

Janis H. Jenkins (Ed.), *Pharmaceutical Self: The Global Shaping of Experience in an Age of Psychopharmacology*. Santa Fe, NM: School for Advanced Research Press, 2010. 256 pp. US\$18.00 (pb). ISBN 9781934691380.

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Many social scientists have drawn on the Ancient Greek notion of the *pharmakon*—a term for both remedies and poisons—to signal the ambivalent meanings and effects of pharmaceuticals in the contemporary world. Indeed, even the most ardent proponents of pharmaceuticals would likely acknowledge that drug effects which seem positive, beneficial, or health-promoting from one vantage may be negative or harmful from another. In some cases, the idea of the *pharmakon* serves as shorthand for a more profound critique of pharmaceuticals (or the industry that produces and markets them): what looks like a remedy turns out to be a poison. A close reading of *Pharmaceutical Self: The Global Shaping of Experience in an Age of Psychopharmacology*, a collection of essays skillfully edited by Janis Jenkins, suggests that the *pharmakon* resonates on a somewhat different level as well: suggesting the profound ambivalence of anthropologists and cultural psychiatrists in regard to pharmaceuticals—and particularly psychopharmaceuticals. I will return to this point shortly, as I think that the essays in this volume provide an important perspective onto several key issues in contemporary medical and psychological anthropology and cultural psychiatry.

As many contributors to this volume note, the anthropology of pharmaceuticals has grown rapidly since early studies and programmatic papers by Sjaak van der Geest, Susan Whyte, and Anita Hardon (1996), and more recent collections such as *Global Pharmaceuticals* (Petryna, Lakoff, & Kleinman, 2006), and special issues of *Culture, Medicine & Psychiatry* (Dumit & Greenslit, 2006) and *Transcultural Psychiatry* (Kirmayer & Raikhel, 2009) on the topic. Key to this literature has been the critical work by David Healy (1997, 2012a), Kalman Applbaum (2006, 2009), Jeremy Greene (2006), Joe Dumit (2012), Michael Oldani (2004) and others, showing how the drug corporations produced a demand for psychopharmaceuticals, not only through direct-to-consumer advertising, but through strategies aimed at shaping every step of a drug's path from “bench to bedside.” This research has given us insight into the ways that the development, marketing, regulation, prescription, and use of pharmaceuticals have come to shape (and in some cases produce) professional and lay conceptions of particular diseases as well as broader understandings of health and illness.

However, as Janis Jenkins points out in her Introduction to *Pharmaceutical Self*, little of this literature has focused closely on drug-mediated experience, identity, or other issues of psychological interiority. Thus the stated aim of this volume: to bring together work on psychopharmacologically mediated experience (“the pharmaceutical self”) with attention to what Jenkins calls the pharmaceutical imaginary. By this, Jenkins seems to mean the way in which widely circulating ideas about and practices surrounding psychopharmaceuticals shape or deflect “that dimension of culture oriented toward conceivable potentials of or possibilities for human life,” (p. 6). Jenkins makes it clear that this dimension would include the kinds of structural issues covered in much of the earlier literature: the “global processes that shape psychopharmaceutical consumption,” (p. 5). This sets the volume up as a conversation between scholars in two closely related research traditions who have recently turned to the study of pharmaceuticals: medical anthropologists (many of them with a strong science and technology studies [STS] bent) who have arrived at the study of psychopharmaceuticals from broader investigations into biomedicine and psychiatry, and psychological anthropologists studying mental illness experience, health, and interiority.

The contributors to the volume each address the pharmaceutical “self” or “imaginary” to different degrees—although, as in earlier work, there is more of an emphasis on discursive and material practices involving psychopharmaceuticals than on actual experience. Emily Martin explicitly brings together both domains in her analysis of sleep medication use in the contemporary US. Conjoining an account of sleep science with conversations about sleep medication from online forums, Martin argues that efforts to gain ever-better management over sleep through medication “yield ever-greater frustration.” “The story in sum,” she concludes, “is that the dream life (one source of imagining a different future) has become neuronal, sleep has become a complex management project, and icons of the American Dream have inhabited the space of imagination and desire” (p. 205). Other chapters focus less on experience, but take up relatively novel research objects or methodologies. For example, Jonathan Metzl compares physicians’ descriptions of depressed patients’ symptoms from 1985 and 2000 to understand whether the introduction and rapid spread of selective serotonin reuptake inhibitors (SSRIs) during this period led to “bracket creep” in practices of diagnosis and treatment. Interestingly, Metzl finds a gendered shift over this period: “[m]iddle-aged women’s problems with marriage, motherhood, and menstruation. . . became increasingly associated with depressive illness,” while “aggression, hostility, athleticism, and work. . . were progressively deemed symptoms in middle-aged men” (p. 156). All of this points to the need for analyses that can account for the subtle relationships between psychopharmaceutical research and advertising, social norms, and clinical practices, relationships which are sometimes obscured by arguments focused exclusively on “disease mongering.”

