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**Publication date**

2010

**Document Version**

Final published version

**Published in**

Viennese Ethnomedicine Newsletter

[Link to publication](#)

**Citation for published version (APA):**

van der Geest, S. (2010). Why are pharmaceuticals sometimes liked and sometimes disliked? *Viennese Ethnomedicine Newsletter*, 12(2-3), 15-21.

<http://www.univie.ac.at/ethnomedicine/PDF/ven%20XII%20-%202-3%202010.pdf>

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*viennese ethnomedicine newsletter*



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# Why Are Pharmaceuticals Sometimes Liked and Sometimes Disliked?

Sjaak van der Geest

I was first drawn to the study of pharmaceuticals when I was doing fieldwork on sexual relationships and birth control in a rural town in Ghana. During that research young people repeatedly told me that they used a certain medicine to prevent pregnancy and that they used the same medicine to terminate a pregnancy that they had failed to prevent. Students at the university, I soon found out, were using the same medicine for the same purposes. The medicine, which was for sale in all drugstores I visited, in Accra as well as in rural towns and villages, was a purgative produced by a company in Detroit. How this product had come to play the role of the most popular contraceptive among Ghanaian youths was a riddle. My curiosity – and concern – grew further when I found out that doctors and other medical professionals had never heard of it.

The popularity and widespread use of foreign produced medicines outside the knowledge and control of the professional medical world was not only intriguing to me but also of life importance to those using them. Suddenly I began to see pharmaceuticals everywhere: in shops, at the market, in small kiosks and in private houses. Some of them were relatively harmless; others were dangerous prescription-only drugs.

A few years later I started my research on the distribution and use of pharmaceuticals in Cameroon. I was most interested in the flourishing informal market of pharmaceuticals, but I soon discovered that that informal market also existed on the doorsteps and in the wards and consultation rooms of health centers and hospitals (see: Van der Geest 1988, 1991).

This paper reviews the reasons for the worldwide popularity of drugs, and then suggests that some of the same factors may help us to understand reluctance to use them in some cases. Popularity and skepticism may be dialectically related, as is suggested by an overview of pharmaceutical practice in the United States, the country with the highest consumption of

drugs in the world, and home to some of the most explicit critiques of synthetic pharmaceuticals (Vuckovic, Nichter 1997).

## Popularity

When I speak of “popularity” I do so from the point of view of the consumer. I discern five grounds for the popularity of medicines: practical experience, the tangibility of drugs, xenophilia, the symbolic exchange of medicines and their empowering potential.

### *Practical experience*

Before we move to analytical abstractions, we should pay attention to more mundane matters: common knowledge and practical experience. When people are asked why they prefer modern pharmaceuticals, their most common reply is clear, almost tautological: Because they work! Antibiotics in particular have contributed to the popularity of pharmaceuticals. They performed miracles that had not been witnessed before and confirmed their epithet of “Magic Bullets”. Historical studies suggest that the successes of antibiotics in curing infectious diseases in Africa, Asia and Latin America greatly facilitated the rapid acceptance of biomedicine, and pharmaceuticals in particular.

The quick cure provided by antibiotics in an era which had not yet been struck by resistance convinced the general public of the superiority of “Western” drugs and contributed enormously to their popularity. As they became more easily available, not only at formal health facilities, but also from shops and vendors, they became a kind of folk medicine with which most people had first hand experience. But there was more.

### *Tangibility*

The concreteness of medicines answers what Cassel (1976) has called the “it-ness” of disease. As tangible substances, which can be swallowed

or applied to a specific part of the body, medicines help to capture subjective experiences of not feeling well and make them object-like. Substances from the physical world transform elusive sensations of pain and discomfort into concrete phenomena and facilitate explanation, communication and therapeutic action.

The explanatory power of medicines lies in the fact that they help the patient (and his/her environment) to localize and intellectually grasp (the causes of) ill health. Their effect on communication is that the illness can be pointed out to others with the help of medication. A particularly important type of communication is legitimization. The prescription of medicine “proves” the sickness and justifies the patient’s behavior. In fact, the very availability of medicines invites action in the form of medical intervention.

One could say that medicines have an inherent quality of curing (by being concrete) and, therefore, a natural disposition for attracting patients and curers. That inherent quality applies to all medical substances, including herbs, amulets and other non-biomedical medicines. Western products, however, have special “charms”.

