

Book Review

Ordinary Genomes: Science, Citizenship, and Genetic Identities

Karen-Sue Taussig

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Ordinary Genomes is an ethnography of clinical genetics practice in the Netherlands, written by US anthropologist Karen-Sue Taussig. By looking at the case of the Netherlands, this book aims to illuminate the way specific scientific knowledge – in this case genomics – which is generally presumed to be universal is in fact understood, interpreted and practised in local cultural contexts. Taussig stayed in the Netherlands between 1993-1994 to conduct field research. She traces the interplay of genetics and local culture through everyday experiences of Dutch people as they encounter genetics in both their personal and professional lives. Her field research sites thus include dinner tables and bus journeys, as well as participatory observations at a genetic clinic.

Taussig selects the Netherlands as a field of study for two reasons. First, the country clearly illustrates the way genomics can be a site for articulating national identity and demonstrates the way such phenomena are incorporated into genomics as it is integrated into daily life.

Second, the choice of the Netherlands is a good attempt to go beyond the traditions of conventional anthropology. It challenges the attitude frequently prevalent in anthropology to view the West as a monolithic construct and not as a category of analysis (pp. 6-7). By looking at the Netherlands in this way, she also challenges the tradition of genomics as an academic discipline. Genomic knowledge is usually believed to be neutral. But in this book Taussig explores the notion that genomic knowledge is also culturally made, showing interactions between local values and the practice of science through her anthropological field research method.

In short, Taussig's book is an attempt to say something new in the fields of both anthropology and genomics.

Field research

One central focus of Taussig's ethnographic analysis is based on her participatory observation at the weekly meeting, known as the audit, held among the geneticists in the genetics clinic where she conducted her field research. There, she observes the way their clinical practice is produced. She contends that: "The clinical practice is produced through a convergence of medical practitioners' desire to identify and pathologise difference, Dutch practices of recognising and bounding difference, and Dutch values about ordinariness." (p. 85) She pays special attention to the way difficult cases are diagnosed. According to Taussig, clinical geneticists in the Netherlands tend to try to fit the person into a scientifically or medical defined category in which she or he may be perceived as normal, rather than classifying an

individual with a genetic anomaly as abnormal (p. 87). This process produces multiple categories of normal, each of which is contained within distinctly classified genetic conditions. Taussig explains that this attitude of normalisation is not only observed by clinical geneticists but also practised by patients. For example, she cites a pregnant woman who says she would not mind if her child has difficulties in learning, because “We aren’t very intelligent either. It would be very difficult for us to have a child who was very clever. It would be worse for us if you told us that we should expect a child that is very smart.” (p.131) This example is intended to demonstrate the way that testing facilitates the possibility of making and maintaining groups of people with genetic abnormalities who are ‘ordinary’ and just like anyone else.

She further contends that viewing everything as ordinary, or normalising, is an attitude practised in every corner of daily life in the Netherlands. Using a casual conversation with friends as evidence, she tells us, for example, that in the Netherlands people are regarded equally whatever their academic achievement, which is not necessarily the case in other countries. She suggests that this attitude of Dutch normalisation goes back to ‘pillarization’, the history of the Dutch way of dealing with religious pluralism.

Pillarization and “the production of ordinariness”

The term ‘pillarization’ (*verzuiling* in Dutch) was first used by the political scientist J. P. Kruyt to describe the peculiar nature of the social structure and political institutions in the Netherlands. During the 20th century, Dutch society was divided by cross-cutting class-based and religious cleavages into four dominant interest groups or blocs – Catholics, Protestants, Socialists, and Liberals – around which virtually all politically and socially relevant organisations and group affiliations were formed. The bloc which shared the same religious and political relevance is called a pillar. Both religious blocs incorporated sections of the working and middle classes, whereas the secular forces divided along class lines (working-class Socialists; middle/upper-class Liberals). Separate political parties represented each bloc (two for the Protestants) and politics was characterised by bargaining and accommodation between them. Many other social institutions were similarly constituted across the trade unions, media, voluntary associations, social welfare, and education. Patterns of social formation and social relations such as friendship, marriage and job recruitment were also affected. In each pillar, common values were strictly maintained, although they might differ widely from values in another pillar. In this system, each of the different sets of values could still be regarded as normal/ ordinary.

Towards the 1970s, as religion became less central to Dutch life, the pillars ceased to function in quite the same way. Yet the way Dutch society deals with sameness and difference is much the same, according to Taussig. Under the system of pillarization, she argues, ordinariness imposed consistency by situating all individuals within a group and demanding that they conform to characteristics that are socially understood. Thus, not to be different, or to be ‘*gewoon* (normal)’ in the group you belong to, is important in Dutch society. She contends that this is exactly the practice within the genetic clinics when abnormal cases are encountered, namely, creating a category and fitting the case in there to render it ordinary.

Dutch practice of tolerance

Although the history of pillarization dates back to long before the Second World War, what was seen as uniquely Dutch prior to the occupation was strengthened after the war in the process of nation-building, and the exercise of pillarization during the post-war period is a case in point. Taussig argues that the practice of normalisation is reinforced by the Dutch shared memory of Nazi Germany.

