

Thiessen, a professor of history at the University of Winnipeg, was a teacher at Westgate when she began her research, as well as a former student. Her insider's perspective seems mainly to have provided insights that enhanced her analysis. Effective use is made of oral history interviews, the subjects of which are often candid. Some repetition might have been eliminated, although the thematic organization of the book makes it hard to avoid, and the uninitiated would benefit from a discussion of the religious and cultural diversity between and within Mennonite church groups, and the relative significance of terms like "evangelical." Overall, this is a fine institutional history that helps illuminate both the history of Mennonites and the history of education in Canada.

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Judith C. Kulig, *Caring for the Low German Mennonites: How Religious Beliefs and Practices Influence Health Care*. Vancouver: UBC Press, 2019. Pp. 152. Softcover, \$29.95.

Dr. Judith Kulig is a well-known rural health researcher who has spent twenty years of her academic career studying Low German (LG) Mennonites, who are descendants of the original Old Colony Anabaptist group that migrated to Canada from Russia during the late 1800s. Her findings come from fieldwork undertaken on 217 LG Mennonites from Belize, Mexico, and Canada and the over 80 health and social service providers who cared for them. She adeptly portrays the complexity of this group, noting that they are primarily a faith-based (not cultural) community with common features (e.g., reliance on the Bible) yet with diversity in terms of religious affiliations/beliefs, degree of separation from mainstream society, restrictions imposed on members, and the pursuit of higher education. The book addresses four health topics: general health and illness, women's health, death and dying, and mental health. Despite diversity in beliefs and practices across geographic areas, communities, and individuals, common themes emerged from a synthesis of the findings across the studies in these topic areas. One common theme was that of suffering, which was seen as a natural learning opportunity sent by God, and best addressed by engaging in daily prayer. Another theme was community responses/views on certain issues where stigma or perceived divergence from God's plan exist, which

led to behaviours such as concealing mental illness or contraceptive use. Use of both non-traditional and traditional medicines was common in addressing a spectrum of health issues including women's health, end-of-life care, and mental illness.

Kulig's book is drawn from studies that cross different geographic boundaries, time periods, and religious affiliations. Common health beliefs and practices nevertheless emerge from a synthesis of the findings, along with many differences, thus highlighting the challenge facing health and social service providers in trying to master cultural competency in order to provide appropriate care for LG Mennonites. Local differences exist and require time, effort, and organizational support to be understood. At the same time, Kulig's account provides evidence to dispel commonly held beliefs about LG Mennonites. One such belief is that LG Mennonites do not typically use traditional medicine. As the book highlights, the use of non-traditional health providers and treatments is common, and so too is the use of traditional medicine with use varying depending on the community, individual, and health condition. This is the case even though LG Mennonites typically pay directly for these services rather than making use of publicly funded systems such as the Ontario Health Insurance Plan.

Accordingly, the door is open for traditional health care systems to be used to benefit LG Mennonite populations. And here is where I found myself looking for more insight from the book. Cultural competence is presented as a theoretical construct in the book's introduction, but a return to this construct and its application to the findings from the various studies would help to identify a pragmatic path forward. What are the key implications of the findings for delivering health care to this population? There is diversity in health care beliefs and practices across LG Mennonites, but what beyond awareness of this diversity can be done? There is a strong influence from the religious leadership and community on health beliefs and practices, which can be detrimental for those with health problems that are stigmatized or characterized by a lack of understanding (e.g., women's health issues, mental health conditions). What can be done to change perceptions and improve education about these conditions within LG Mennonite communities? Many of these communities are closed to mainstream society, so how can health care providers work collaboratively with them to effect change? Some of the findings in the book, particularly those relating to mental health, are also consistent with patterns and concerns expressed in provincial, national, and global forums. For example, there is considerable international evidence that mental health conditions are underreported, underdiagnosed, and undertreated. Broader policy initiatives are in place or

being developed to address this concern, but how can these initiatives be applied and effectively integrated into LG Mennonite communities? Ultimately, application of the findings from the book to the delivery of better health and social services to LG Mennonite communities remains a daunting task.

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Laura Schmidt Roberts, Paul Martens, and Myron A. Penner, eds., *Recovering from the Anabaptist Vision: New Essays in Anabaptist Identity and Theological Method*. T&T Clark Studies in Anabaptist Theology and Ethics. London: T&T Clark, 2020. Pp. 200. Softcover, \$24.26 USD.

Being the first volume in a new book series from the Institute of Mennonite Studies at the Anabaptist Mennonite Biblical Seminary, *Recovering from the Anabaptist Vision* collects essays that were first presented at a 2017 conference on Methods and Practices in Anabaptist Theology held at the Humanitas Anabaptist Mennonite Centre in Langley, British Columbia. The edited collection contains nine of the twenty-seven papers presented at the conference, and its cover description suggests that the volume “performs a critical and vibrant reconstruction of Anabaptist identity and theological method.” Situating its chapters after revelations of John Howard Yoder’s sexual abuse, the volume aims toward a recovery of Anabaptist theology that is “ecumenically engaged, philosophically astute, psychologically attuned, and resolutely vulnerable.” In the preface, editor Myron Penner describes the volume further as “integrating established and emerging voices across academic disciplines, in order to engage both the academy and a wider public” (viii), while focusing on the question: “Is there an Anabaptist theological method?” (viii). The chapters in the volume then provide various answers to this important question.

In chapter 1, “Challenge and Opportunity: The Quest for Anabaptist Theology Today,” Paul Martens challenges certain configurations of the relationships between church and state, personal and political, and church and world in Yoder’s work, suggesting that “today, there is no single voice that speaks for Anabaptist theology” (16). In the second chapter, “Contours and Possibilities for an Anabaptist Theology,” Karl Koop navigates between the ecumenical and