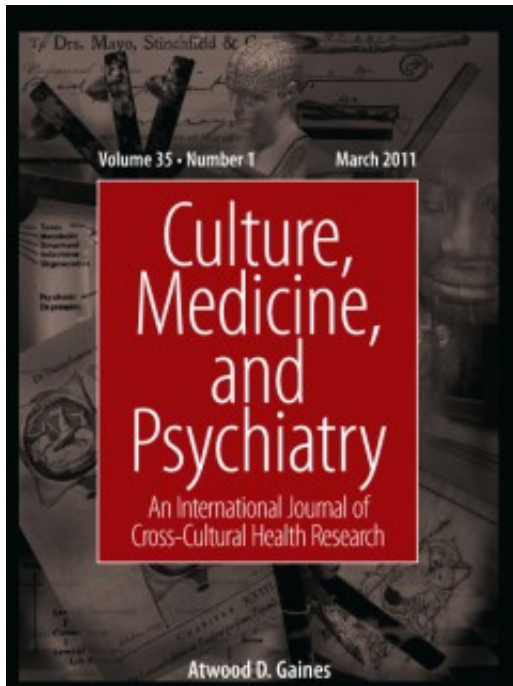


Culture, Medicine and Psychiatry special section on "The Anthropology of Pharmaceuticals"

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By Eugene Raikhel



The [latest *Culture, Medicine and Psychiatry*](#) includes a special section on “The Anthropology of Pharmaceuticals: Cultural and Pharmacological Efficacies in Context,” edited by Allison Schlosser and Kristi Ninnemann. The editors set out the stakes of the section in their [Introduction](#):

“How is psychopharmaceutical efficacy defined, and by whom? How do individuals experience these drugs and interpret their effects in the contexts of their lives? Whyte et al. (2002b) stress that pharmaceutical treatments are “based on the principle that medicines have the same action in all patients: dosages are standardized ... and the effects are considered to be universal. The underlying assumption is that biological bodies are the same in all settings, and that pharmacological action is located in the medical substance that is ingested” (33). Biomedicine generally considers the success of pharmacotherapies as based on pharmacological action, yet a significant and growing body of research reveals that pharmaceutical efficacy is not such a one-dimensional phenomenon, but is linked to multilevel, interwoven dimensions

ranging from individual biology to sociocultural dynamics. Critiques of biologically reductionist orientations to psychopathology and its treatment stress that these approaches obscure matters central to illness experience, such as agency, morality, and social relationships (Jenkins 2010b). In response to these critiques, social scientists have increasingly explored psychopharmaceuticals in the complex, fluid contexts in which they exist and are ingested, contributing to understandings of the varied uses and experiences of these powerful agents.

Anthropological studies have been particularly central in describing the importance of context in shaping pharmaceutical efficacy. These studies reveal the ways in which diverse understandings of disease etiology and severity, healing processes, treatment modalities, and expected outcomes influence interpretations of pharmacologic interventions (Etkin 1988, 1992; Jenkins 2010a, b; Petryna and Kleinman 2006; Whyte et al. 2002). It is because of these complexities that there is a need for studies of psychopharmaceutical efficacy that pursue broad cultural analyses. However, such cultural analyses must not obscure lived experience. Biehl et al. (2007a) write that anthropology's emphasis on cultural representation has minimized "the conceptual significance of lived experience, even when reports of experience are the major source of anthropological data" adding that, "a more substantial conceptualization of cultural experience is in order, one in which the collective and the individual are intertwined and run together and in which power and meaning are not placed in theoretical opposition but are shown to be intimately linked in an intersubjective matrix" (p. 14). Attention to the significance of lived experience of psychopharmaceutical use is particularly important, as this experience is one in which "nothing less than one's view of self is at stake" (Karp 1996, p. 102). Yet, as Fox Keller (2007) stresses, we must also not ignore the biological body's contributions to lived experience. These critiques underscore the need to understand psychopharmaceutical efficacy in relation to complex, interconnected biological, sociocultural, and structural factors that shape individuals' responses to, and experiences and evaluations of, these drugs. Such a holistic perspective uncovers lived experiences of psychopharmaceutical use without isolating the biological body from cultural or structural realms," ([Schlosser and Ninnemann 2012](#)).