In many of the ethnographic cases presented here, psychopharmaceuticals symbolically stand in for or condense a set of socially significant meanings—indexing, among other things, psychiatry’s professional authority or its failures. For the

homeless women in Chicago's Uptown neighborhood whom Tanya Luhrmann worked with, such medications signify one's condition as "crazy"—a much feared and maligned state understood as linked to "the social cause of psychosis, its permanence and the belief that the strong and determined will withstand, but the weak and feckless will fall crazy," (p. 167). In this social setting, rejecting psychotropic medication is part of rejecting a diagnosis that can open the door to services and resources, such as subsidized housing, but which comes at the price of profound stigma and a sense of defeat. Moreover, as Luhrmann adds, "[i]n this world medication becomes not only the sign of the weakness, but the sign of the helping profession's inability to help" (p. 185).

Psychopharmaceuticals play a similar symbolic—and material—role in João Biehl's account of Catarina, a young woman he met in *Vita*, an asylum for the socially abandoned in southern Brazil. Biehl shows how Catarina was gradually abandoned by her family as the symptoms of an undiagnosed degenerative genetic disorder—as well as the traumas of loss, abuse, and adversity, and the effects of medications—were interpreted by clinicians and family members as signs of mental illness. Biehl writes that "psychopharmaceuticals mediate abandonment through the scientific truth-value they bestow and the chemical alterations they occasion" (p. 95). This is all the more significant because of the ongoing pharmaceuticalization of Brazil's mental and public health care systems—which leads "families and local medical professionals [to] do the triage work of the state" (p. 95). The ethnography is interleaved with a set of provocative meditations on writings about drugs by philosopher Gilles Deleuze, whose emphasis on desire (as opposed to power) and whose concept of "becoming" (as opposed to determinacy) Biehl mines as an inspiration for "chronicl[ing] how people live with *pharmakons* and conceptualize technological self-care," (p. 69).

Perhaps the most vivid case of psychopharmaceuticals as "stand-in" or "substitute" comes from Mary-Jo DelVecchio Good's chapter based on work she and Byron Good conducted as scientific advisers to a humanitarian project aimed at addressing trauma in Aceh, Indonesia. Here psychopharmaceuticals are exchanged for the trauma narratives of Achenese villagers who have survived decades of civil war as well as the 2004 tsunami. DelVecchio Good ponders the broader significance of this exchange, wondering whether these medications functioned as "political placebos"—"momentary balms in exchange for trauma narratives that could not readily be addressed?" (p. 54).

If psychopharmaceuticals often carry condensed meanings for the clinicians who prescribe them and the patients who take them, they also stand in for other conversations for the social analysts who study them. For example, Stefan Ecks uses his fieldwork on psychopharmaceuticals in India as a lens onto psychiatry's relationship to processes of globalization. Drawing on distinctions made by philosopher Peter Sloterdijk between different modes of globalization, Ecks argues that whereas psychiatry may have played a relatively minor role in extending the material reach of colonial globalization, it had more far-reaching effects in its psychic universalism—conceptualizing human minds and their pathologies as essentially

the same everywhere. This universalism was, of course, one of the conditions of possibility for psychopharmaceuticals, which have, as Ecks points out, aligned psychiatry much more closely with the logics and dynamics of global capitalism. And while one of the central promises of psychopharmaceuticals has been the reintegration of severely ill patients into spaces of family and community, Ecks emphasizes that in fact their use produces heterogeneous spaces mediating disconnection as often as reconnection or social reintegration.