### *Xenophilia*

An exotic provenance of medicines is easily seen as a promise that these are superior. The way in which a medicine’s connection to another cultural context may be emphasized to enhance its charm is strikingly illustrated by a Philippine television ad for “Alvedon”, a brand name for paracetamol, manufactured by Astra of Sweden. Pictures show a Swedish doctor taking the drug, while an announcer explains that Alvedon is the product of “the same Swedish technology” that produced the Volvo. This is followed by pictures of the tennis champion, Björn Borg, and the Nobel Prize ceremony in Stockholm (Michael Tan, personal communication).

It is against this background of the metonymic connections of medicines that we may also understand the extreme importance of appearance and packaging. The immediately apparent form of a medicinal commodity has the potential for suggesting such connections. The partic-

ular appeal of “high tech” forms of Western medicine, such as injections and capsules, is that they are so obviously products of advanced technology. To this must be added the power and prestige that accrue to political and economic dominance. A capsule is a bit of Western technology with all that implies of potency and possibility.

### *Tokens in Social Exchange*

Medicines lend themselves eminently to meaningful exchange. They facilitate, mark and reinforce social relationships. They express and confirm friendship, dedication and concern, particularly in the meeting between a patient and his/her doctor.

Medicines are tokens of the doctor’s concern and, reversibly, that concern fills the medicines with therapeutic power. This is beautifully shown in a study by Nichter and Nordstrom on medicine use in Sri Lanka. Whether a medicine works is thought to depend on the person who prescribes it. “[M]edicine is imbued with the qualities and intention of the giver” (Nichter and Nordstrom 1989: 379). The medicine thus becomes a mediator between the person of the patient and the person of the practitioner. During an illness a patient will look for a doctor who is sensitive to his particular physical and social circumstances. The authors quote an informant who emphasizes that the same medicine may be effective in one case and ineffective in another: “You see, even though it is the same medicine, it answers better if it is given by a person who has the gift of healing for you.” (ibid.: 383).

The prescription, and later on the medicine, is a metonymic extension of the doctor. There is, as it were, a dose of doctor in the medicine. The healing hand of the doctor reaches the patient through the prescription and the medicine. The prescription and the medicine are the material proof that doctor and patient are still connected to one another. The confidence awakened in the patient by the doctor is recaptured in the concreteness of prescription and medicine.

Medicines also perform the role of expressing and strengthening relationships between people outside a medical context. Cosminsky and Scrimshaw (1980) write that bottles of intra-

venous glucose solutions are offered as wedding gifts in Guatemala (also cited by Nichter and Vuckovic 1994). Tan (1999: 60) remarks that Filipino husbands fulfill their pregnant wives' craving by buying vitamins for them. Also in the Philippines, Hardon (1991) writes that a mother shows her goodness by purchasing medicines for her children. In Ghana people may give medicines as a gift at the birth of a child.

### *Empowerment*

Periods of illness are occasions of dependency and social control. They provide an opportunity to review social relationships and conceptions of the person in the world. In explaining and treating illness, ideas of obligation and morality are often mobilized, as countless ethnographers have shown. Family meetings, confessions, sacrifices, rituals of exorcism and collective prayer are kinds of therapy embedded in kinship and community relationships. To these kinds of therapy, medicines are an alternative, a treatment which can be carried out privately and which focuses on the individual body (Whyte 1988, 1992).

Thus medicines can become vehicles of individualization, useful exactly at that point where more "relational" forms of therapy might have emphasized the person's involvement with other people and/or subjection to spiritual forces. In many Third World societies, this potential of medicines fits with a general process of individualization associated with changing economic structures, school education, and the creation of national popular cultures.

The fact that medicines are used individually and privately is particularly important when discretion is valued. Those suffering from venereal diseases are generally strongly motivated to cure themselves before others get to know their shameful condition. The great popularity of antibiotics, in particular tetracycline, is probably explained by this concern.

The same applies to medicines used to induce abortion. In many societies abortion is seen as a serious offence against one of the most cherished values, the production of offspring. Modern pharmaceuticals as well as traditional herbs or other substances are used privately and secretly by women to terminate their

pregnancy (Bleek and Asante-Darko 1986, Koster 2003). Lack of social support, impoverishment, or the wish to complete an education may offset the prestige that used to accrue to high fertility in many societies. When pregnancy does occur, abortion may seem the best rational alternative to the woman concerned. "Medicines" may provide her with the means to solve that problem without the interference of others.