The titles and abstracts for the articles are:

Allison V. Schlosser and Kristi Ninnemann, [Introduction to the Special](#)

[Section: The Anthropology of Psychopharmaceuticals: Cultural and Pharmacological Efficacies in Context](#)

Kristi M. Ninnemann, [Variability in the Efficacy of Psychopharmaceuticals: Contributions from Pharmacogenomics, Ethnopsychopharmacology, and Psychological and Psychiatric Anthropologies](#)

Psychological and psychiatric anthropology have long questioned the universality of psychiatric diagnoses, bringing to light the fluidity of mental disorder, and recognizing that the experience and expression of psychopathology is influenced by complex and interacting genetic, environmental, and cultural factors. The majority of our discussions, however, have remained centered around the role of culture in shaping mental illness: drawing attention to subjective experiences of mental illness and culturally patterned modes of symptom presentation, and interrogating the cogency of universal diagnostic rubrics. Psychological and psychiatric anthropology have yet to robustly engage the broadly assumed universal validity of psychiatric medications and the ways in which they are prescribed and experienced. This article provides an introduction into the fields of pharmacogenomics and ethnopsychopharmacology, areas of inquiry seeking to understand the ways in which genetic variability occurring between, and within, large population groups influences individual ability to metabolize psychotropic medications. This piece further addresses the complex issue of psychopharmaceutical efficacy, stressing the ways in which, just as with psychopathology, medications and their outcomes are likewise influenced by the complex interactions of genes, environment, and culture. Lastly, ways in which anthropology can and should engage with the growing fields of pharmacogenomics and ethnopsychopharmacology are suggested.

Allison V. Schlosser and Lee D. Hoffer, [The Psychotropic Self/Imaginary: Subjectivity and Psychopharmaceutical Use Among Heroin Users with Co-Occurring Mental Illness](#)

Many people diagnosed with mental illnesses struggle with illicit drug addiction. These individuals are often treated with psychiatric medications, yet little is known about how they experience this

treatment. Research on the subjective experience of psychiatric medication use highlights the complex, contradictory, and ambiguous feelings often associated with this treatment. However, for those with mental illness and addiction, this experience is complicated by the need to manage both psychiatric medication and illicit drug use. Using ethnographic data from a study of heroin use in Northeast Ohio, we explore this experience by expanding the pharmaceutical self/imaginary (Jenkins, *Pharmaceutical Self: The Global Shaping of Experience in an Age of Psychopharmacology*, School for Advanced Research Press, Santa Fe, NM, 2010b) to include psychopharmaceuticals and illicit drugs, what we call the *psychotropic* self/imaginary. Through this lens we explore the ways participants interpret and manage their psychotropic drug use in relation to sociocultural, institutional, and political–economic contexts. This analysis reveals how participants seek desired effects of legally prescribed and illicit drugs to treat mental illness, manage heroin addiction, and maintain a perceived “normal” self. Participants manage their drug use using active strategies, such as selective use of psychiatric medications, in the context of structural constraints, such as restricted access to mental health care, and cultural contexts that blur distinctions between “good” medicines and “bad” drugs.

Zhiying Ma, [When Love Meets Drugs: Pharmaceuticalizing Ambivalence in Post-Socialist China](#)

In this article, I examine the interaction between intimacy and psychiatry to explore the ambivalences in the use of pharmaceuticals in psychiatric practice. Of particular interest is how pharmaceuticals come to constitute in multiple ways what pathology is and what form of life needs to be restored, and how psychiatric medications reconfigure the ambivalence of intimacy in post-socialist China. Following the life of Mei, a female psychiatric patient, for two years, I have made a series of discoveries related to medicine and intimacy in China. Specifically, I show that psychopharmaceuticals indicate a diseased body that threatens the intimate bond. They also highlight a socially suffering subject that is in lack of love from the intimate partner who demands the latter’s redemption. I discuss how these multiple and contradicting meanings of psychopharmaceuticals and intimacy are socio-historically situated. Thus, while previous research in medical anthropology criticizes pharmaceuticalization for reducing the socio-political life (*bios*) to a biological body (*zo?*), I argue that these life forms co-exist in a pharmaceutical “zone of indistinction”

(Agamben, *Homo Sacer: Sovereign Power and Bare Life*. Stanford University Press, Stanford, [1998](#)), in which they constitute and contradict each other. This discussion warns researchers against falling back into the usual orientation of either biomedicine or the social sciences.

Janis H. Jenkins, [The Anthropology of Psychopharmacology: Commentary on Contributions to the Analysis of Pharmaceutical Self and Imaginary](#)

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