

The Anthropology of Psychopharmacology: Commentary on Contributions to the Analysis of Pharmaceutical Self and Imaginary

Janis H. Jenkins

Published online: 7 February 2012
© Springer Science+Business Media, LLC 2012

People are taking psychiatric drugs today more than ever throughout North America and Europe as well as parts of Asia and countries of the global South, reflecting the way treatment has been affected by the global dominance of biomedicine, sometimes in seemingly incongruous ways. An anthropological account of this highly consequential development requires a variety of strategies to explore the nexus of the subjective experience of psychoactive pharmaceuticals and global processes that shape psycho-pharmaceutical consumption. A fusion of perspectives is needed since studies of global processes that address the problem of psychopharmacology often do not consider the experience of medications for those who take them, while the limited set of studies of the phenomenology of medication experience has thus far not given due consideration to the economic and political dimensions of the problem.

In framing the theoretical and clinical contributions of my recent edited volume addressing this issue, I proposed that our key terms must include the *pharmaceutical self*, understood in terms of the subjective experience of psychopharmaceuticals, and the contemporary *pharmaceutical imaginary*, understood in terms of the global shaping of consumption (Jenkins 2011a, b). In the context of the contemporary global culture of consumption and the arena of global capitalism in which giant pharmaceutical companies operate, analytic deployment of these terms supports the recognition that to some extent we are all already pharmaceutical selves. For those treated for major psychiatric disorders like schizophrenia, these terms help toward unraveling experiential paradoxes including the frustration of recovery without cure, the persistence of stigma despite recovery, the blameless guilt of living with a “biochemical imbalance,” the choice of being “crazy or fat” due to medication effects, and the strained coexistence of pharmaceutical management and psychotherapeutic treatment.

J. H. Jenkins (✉)
UC San Diego, 9500 Gilman Drive, La Jolla, CA 92093-0532, USA
e-mail: jjenkins@ias.edu

The contributions to this issue of CMP take up the challenge articulated in *Pharmaceutical Self* to flesh out the cultural, political, and economic forces that shape the lived experience and institutional processes of production and circulation of psychopharmacology worldwide. Schlosser and Hoffer make a vital contribution to anthropological understanding of the self/imaginary in the use of psychotropic drugs to include antidepressants, antipsychotics, anxiolytics, and heroin. The social life of this common yet poorly understood “cocktail” brings into play a complex moral economy of psychiatric medications (“good drugs”) and illicit street drugs (“bad drugs”). This innovative ethnographic study documents that, as a matter of lived experience, the circulation of psychotropic knowledge and ingestion creates personal expertise and conflict in soothing the torment of an unhappy life. The ethnopsychological and cultural logic of normal/abnormal in this situation sheds light on what is valued as a matter of routine or ‘steady state.’ The study also provides first-person accounts of the trouble with drugs, subjectively discerned, as dulling, transformative, or boring. Calculations of the worth of dampening unwanted intrusions of voices must be weighed against unwanted weight gain and loss of one’s customary and valued sense of self. The existential and phenomenological stakes could not be higher. Kristi Ninnemann’s innovative paper draws our attention to the critical yet frequently unrecognized verity of biogenetic variation in metabolic processes and psychopharmaceuticals. Drawing on pioneering work from ethnopsychopharmacology, she takes a step forward in advancing our understanding of the ways in which medications are shaped by complicated interactions among culture, behavioral environment, and biogenetics. This contribution is opportune as a counterbalance to appreciation of the recognition that culture shapes nearly every aspect of mental illness. Culture is neither the only nor even the primary source of human variation. The significant matter of individual variation advanced some 80 years ago by Sapir applies with equal force. Finally, the paper by Zhiying Ma offers an intriguing if uneven treatment of the pharmaceutical self and imaginary in China. As also identified by our research group, Ma finds ambivalence to be central to matters of intimacy, subjectivity, and the treatment of mental illness. The cadence of ambivalence and paradox in the emergence of the pharmaceutical self come together in this set of papers to make a significant contribution to a newly emerging anthropological spotlight on the reciprocal shaping of lived experience and institutional forces of globalization.

References

Jenkins, Janis H.

- 2011a Introduction. *Pharmaceutical Self: The Global Shaping of Experience in an Age of Psychopharmacology*. Santa Fe, NM: School of Advanced Research Press.
- 2011b *Pharmaceutical Self and Imaginary in the Social Field of Psychiatric Treatment*. In *Pharmaceutical Self: The Global Shaping of Experience in an Age of Psychopharmacology*. Santa Fe, NM: School of Advanced Research Press.