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**Pharmaceutical Reason: Knowledge and Value in Global Psychiatry.** *Andrew*

*Lakoff*. Cambridge: Cambridge University Press, 2005. x + 206 pp., references, index.

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Andrew Lakoff's ethnography of psychiatric practice in Argentina shows how medical work and scientific reasoning are surreptitiously steered by political and commercial interests. The professional debate over Freudian–Lacanian psychoanalysis (words) versus North American biopsychiatry (drugs) is not only a political debate in disguise (resistance to U.S. hegemony) but also—even more so—reflective of competition in the pharmaceutical market.

In 1997, a French genomics firm approached a hospital in Buenos Aires about collecting DNA samples of patients suffering from bipolar disorder. The Argentine doctors could not find enough bipolar cases to serve the French company, which triggered a discussion about the universality of psychiatric disease concepts.

“Diagnostic Liquidity” is the title of the chapter in which Lakoff demonstrates the cultural and political contingency of psychiatric diagnostics. His account reaches its ethnographic zenith in the last chapters in which he describes the growing popularity of antidepressants in a country where depression is hardly an issue. The partial explanation of this enigma lies in the metamorphosis of the drug into a tranquilizer,

helping people to overcome stress and panic in a turbulent period of Argentinean history: during the collapse of the national bank and the subsequent economic disasters for private citizens.

The case of the antipanic drugs beautifully illustrates the hold of business over science and health care. Lakoff reveals how the pharmaceutical industry cleverly plugs into the political and economic crisis by offering people the gift of a drug that helps them to restore control over their lives. He also shows that the pharmaceutical company actively creates the condition—the pathology, one could say—that requires its drugs. He calls this “diagnostic truing”: making the diagnosis “correct” in the sense that it fits the drug for sale. The lock is changed to fit the key. The categories of psychiatric practice are “broken down in terms of medication response, so that diagnostic questions would appear no longer as—‘is it bipolar disorder or schizophrenia?’ But as—‘is it a lithium or an olanzapine response profile?’ ” (p. 174). Company representatives, or “reps” (popularly called “valijas” [suitcases] because of the satchels and promotional literature they carry), lure doctors with attractive rewards, and pharmaceutical audits closely monitor prescription practices to ensure the effectiveness of this ‘liquidification’ of diagnosis.

In his introduction, Lakoff quotes one of his psychiatrist friends, who remarks that Lakoff could have gone to an island in the southern Pacific to study rituals but instead decided to come to Buenos Aires to study psychiatrists. The author rejects the “joke” because his research is not about “cultural difference,” but I do think the friend made a correct—albeit somewhat stereotypical—comparison between the thoughts and practices of Pacific islanders and other non-Western groups and Argentinean psychiatrists. Reading *Pharmaceutical Reason*, one cannot help comparing Lakoff’s argument with E. E. Evans-Pritchard’s classic work on Azande reasoning. The

overlaps are striking; both psychiatrists and witch doctors establish and perpetuate the rationality of their diagnostics with references to perceived outcomes of treatment and by making them fit social and political interests.

Lakoff speaks of “productive uncertainty.” Uncertainty is not only a problem in medical practice, but it also is an opportunity, for it provides room for maneuvering scientific categories to serve commercial aims. Pharmaceutical reason, or rationality, is not just a cognitive achievement; it extends its logic over politics and business as well. That was as true for witch doctors in Zandeland a century ago as it is for present-day psychiatrists in the capital of Argentina.

There is also a significant difference, however. Evans-Pritchard set out to “prove” the rationality of beliefs and practices that seemed utterly irrational and superstitious to Western observers, whereas Lakoff moves in the opposite direction: revealing the “non-sense” in pharmaceutical reasoning among university-trained professionals. Yet both approaches make “sense” in a wider political and commercial perspective; both have reason.

Over the past 25 years, I have frequently called for more anthropological attention to the production and marketing of pharmaceuticals and their linkage to health and health care. Lakoff’s ethnography is a convincing response to that call. From this book, I learned that there is even more anthropological “stuff” in the development and marketing of antipsychotic drugs than I had imagined.