the behaviours of childless couples in India. Chapter 3 examines the history of the first Indian IVF baby, who was born in 1986, from the perspective of the socio-medical politics surrounding the event, and Chapter 4 describes the nature of biomedicine and the public/private healthcare sector to “understand the presence of assisted conception” (p. 109) and expansion of IVF clinics, which are not regulated by the government.

Chapter 5 focuses on Bharadwaj’s field data, for example interviews and conversations with treatment seekers and clinicians about treatment-seeking behaviours. The average number of years that his informants underwent treatment exceeded seven, which was most of their married lives. Regarding treatments, some of them accepted donated gametes (sperm or egg) to achieve conception. In the case of male infertility, some couples preferred to use semen from the husband’s male family members, such as his father or brother, which indicates the patriarchal management of fertility. This confidential arrangement is a more accepted approach to infertility than child adoption, which is negatively perceived and reluctantly pursued because it reveals infertility. Then, Chapter 6 analyses surrogacy and the socio-political problems it creates by discussing the theoretical frameworks and structures of previous studies to describe the broad context of transnational surrogacy arrangements.

I believe that the most fascinating and, perhaps, best parts of the book are Chapters 7 and 8. Chapter 7 explains the ways that infertile people and clinicians experience, understand, and interpret infertility to “make sense” of the technologies. Treatment seekers undergo lengthy treatments with highly uncertain results that often end in disappointment and a sense of helplessness. They feel that the treatments are entirely serendipitous because of the lack of proper guidance and information that lead to conception. The anxiety, anger, and sense of betrayal they feel tends to turn them against their doctors and clinicians. Treatment seekers’ emotional stress, particularly those who want quick and secure conceptions, creates high stress for their doctors.

Then, Chapter 8 considers the low success rates and uncertainties of reproductive technologies from the perspective of cultural meaning. The doctors are in an ambiguous position regarding the failure and success of conception. The doctors are blamed for failure to conceive, but at the same time they are praised as quasi-sacred, able to perform a miracle. As Chapter 3 points out regarding India’s first officially documented “test-tube baby”, Dr Indira Hinduja, a woman gynaecologist, became the symbol and representative of the whole project. She was praised by the parents as a “god”, reflecting the social tendency of hero worship in India. However, Bharadwaj carefully shows that the doctors give credit for the results to God or nature by taking the position that the success or failure of embryo transfer, which they point out is an uncertain science, is in the hands of the divine. In other words, doctors and treatment seekers share a religious and cultural perspective that helps them to make sense of the uncertainties of assisted conception (p. 239). In the afterword, these arguments are submerged, and several topics for future study, suggested by the discussions in the book, are recommended.

The striking contribution of this book is its ability to demonstrate the links between treatment seekers and doctors regarding perceptions and understandings of reproductive technologies in the context of assisted conception. The author’s fieldwork is impressive and rich considering the challenges of conducting fieldwork at busy IVF clinics, and the fact that fieldwork in clinical settings has particular limitations in terms of access to informants. Readers might want more information about couples’ social and family lives to help them understand the trajectories of their quests for conception. For example, changing perceptions of parenthood during long-term treatment, and parent–child relationships including family members who contributed gametes might be good topics to further our knowledge on this subject. In addition, as Marcia Inhorn’s ethnographies have demonstrated, the quest for conception and the practical means to achieve it are not limited to medical efforts; religious, family, and kinship measures are often pursued.¹ If “medical treatment is not

restricted to the ‘mechanics’ of offering and receiving treatment, but more crucially to the ways in which clinicians and infertile couples make sense of the cultural context” (p. 241), this would be true for the long journey towards conception.

I agree with the author that this insightful work is a milestone in the study of infertility in India, and I invite further research, discussion, and contributions to deepen understanding of the cultural meanings of infertility and reproductive technologies. Only a few works have attempted to comprehensively unravel the complex dimensions of infertility in India, and thus, *Conceptions: Infertility and Procreative Technologies in India* will be of interest not only to scholars who focus on India, but also to medical anthropologists, science and technology studies (STS), and gender studies specialists.

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Charismatic Monks of Lanna Buddhism

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This volume, *Charismatic Monks of Lanna Buddhism*, edited by Paul T. Cohen, brings together contributions of scholars articulating the contours of Northern Thai Buddhism (rooted in the Lanna traditions of Chiang Mai) beginning in the nineteenth century and extending until the present. The contributions in this volume, when taken together, offer the reader a set of sophisticated portraits detailing how religious movements, emergent in modern(izing) Northern Thailand, have coalesced around the leadership of charismatic monks. These movements are often constituted by ethnic minority groups, which have struggled to develop a cohesive identity within the context of the modern nation-state system in Southeast Asia. Each chapter of this volume contributes to a more comprehensive conception of the spiritual practices and material development by which these holy men (*ton bun*) and their followers reshaped conceptions of religious community and cultural identity both in Northern Thailand and contiguous regions of Myanmar.

At the outset, Cohen notes the presence of several issues/themes, which recur throughout the volume. These include 1) the qualities which define the charismatic monk, 2) adaptations of classical Buddhist cosmologies to the modern Lanna context, 3) the close relationship between spiritual practice and material development, 4) the centrality of non-Tai minorities among the constituencies of charismatic monks, and 5) the intimate relationship between modernity and charismatic religiosity.

The first two chapters lay out the historical context against which the charismatic leadership of the *khruha* (“venerated teacher”) typology developed (p. 7). In the first chapter, Katherine Bowie sets the stage for the rest of the volume with her detailed study of the figure of Khruba Siwichai (1878–1938) in the context of the northern *sangha* (“Buddhist monastic order”). According to Bowie, Khruba Siwichai was regarded by his contemporaries in Chiang Mai as a holy man because of his resistance to attempts by the Thai state to bring the northern *sangha* under the control of the Buddhist authorities in Bangkok. His reputation as a defender of the northern *sangha* was further solidified by the “restoration or construction of over 100 northern temples ...” (p. 27). And, according to Bowie, his status as a defender

¹Marcia Inhorn, *Quest for Conception: Gender, Infertility and Egyptian Medical Traditions* (Philadelphia: University of Pennsylvania Press, 1994), and *Infertility and Patriarchy: The Cultural Politics of Gender and Family Life in Egypt* (Philadelphia: University of Pennsylvania Press, 1996).