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The Volatile Possibilities and Empty Gestures of Care Under Military Occupation

SAIBA VARMA, 2020, *The Occupied Clinic: Militarism and Care in Kashmir*, Durham: Duke University Press, 304 pp, ISBN 978-1-4780-1098-2

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The Occupied Clinic could hardly be any timelier. Kashmir has been under siege by the Indian national government for thirty years, and its residents disenfranchised. In 2019, in part to suppress the region's independence movement, Narendra Modi and his BJP made international headlines when they stripped Jammu and Kashmir of its autonomy. In a land that lives under continuous military occupation and has witnessed countless curfews, Saiba Varma asks, 'what kind of care leaves people in pieces?' (xx). *The Occupied Clinic* is the result of arduous fieldwork conducted under occupation in the Kashmir Valley₂ during the period 2009-2016. In this eloquent ethnography of clinic and its militarization under siege, Varma raises critically, 'what is possible—clinically, ethically, socially, and politically—under occupation? What forms of care?' (12).

Each chapter in the *Occupied Clinic* is named after a critical point that demonstrates how disturbing practices of counterinsurgency penetrate the spaces and encounters of psychiatric care insidiously. The introduction, *Care*, outlines how care and militarism are radically entangled in Kashmir and insists that their chronic inseparability exposes Kashmiris to different forms of harm in the name of humanitarian love and psychiatric care. The chapter establishes what Varma calls 'a relational approach to occupation' by addressing the biopolitical and necropolitical sides of the occupation in conjunction with, rather than in opposition to, each other. Today, Kashmir is the most densely militarized territory and may also be the most traumatized. Many Kashmiris suffer

from high levels of anxiety and trauma. The chapter probes the possibilities of psychiatric care in the occupied clinic where the cause of the trauma insists on being its antidote as well. ‘The libidinal logic’ of the occupation not only confluences state violence with love and care, but also renders medicine a tool of occupation. Varma discusses spaces of care that are run by police, disturbed by counterinsurgency, or haunted by the specters of military violence, while, at the same time, emphasizing that care is not overdetermined by militarism or humanitarianism in Kashmir.

Chapter 1, *Siege*, centers on Kamzorī, a pervasive malady that is characterized by loss of energy (élan vital) and persistent lethargy. Kashmiris insist that Kamzorī is not the same as depression, since the former has unique collective meanings as well as specific political etiologies. At the center of this chapter lies the crucial argument that Kamzorī is not a ‘mark of care’s absence, but its presence’ (36). For Kashmiris, Kamzorī is the mark the occupation leaves on their bodies and psyche. The siege disrupts the normalcy and routineness of everyday life, which has direct mental health implications across generations of Kashmiris. Despite its ubiquitous presence, Kamzorī is largely invisibilized by the biomedical logic dominant in the psychiatry clinic. Chapter 1 also discusses the Police De-Addiction Center (DDC) and its therapeutic capacity in a militarized context where the shooting of suspected militants by the police is incentivized. Regardless of the police’s efforts to win the hearts and minds of Kashmiris, the patients at DDC are inevitably haunted by the memories of themselves or their relatives being tortured in the same police edifice where they are to receive care and treatment.

Chapter 2, *A Disturbed Area*, parses out multiple definitions, impacts, and affects of disturbance in Kashmir. The chapter is named after the historic Jammu and Kashmir Disturbed Areas Act, which marked the beginning of an indefinite state of exception and suspension of fundamental rights in Kashmir. Disturbance is not only the consequence of lethal interruptions of everyday life for Kashmiris—it is also a chronic problem rooted in the thirty year-long presence of military occupation and its ‘casual yet extraordinary violence’ (74). One of the most disturbed areas of life in Kashmir is the clinic: hospitals are understaffed, the staff is underpaid, and the doctor-patient relations are jeopardized by the simple fact that doctors are state employees. Whether in the form of a teargas or ineffable traumas woven into the very fabric of the clinic, disturbance always finds its way into the spaces of psychiatric care in Kashmir because the

‘occupation made the clinic a space contiguous and symbiotic with violence, neglect, and harm’ (100).

Chapter 3, aptly titled *Shock*, offers poignant ethnography that sheds light on the counterintuitive use of electroconvulsive therapy, or ECT, or shock, both as a method of torture and a clinical practice. Kashmiris are expected to reconcile the irreconcilable by accepting shock as a psychiatric treatment even though many Kashmiris had experienced torture in the hands of Indian soldiers. The therapeutic capacity of shock is questioned by Kashmiris as they widely witness that it does not heal but numb—it keeps you barely alive but dehumanized. The chapter also offers a rich analysis of the growing emphasis on the community-based care and the subsequent increase in the use of ETC by psychiatrists. The ostensibly benevolent impetus to discharge patients sooner and allow them to be cared by their kin made shock a frequently used tool of treatment in the psychiatry clinic. Shock is especially prescribed for “difficult patients” who didn’t positively respond to previous treatment and were abandoned in closed wards without any prospect of recovery.

In Chapter 4, *Debrief*, Varma turns her lenses toward humanitarian organizations and the manners in which they promote psychosocial care to rehabilitate the damages of the public health and militarism on Kashmiris. There are, nevertheless, several epistemic gaps between what humanitarian organizations conceptualize as psychosocial care and what Kashmiris experience and want. First, many Kashmiris don’t seek therapy or counselling, and they have more immediate pharmaceutical needs. Second, the humanitarian industry is unwilling to openly confront the central role of militarism in inflicting collective trauma on Kashmiris. Third, in their attempt to ‘count care’ (145), humanitarian organizations reduce the meaning of care into calculable practices and exploit vulnerability. Lastly, ‘the elusive immateriality and heavy materiality of mental health problems’ (149) in Kashmir make the translation and communication of trauma inescapably imperfect.

Resilience, endurance, agency, and inventiveness of life under occupation is the central themes of Chapter 5 that calls attention to the violent irony and insult of the occupier’s asking for gratitude. The last chapter, *Gratitude*, which could have alternatively been titled *refusal*, takes the

reader to the 2014 Kashmir flood and the humanitarian response of the Indian army. Militarized humanitarianism is contingent upon ‘a relation of ongoing indebtedness to the apparatus of militarized care’ (173) and even a natural disaster can be used as an opportunity by the Indian army to make Kashmiris grateful for the occupation. Kashmiris witnessed, however, that humanitarianism fails repeatedly to care for or care about them, hence they refused the assistance offered by ‘the army of heaven-sent angels’ (168). In that act of collective refusal, according to Varma, lies the possibility of resistance and community-based modes of solidarity, which she carefully depicts in Chapter 5.

The Occupied Clinic is a thought-provoking and rigorously crafted ethnography that advances the growing discussions of care and its paradoxes in anthropology. By documenting the physiological and psychological traces of an ongoing siege ‘with no body counts’ (xviii), *The Occupied Clinic* makes a timely contribution to Medical and Psychological Anthropology, South Asian Studies, and Global Health. The book also leaves the reader with a strong urge and necessity of wanting to know more about the role of care (-giving and -receiving) in ethnographic work. Varma mentions the double bind of the term encounter as both a military and clinical phenomenon, yet she does go into detail about implications of care for ethnographic encounters. If care under occupation is by nature an ambivalent practice, what would that imply for already fragile ethnographic relations? Part of the answer to this question is discussed in the epilogue where Varma makes clear ethical and political duties of ethnographers. *The Occupied Clinic* is a timeless work that blends ethnography and prose deftly, and it is a must-read for scholars interested in the transdisciplinary discussions of clinical, governmental, nongovernmental, and communitarian modes of care.

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