BOOK REVIEW


As this review was going to press, the Editors received word that Cambridge University Press has terminated publication of Cambridge Studies in Medical Anthropology. However, the Editorial Board of the series is in the process of contracting with another equally distinguished press to continue publication of its theme books, monographs, and edited collections. Notice of the new publisher will appear in a subsequent issue of Culture, Medicine and Psychiatry.

Meaning, Medicine and the ‘Placebo Effect’ and the Social Lives of Medicines are the first two theme books issued as a new part of Cambridge Studies in Medical Anthropology. This distinguished series in medical anthropology, edited by Alan Harwood, has added theme books to its monographs and edited collections in order to provide accessible introductions to key areas in medical anthropology. As stated by Cambridge University Press, the theme books are “works that synthesize emerging scholarship from relatively new subfields or that reinterpret the literature of older ones.” The first two books focus on medicines in complementary ways that would make them an excellent pair of books to combine for a medical anthropology seminar or courses in other social sciences of health fields. They would also be useful in a medical school elective on social studies of medicine. These volumes are quite different in approach and material, providing a broad range of anthropological and nonanthropological research.

Moerman’s Meaning, Medicine and the ‘Placebo Effect’ is a provocative and expansive discussion of the “placebo effect” framed by an anthropological meaning approach that is broader than the way placebos are typically studied. This book is a thoroughgoing statement of the importance of meaning in medicine and builds on a tradition long established by Culture, Medicine and Psychiatry. Meaning, Medicine and the ‘Placebo Effect’ is written in three parts. The first part defines the “meaning response” and gives multiple examples of the power of the meaning response in medicine. This section also establishes that the meaning response is much broader than previous narrow conceptions of the placebo effect. The second

section focuses on applications of the meaning approach to reinterpreting key studies in the social sciences of health and medicine. Part three examines the impact of meaning on biological processes.

The book is an excellent example of an anthropologist interpreting the significance of findings in clinical and psychological research through a meaning-centered lens. At the same time, there is relatively less attention to anthropological research and more to work in clinical medicine and psychology throughout the book. This is both a strength and weakness. The strength of this approach is that it orients anthropologists to important health research across the disciplines and enhances awareness of key work in other fields. These include Frank’s work on how psychotherapy leads to healing, Pennebaker’s psychological studies of the effects of writing on recovering from traumatic experiences, and Idler’s research in sociology on the meanings and consequences of self-assessments of health. The book also provides an important introduction to the randomized controlled clinical trial (RCT), the “gold standard in medicine,” allowing medical anthropologists insight into the place and analysis of this critical approach to medical research. A weakness of the book is that there is not a thorough enough review of the anthropological work in this area. Readers do not come away from Moerman’s book with a clear anthropological program for future work on these matters.

The weight of evidence reviewed by Moerman makes a compelling case for the role of meaning in medical experience. Whether it is the color or shape of pills, the relationship between a psychotherapist and a patient, the doctor’s persona and communication style at the bedside, or the reporting of one’s assessment of one’s health to a researcher, meaning saturates and determines the outcome of the interaction. Moerman makes the convincing case that the placebo effect is too narrow a construct and that it fails to capture the power of context in shaping health outcomes. Moerman argues that anthropologists could add considerably to clinical trials using placebo controls by interviewing patients about their experience of both the active intervention and the placebo condition to learn more fully about the experience of placebos. A fuller conception of the anthropological study of the meaning of medicines and health interventions is left to the reader. A broader view of the role of anthropology in the study of the social lives of medicines is the focus of the second book in the series.

Whyte, van der Geest, and Hardon’s Social Lives of Medicines is a wide-ranging review of anthropological studies of medicines. The studies range from micro level examinations of mothers’ decisions about which medicines are most efficacious for children’s coughs and colds to macro studies of how manufacturers make decisions about marketing pharmaceuticals and how health planners decide which drugs are an essential part of the public health repertoire. One of the strengths of this book is
that it brings together studies by anthropologists from around the world, exposing students in the United States to a range of work they do not often read.

_Social Lives of Medicines_ makes clear that the taking and giving (prescribing) of medicines is a social act that is deeply imbued with meaning. The authors make clear that medicines are powerful symbols that have meanings from the intimate levels of people’s lives to the very public spheres of international economies. In this sense, there is a strong link to Moerman’s focus on the meaning response. Each chapter of the book reviews a series of studies that address a key theme. Some of the themes include the efficacy of drugs, the symbolic nature of medicines, medicines as mechanisms of control, the commodification of health, and the attraction of technology. The early chapters focus on the local level and the later chapters expand attention to the global level. Through the chapters, the lens shifts perspective from the consumers of medicines, to the providers of medicines, to the manufacturers and marketers of medicines, to government regulators of medicines.

The wide range of studies presented in the _Social Lives of Medicines_ make a strong case that the use of medicine in all its forms is deeply embedded in social relationships within and between families, with a wide range of community and professional healers, and with markets at all levels. The book also makes the important point that there is a paucity of anthropological studies of the corporate and policy levels of the social lives of medicines; the analysis of these levels is essential to understanding why there have been no new drugs for malaria in decades, or why AIDS drugs cost such different amounts in different places, and the contentions over who can produce these medicines at what prices.

The research summarized in this book expands and complicates how medical anthropology studies health care systems. Medicines and the people who use/provide/make/sell them transcend and transgress the boundaries between different sectors of the health care system. This work suggests that previous categories of health care systems are no longer adequate. Medical anthropology needs new models that incorporate the blurring of distinctions between the professional and folk sectors, the transnational flows of medicine, the role of international marketing and how these messages get reinterpreted at the local level, and the influence of political economy on what medicines are available in what places. While this book does not provide such a framework, it begins to suggest the outlines of what these approaches might look like.

Together these books provide a rich perspective on the social meanings and social lives of medicines and medical interventions. They also signal the emergence of an exciting new series in medical anthropology. These books succeed as introductions to the field to be used in undergraduate and graduate courses in medical anthropology. By synthesizing the literature so well, they also suggest new directions for research.
The next theme book to appear (in December 2004) will be *Epidemiology and Culture*, by James Trostle, which I reviewed in manuscript form. Trostle takes off from his introductory chapters to the long-out-of-print *Anthropology and Epidemiology* (Craig Janes, Ron Stall, and Sandra Gifford, eds., Reidel, 1986), to build an approach to integrating anthropology and epidemiology. Much like Moerman’s book, Trostle’s work introduces anthropologists to the field of epidemiology and to key studies which took culture seriously. It then moves to studies which more fully integrate cultural issues and anthropological method with epidemiological approaches to significant health problems.

Overall, the new theme books provide stimulating introductions to key issues in the field. Their explicit multidisciplinarity makes them very useful to courses not only in medical anthropology but broadly in social studies of health and medicine. They also point to the importance for medical anthropologists (and other social and health scientists) of reading across disciplines and integrating diverse perspectives into the study of health and illness. *Meaning, Medicine and the ‘Placebo Effect’* and *Social Lives of Medicine* make a strong case that the study of meaning and culture is central to the full understanding of critical health issues.

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