

## Medical Anthropology Quarterly

### BOOK REVIEW

---

**Pharmaceutical Self: The Global Shaping of Experience in an Age of Psychopharmacology.** Janis H. Jenkins, ed. Santa Fe: SAR Press, 2010; 256 pp.

Susan Reynolds Whyte  
*University of Copenhagen*

Anthropological studies of pharmaceuticals have multiplied in the past decade, making medications an explicit theme in the field of medical anthropology. With expansion comes specialization. While several collections have included articles on the medicinal treatment of mental problems, a huge sector in the global North, this is one of the first to focus exclusively on psychopharmaceuticals through an anthropological lens. In its introduction and nine chapters, the volume presents research from five continents to elucidate cultural aspects of medicines that change minds.

*Pharmaceutical Self* has the overarching ambition to link individual experience with patterns in globalization. It sets out to explore “the nexus of the subjective experience of psychoactive pharmaceuticals and global processes that shape pharmaceutical consumption” (p. 5). To do this, Jenkins proposes the juxtaposition of two fruitful concepts.

Drawing on Hallowell’s work, she defines the “pharmaceutical self” as “that aspect of self oriented by and toward pharmaceutical drugs” (p. 6). Inspired by Castoriadis, she suggests the term “pharmaceutical imaginary” for “that dimension of culture oriented toward conceivable possibilities of human life ... in which pharmaceuticals play an increasingly critical role” (p. 6).

In her excellent Introduction, Jenkins considers some of the paradoxes of chronic medication for mental illness. Most relevant for the collection’s theme is that management primarily by transnational pharmaceuticals proceeds apace despite intense needs for psychotherapeutic and community interventions that might promote healing and integration. Yet another paradox (this one discussed in the chapter by Good), is that the “global” spread of psychopharmaceuticals is far from universal; it is highly uneven. There are parts of the world where management by state-of-the-art psychopharmaceuticals is not possible, and people rely on older generations of drugs or “community intercession” — for better or worse.

Much research points to the overuse of psychotropic drugs, but there are settings where they are underused, sometimes because they are too expensive, and sometimes because the health care system

## Book Review

is not oriented to supporting chronic medication for mental health problems. As Jenkins remarks, the more systematic study of how psychopharmaceuticals are differentially institutionalized throughout the world has only just begun.

The chapters build on a range of methods. DelVecchio Good's piece on the treatment of trauma in postconflict Aceh is based on her work as a scientific advisor for an intervention program. It is participant observation with emphasis on participation—by herself and others—in a humanitarian relief project that distributed psychopharmaceuticals to people who suffered from “remainders of violence.” In contrast, Martin's “Sleepless in America” relies on literature reviews and conversations about insomnia on an Internet forum. Martin seeks to understand the significance of sleep medicines in relation to the cultural history of research by sleep scientists, the marketing of mattresses, and growing efforts to control and manage the internal and external environment of sleep.

In style, too, there is striking diversity. Biehl's essay on Catarina, the protagonist from his book *Vita*, accomplishes an analysis of her experience as “a failed medication regimen” with poetry and literary finesse. Metzl's study of gender stereotypes and depression diagnosis in medical records is buttressed by statistics and bar charts that will be compelling for many readers. Some pieces make general analytical and theoretical arguments with a few ethnographic vignettes, while others provide richer empirical description. Together they offer refreshing variety.

The chapters are well integrated and supplement one another nicely. They all

address the nexus of experience and globalization that Jenkins sets out. While the pieces by Ecks and Good are more preoccupied with globalization and the appropriation of psychopharmaceuticals in particular contexts, Luhrmann's, on homeless women in Chicago, zooms closely in on the lifeworlds and concerns of specific subjects.

Together, the chapters widen and deepen the study of pharmaceuticals by examining medicinal treatment for several kinds of mental problems: psychosis, depression, post traumatic stress disorder, and sleep disturbance. In an important contribution, Saris considers the very category distinctions we take for granted. He compares therapeutic with recreational and “cosmetic” or enhancement psychopharmaceuticals, using Gregory Bateson's classic concept of an ecology of mind to explore questions of will, predisposition, and choice.

One of the implicit questions of the book, not directly discussed, concerns the mind–body distinction that lies in the “psycho” of psychotropic or psychoactive medicines. What makes a drug a psychopharmaceutical is clearly the science and commerce that develops and markets it for the purpose of adjusting brains and changing minds. But as Biehl shows, psycho-medicines may be given for symptoms that are bodily and social. Certainly the effects are not only mental.

Biehl recounts how Catarina was overmedicated with antipsychotics and then with drugs to counter the side effects: “As I read her medical records, I could not separate the symptoms of the psychiatric illness from the effects of the medication, and I was struck that doctors actually did

## Medical Anthropology Quarterly

not bother to differentiate between the two" (p. 83).

This questioning of categories can be carried further to think about the difference between psycho- and other pharmaceuticals taken for chronic conditions. The announced purpose of a drug may be mental or physical, but its experienced effects are often both. That is to say what is perhaps obvious: The pharmaceutical self is always a mindful body.

Chronic medication for relief of wrenching pain or the depredations of AIDS changes the mind and self; thus, the concepts of pharmaceutical self and pharmaceutical imaginary are valuable far beyond psychopharmacology. Other drugs also change subjectivity — and intersubjectivity. They affect emotions, agency, the sense of being in or under control, and the social value and potential a person has for others.

This collection is a major addition to the anthropology of pharmaceuticals and to medical anthropology as a field of study. With its range of topics, clear style, and compelling ethnography, it will be welcomed in teaching and can also be used at the undergraduate level. With its thought-provoking analyses, it will inspire further research on chronic medication with psycho- and other pharmaceuticals.