While Ecks mines his ethnography of psychopharmaceuticals for a discussion of globalization, Jamie Saris draws our attention to the significant lack of conversation between social scientific literatures on psychopharmaceuticals and those on substances associated with misuse or addiction. Not only do “recreational” and “cosmetic” uses of pharmacology represent important spaces of overlap, but even polypharmacy remains underrepresented in the social science research on addiction. More conceptually, Saris poses the relationship between addiction and psychopharmacology in terms of, and as a lens onto, questions of will, agency, and constraint—noting that contemporary discussions on both topics often center on the question of “choice”: addiction removes possibility of choice, whereas psychopharmacology for mental disorders is understood as necessary for choice.

Finally, Janis Jenkins’s own chapter delves into debates about the social and cultural meanings of neuroscience through what she calls certain existential polarities produced by the consumption of psychopharmaceuticals. “[Wh]ether the brain is experienced as self or other,” she argues “ha[s] pragmatic consequences for whether medicine is experienced actively as a tool one uses or passively as a controlling substance,” (p. 33) All of this speaks to the question of brain-based accounts of self, illness, and behavior, in settings where swallowing the pills also means swallowing the accounts of illness that attach to them. This is the site where interest in psychopharmaceuticals meets up with larger issues of the reconfiguration of selfhood and identity through metaphors of the brain (e.g., Malabou, 2009; Rose, 2003; Vidal, 2009), and Jenkins’s chapter reminds us of the important contributions which psychological anthropology has to make to this discussion.

All of which brings us to the question of psychopharmaceuticals in the dialogue between contemporary anthropology and cultural psychiatry—an issue addressed by many chapters in this volume, but most directly by Byron Good’s contribution. Reflecting on ongoing research with people experiencing psychosis in Indonesia, Good argues that in such settings, the operative assumptions of many anthropologists in regard to psychopharmaceuticals break down. If most social scientists frame the problem of psychopharmaceuticals in terms of “medicalization and the increasing extension of pharmaceutical reasoning into everyday lifeworlds”—both of which they seek to critique and resist, Good writes that in settings such as Indonesia, “the salient issues seem to be the *scarcity* of mental health resources, including access to pharmaceuticals, the poor quality of care for those seeking treatment, and the utter indifference to mental health services among many ministries of health” (p. 121). “It seems quite remarkable that anthropologists,” Good continues elsewhere in the chapter, “who reject mind–body dualism, strongly

support the claim that access to HIV treatment is an issue of human rights, while at the same time see arguments for making psychotropic medications more widely available to be evidence of pharmaceutical companies' hegemony" (pp. 141–142).

Read alongside a recent critical review in *Transcultural Psychiatry* (Healy, 2012b), which focused largely on Good's chapter, the essays in *Pharmaceutical Self* would seem to suggest the profound ambivalence—or perhaps, more accurately, the polarization, of anthropology and cultural psychiatry in regard to psychotropic medication. At first glance, we see a similar polarization in recent debates around the movement for global mental health, with advocates arguing for the moral urgency of greater intervention and investment in mental health services in low- and middle-income countries, and critics emphasizing the potential dangers of interventions which have either not been validated locally or which they worry may undercut local modes of suffering and healing (Bemme & D'souza, 2012; Summerfield, 2012).

And yet, I would suggest that it is equally possible to read *Pharmaceutical Self* as evidence of a shift away from these shopworn moral and conceptual binaries in much recent work. For example, even Byron Good acknowledges that medicalization and resource scarcity are not mutually exclusive perspectives. Indeed, a number of anthropologists, including several whose work appears in this volume, have shown the ways in which medicalization and pharmaceuticalization can take place, not in spite of, but in tandem with the governance of resource scarcity and institutional breakdown (Biehl, 2007; Das & Das, 2006; Ecks & Basu, 2009), while others have chronicled often surprising relationships between psychiatry, politics, and social change in varied settings (Béhague, 2009; Davis, 2012; Kitanaka, 2011). Such work is informed not only by the evident complexities which anthropologists encounter in their fieldsites, but also by a shift in some of the discipline's tacit ethical and political assumptions. As Allan Young has written of the most recent wave of studies in the anthropology of psychiatry, "The old moral dichotomies are gone. Anthropology's attachment to psychodynamic perspectives has attenuated; a new anthropological sensibility has emerged; a quiet revolution has taken place within medical anthropology during the preceding decades" (2008, p. 299). The other chapters in this volume also suggest the potential for such an anthropological sensibility—one which admits pragmatic engagement and carefully calibrated critique, as much as it does a suspicion of urgent calls to intervention and an ethnographic stance oriented toward understanding and responding to human predicaments.

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