Thus, medicines seem to empower the individual, diminishing dependence on biomedical practitioners, spiritual experts and kin. The social control exercised by therapeutic specialists, from witchfinder to psychiatrist, from ancestor-priest to family doctor, can be evaded. Also the influence of family elders, neighbors, religious leaders, and others can be greatly reduced, as the individual may be able to circumvent their interference by the private use of medicines. Divination, collective prayer, sacrifice, surgery, and counseling put the patient in other people's hands. Medicines enable him to take his condition in his own hands.

At a very practical level as well, Western pharmaceuticals are often seen as advantageous, if not exactly empowering. They are convenient and ready for use. Many indigenous herbs have the disadvantage that they have to be collected, usually outside the village, and prepared before they can be applied. This process is time consuming; and it also diminishes the privacy of using medicines, for it may prove impossible to carry out the preparation of the herbs without others noticing it. Moreover, a person may have to depend on others to find and prepare a certain herb. That a medicine is ready for use assumes increasing importance, as time becomes more precious in the lives of individuals (Sussman 1988: 208f).

### **Skepticism**

The popularity of pharmaceuticals is punctuated by recurring expressions of mistrust, disparagement and resistance. In contrast to those who accept them as precious gifts, others refuse them or take them grudgingly. Some people reject the substances themselves as being toxic, unnatural, aggressive, and debilitating for the natural immunity of the body. Others object to how medicines are used as a substitute for other

ways of dealing with problems. Sometimes these concerns are expressed in an individual idiom, as personal decisions by men and women trying to take charge of their own lives and enjoy relationships not mediated by medicines. Sometimes objections to medicines are phrased in terms of what might be called cultural idioms, where biomedical drugs are compared unfavorably to natural or indigenous medicines or to virtues of spiritualism or lifestyle. Obviously these two categories overlap empirically. I distinguish them here for purposes of analytical exposition.

### *Medicines, Control and Communication*

One kind of disinclination towards medicines has its roots in relations between patients and doctors and issues of personal autonomy. In a study about “medicalization” among thirty patients in London, Britten (1996) found some people who, without informing their physicians, decided not to fill their prescriptions. They criticized the doctor for over-prescribing and experienced his prescription as an easy way out of the consultation. Britten’s respondents emphasized that they wanted more attention to their problem instead of medicines and said it was difficult to get away from a consultation without a prescription. Some said they were pleased when the doctor had *not* prescribed any medicine but had given them personal advice on how to go about dealing with the problem.

Resistance to medicine use is called “non-compliance” in medical terminology. Non-compliance could be regarded as an attempt by patients to assert themselves against or outside the control of the medical professionals and should also be studied from the patient’s point of view. Indeed “non-compliance” is often the outcome of skepticism about the doctor and his medicines.

In another study among people with epilepsy in the United States, Conrad (1985) pointed out that although medicines can increase self-reliance by reducing seizures, they are at the same time experienced as a threat to self-reliance: “Medications seem almost to become symbolic of the dependence created by having epilepsy” (p. 34). The drugs, in other words, have come to represent the disease and – paradoxically – recall what they are supposed to suppress.

Van Dongen (1990), who described the role of medication in a psychiatric ward for chronic patients in the Netherlands, presented yet another type of “non-compliance”. That role is intensely ambiguous. Medicines replace words in the communication between staff and patients. For some they are tokens of concern but for others, means of oppression. Medicines provide staff members with the power to maintain order in the ward. Medicines quell the disturbing symptoms of a psychosis or depression. One of the staff put it frankly: “When we get very difficult clients, we have medicines.” In reaction, some patients resist thus being controlled by medicines and complain of nasty side effects. Medicines become hostile substances, means of oppression, “poison” and, by refusing to take them, weapons of rebellion.

These examples of non-compliance illustrate the way that not taking medicines can be an assertion of autonomy on the part of sick people, who feel that medications or doctors impinge on their lives in undesirable ways.

### *Medicines and Cultural Critique*

Another form of skepticism is cast less as a matter of specific relationships and control, and more generally in terms of qualities of the medicines themselves – their meanings, provenance, and effects on the body. There is a kind of cultural politics at work here, which can be a critique of the pharmaceutical industry, an opposition to foreign influence, or unease with alienating high tech hegemony. Enthusiasm for “natural medicine” or prevention-rather-than-cure is widespread in today’s world.