She uses the example of posters distributed by local animal protection activists protesting against biotechnologies using humans and animals, contending that these echo Dutch cultures of ordinariness and tolerance. For example, one poster against the genetic manipulation of animals bears the phrase, ‘Soon with Blond Hair and Blue Eyes?’, reminding us of Nazi ethnic cleansing. “[T]he explicit reference the posters make to genetic manipulation and their implicit allusion to eugenics ... arouse Dutch memories of the Second World War and antipathy toward Nazi science.”(p.162)

In other words, Taussig suggests, the protest poster is telling us that biotechnologies should not manipulate genes and that animals (and humans) should stay as they are, because they are normal as they are. Taussig further contends that a practice of ordinariness is supported by a cultural value of tolerance. The Dutch ideal of tolerance, she argues, is constructed in opposition to the intolerance they perceived in the Nazi program of ethnic cleansing. Taussig contends that the Dutch facilitate a cultural value of tolerance by segregating and containing differences in order to minimise their social threat. It is within this peculiarly Dutch way of practising tolerance that they deal with the meaning of genetic difference. Taussig concludes that genetics may “serve as a powerful negative symbol of contemporary life ... through its association with popular understandings of the legacy of Nazi science and the potential transgression of socially valued categories such as tolerance” (p. 186).

The book’s premise can be summarised thus: the cultural identity of the Dutch, including national memory, transforms and influences the nature and functioning of the Dutch approach to and practice of clinical genetics as well as the Dutch understanding and perception of this practice. Genetics may transform society, Taussig concludes, but society also transforms genetics.

Discussion

In that there is not much work in English written so intensively about the Netherlands, and as a basic introduction to Dutch history and cultures, this book is certainly of value. The history of pillarization is succinctly summarised.

However, I wonder to what extent this analysis is applicable to contemporary Dutch society. Society in the Netherlands has changed drastically since 1993 and 1994, when Taussig was undertaking her field research. The assassinations of Pim Fortuyn, a politician against multiculturalism, in 2002 and of Theo van Gogh, a film maker outspoken against Muslim culture, in 2004, were shocking incidents which escalated xenophobia and fear of multiculturalism. The establishment of overtly right-wing political parties – The Party for Freedom (de Partij voor de Vrijheid: 2004) of Geert Wilders and Proud of the Netherlands (Trots op Nederland: 2007) of Rira Verdonk for

example – is a case in point. Values of tolerance and ordinariness have drastically changed in the Netherlands during the last decade. Dutch society is rapidly moving to eliminate differences as part of a new search for national and cultural pride, as well as for Dutch identity. In the field of health care, too, an increasing number of disorders, including some psychiatric disorders, are being put outside health insurance cover, which is a sign that more disorders are seen to be the individual's responsibility. They are seen as a deviation from the what is 'acceptable' and 'normal'.

In a book which focuses so strongly on notions of multiculturalism and tolerance, I must challenge an important point. The author focuses only on mainstream White Christian Dutch in her book: all the names of interviewees are European. The Netherlands today has more than 20 per cent of non-Dutch citizens, or '*allochtoon*'.² This is high compared to, for example, an ethnically rather homogeneous society such as Japan, which has only 1 per cent of foreigners in its population.

In other words, the question of who is Dutch is not asked. In contemporary Dutch society, the situation is not so simple as to say that Dutch are composed of Catholic or Protestant Dutch. There are a number of ethnic groups which do not fit in the 'pillars'. Even if more recent arrivals, such as Moroccan or Turkish people, are disregarded, what about Indonesian and Surinamese people, who have a long history of residence in the Netherlands? These issues need to be mentioned in the methodology, together with an explanation of why the author chose to define 'Dutch' as mainstream Dutch, and why she chose not to look at these minorities for her analysis.

Ideas about tolerance or what is normal (*gewoon*), key analytical concepts in this book, echo the way the 'mainstream' Dutch describe themselves. Living in the Netherlands one notices that the self-images of the Dutch people do not always correspond to their behaviours or to the way the society is governed. So, if ethnic minority Dutch were included, the idea of *gewoon* might look quite different, and so might what the Dutch see as 'tolerance'. Moreover, theoretical definition of these terms is necessary. Tolerance can be interpreted in many different ways.

Taussig's argument nevertheless provides an interesting case study of the interplay between science, culture and society. The book will be of particular relevance to scholars in medical anthropology, science and technology studies and health studies. This book will be of use to anyone seeking to explore the dynamics of history, religion, culture and their impact on the making of knowledge in natural science.

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² According to the Dutch Central Bureau of Statistics (CBS), the term *allochtoon* is defined as: 'a person of whom at least one of the parents is born in a foreign country': <http://www.cbs.nl/nl-NL/menu/methoden/begrippen/default.htm?ConceptID=37>. Accessed 7 March 2011. According to the **Centraal Bureau voor de Statistiek** (CBS), 3,433,656 are *allochtoon* out of 16,663,562 Dutch population: Accessed on 7 March 2011.