In her London study Britten (1996) found that aversion to medicines was sometimes explained by the assertion that medicines are artificial, chemical and unnatural. The fact that they had been made in a factory was in itself a reason to suspect them. Some people were reluctant to put something manufactured into their bodies. They preferred natural products. Pharmaceuticals were described as “foreign to the body”, an “alien force”, or “intruding on the body”. Britten’s informants mentioned various mechanisms by which pharmaceuticals caused damage. Medicines, some said, lowered the body’s resistance to infection and disease. Some objected that pharmaceuticals only fight

the symptoms and not the causes. Others noted that pharmaceuticals offered uniform treatments that did not consider the specific problems of the individual patient.

In some non-Western countries, the critique is phrased as an opposition between indigenous and imported medicinal traditions, and the indigenous is sometimes associated with the natural. In India, for example, the contrast is made between Ayurvedic and allopathic (biomedical) treatment. Bode (2002, 2008), in his study of Ayurvedic and Unani medicines, shows how these indigenous medicines are presented and promoted as antipodes of the Western “chemical substances”. Indian medicines are natural and have no side effects. They preserve and restore bodily and spiritual balance according to ancient guidelines for a healthy life. Western drugs, on the contrary, destroy the natural order and cause allergies and loss of immunity.

Consumers can be skeptical because biomedical products do not tally with their cultural perception of illness and cure or because they are uncertain and worried about their effects. In relating biomedical pharmaceuticals to local medical cosmologies, people often reject some of them for some types of patients. They may be seen as too strong and aggressive. Nichter and Nichter (1996) report that villagers in Southwest India consider “English” (or “allopathic”) medicines as powerful yet dangerous. In contrast to Ayurvedic medicines that are believed to maintain or restore balance, English medicines are seen as heating and liable to have dangerous side effects. Injections, in particular, are believed to be very hot and are therefore not given to children. Pregnant women may avoid injections for the same reason, as they fear that the medicine will harm the fetus or cause an abortion. They may also reject pills because they think that these are difficult to digest and thus remain in the body, sharing the same space with the fetus for some time and causing it damage.

Injections, finally, deserve special attention. They may enjoy wide popularity because of their perceived potency and “high tech” foreign origin, but their power and foreignness may at the same time constitute their menace. The risks in connection with HIV/AIDS have made

that reservation more acute. Reservations about the value of injections are reported in various studies (e.g. Bierlich 2000, Birungi 1994, Oths 1992).

## Conclusion

This article explored the dialectical appreciation of pharmaceuticals, from high popularity to doubt and dislike. This conclusion, based on a review of the literature, can only be tentative, but will hopefully inspire further study and discussion.

Five grounds for the widespread popularity of pharmaceuticals which were investigated in the first part of this article (practical experience, tangibility, xenophilia, symbolic exchange and empowering potential) were almost systematically reversed in the second part. Practical experience of iatrogenic problems can make patients skeptical about pharmaceuticals and reluctant to use them. They may feel the concreteness of medicines as a misunderstanding of their more complex and elusive health complaints. They do not experience the prescription of pharmaceuticals as a token of concern by medical professionals but rather as a denial of their real needs and a tool to pacify them. The predilection for foreign remedies leads to oppositional thinking in which biomedical substances are contrasted to natural or indigenous ones, and come to be regarded as poisonous and “alien” to the body. Finally, more and more patients view pharmaceuticals as oppressive rather than liberating and decide to stop taking them or to take them in their own way.

There is a “temptation” to distinguish between skeptical consumers in “Western” and “Non-Western” societies, but it is more useful to look for analytical distinctions that cut across that contrast. Pharmaceuticals are caught in global processes of attraction to and rejection of dominant political, cultural and ideological values. Their position is inherently ambiguous. They are both weapons of domination and resistance.

Doubts about medicines can derive from increased biomedical knowledge among consumers, but may also be the result of lack of such knowledge leading to cultural misunderstanding and suspicion. Skepticism can be understood as a kind of incipient cultural poli-

tics, in which medicines are used to place oneself critically in opposition to something, whether it is the doctor, the medical establishment, biomedical technology, or the power of cosmopolitan (Western) ways. Expressing skepticism about pharmaceutical drugs can be a way of asserting (or constructing) a contrast: nature vs. scientific technology; the ancient Ayurvedic tradition vs. Western modernity; individual agency vs. professional authority; or even, people vs. international capitalism. Medicines are a strategic point for formulating such oppositions because they are commodities in a commercial system, elements of biomedical technology, as well as personal products for use on and in individual bodies. They are part of everyday life and also of national and international economy.

#### Acknowledgement

This paper draws on two earlier publications (Van der Geest, Whyte 2003, Whyte et al. 2002). I thank Susan Whyte for her permission to quote from our common publications.

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