Arthur Kleinman is professor of anthropology at Harvard University and chair of social medicine at Harvard Medical School. More than perhaps any other single figure, his work over the past two decades has helped to define the connection between anthropology and medical care. His first major work, Patients and Healers in the context of Culture, was published in 1979. Since then, Kleinman has produced dozens of influential papers and authored, edited, or coedited some fifteen additional books. Much of this work has centered on health care practices in China, which continues to serve as a site of his fieldwork on patient/provider interactions and, arising out of this observational material, as a basis for theorizing on the complex relationship among clinical, cultural, and social/institutional processes.

Writing at the Margin is a kind of summa of Kleinman’s impressive intellectual career. The first chapter provides a quite personal essay in which the author reviews elements of continuity and change in his orientation to the medical anthropology field. It is a fascinating and unusual introspection (whose tone reminded me of some of the thoughtful autobiographical writings of Robert Coles and the late Erik Erikson, two other socially attuned Harvard professors). Interestingly, over time, Kleinman finds himself becoming much more wary of “explanatory models” of patient and practitioner behavior, more engaged by richly individualistic case studies that convey the “lived experience” of illness and healing, and more inclined to explore the linkage between microclinical problems and macropolitical forces. In the remainder of the book are seven essays based more or less closely on writings Kleinman has published over the past five years, a lengthy review of the recent ethnographic literature in medical anthropology, and a bibliographic appendix of Kleinman’s scholarly opus since the early 1970s.

Kleinman’s general stance is that medical anthropology lies at the boundary between the humanities and the social sciences; psychiatric concerns occupy a peripheral place within biomedicine; and cross-cultural analysis intrinsically demands a perspective that can transcend (while raking most seriously) the mainstream values of any particular society. In all of these respects, as his title suggests, Kleinman finds his field to be “marginal,” without meaning to imply that it lacks importance. Writing at the Margin deserves to be, and certainly elsewhere will be, reviewed as the exceptional contribution to medical anthropology that it so obviously is. However, the background of this reviewer, in common with the majority of this journal’s readers, lies in health policy and services research, not anthropology, so it is from this standpoint that subsequent comments are offered. Kleinman may not be writing with “health policy wonks” chiefly in mind, yet he is not unaware of policy concerns, and his seminal interpretations of health and society hold many relevant insights for this audience.

One of Kleinman’s most profound subjects is the experience of suffering. For him, it is impossible to make sense of the forms of distress seen, for example, in chronic pain syndrome, without considering the full matrix of social pressures and relations from which it emerges. As he writes:

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Thus, studying chronic pain patients means that each must be situated in a world. That world must be described, and the description must include an account of the experience in family, workplace, and community. To understand what chronic pain signifies, what its experience is like, ethnographers must work out a background understanding of local knowledge and daily practices concerning the body and the self, and misfortune, suffering, and aspiration generally. And they must relate this background understanding to episodes of pain, courses of pain, and other aspects of the world of patients, families, and practitioners who are responding to the constraints of pain (p. 125).

This passage is emblematic of Kleinman’s determined sensitivity to subtle intricacy in the lives of persons who might otherwise be seen merely as clinical material, or as contributors to a troubling category of rising health expenditure. His case histories of various persons who have sought medical attention due to chronic pain—a thirty-one-year-old bioclinical researcher, a thirty-year-old married woman from a poor Boston Irish family, and several Chinese patients—make plain the role of oppressive cultural forms and social structures. At the same time, Kleinman underscores that any single interpretation of suffering, even one so rich as an anthropological existentialism, threatens to distort other dimensions of the condition.

A strong push exists in U.S. health care today for the development of treatment protocols to standardize the interaction between patients and doctors based on objective clinical research findings. Also increasingly prominent are managed care systems that oversee—and often dispute—the preferences of individual patients and providers in setting the course of treatment for an illness. To be sure, both tendencies are understandable responses to an uncontrolled escalation of medical costs and perceived variations in quality of care. Yet more and more Americans seem to feel that such methods are being carried out in a way that sets at odds the goals of cost control and quality enhancement. Significantly, Kleinman notes a shift in values from the “human grounds of illness and care” to “economic and political priorities” that is giving North American medicine more in common institutionally “with many of the other agencies of government and business bureaucracies than with the biomedicine that existed even a quarter of a century ago” (p. 39). He also notes the healthful idiosyncratic aspect of individual medical encounters in other societies such as China. Whatever benefits may come from current standardization efforts in the United States, Kleinman’s work helps us to recognize the dangers of locking our medical system into that “iron cage of technical rationality” of which the sociologist Max Weber once warned.

Kleinman’s discussion of posttraumatic stress disorder (PTSD) provides a valuable cultural critique of psychiatric diagnosis in American medicine. As he explains, guidelines set out in the official Diagnostic and Statistical Manual, Third Edition, Revised (DSM-III-R) resolutely overlook the extent to which exposure to violence is a routine experience for many in our society, and that strong emotional reactions to such trauma need not be conceived as abnormal. A view of PTSD as betraying the social misery that results from certain kinds of political priorities (and inactivity) may well be justified, but, as Kleinman indicates, “You cannot bill third-party payers for coming to the aid of those who have experienced political trauma. You can bill them for major depressive disorder, any one of the anxiety disorders, or PTSD” (p. 182). To put this in the language of policy analysis, here is a prime illustration of medicalization blunting alternative problem definitions that logically point to societal-level intervention.

If anthropological insight can lend a fresh

**Kleinman’s work helps us to recognize the dangers of locking our medical system into an ‘iron cage of technical rationality.’**
dimension to public policy discussions, it nonetheless promises to remain "at the margin" of applied policy development. There is just too much incongruence between an anthropological perspective and the demands of the policy process. Anthropological analysis, for example, encourages us to distrust the use of aggregate statistics to portray a social problem, as Kleinman does in criticizing the pseudo-objectivity of international health measurements. For better or worse, however, the policy process is driven by such data, which often provide urgency and focus to legislative action. Kleinman stresses the "murky indeterminacy of real lives and the messy uncertainty of real conditions" (p. 54) as a proper object of ethnographic study. Contrast this with how public policy responds to broad common denominators in public needs and expectations. In a sense, rational policy making is always seeking what Kleinman terms a "transpositional objectivity" in assessing the claims of different groups and individuals functioning in divergent social contexts; such an attempt invites repeated failure in the real political world, of course, but it remains normatively important. Discussing the field of bioethics, Kleinman observes: "In the anthropological vision, such a transcendent objectivity is the problem, not the solution" (p. 55). All of which is not to suggest, however, that anthropology's engagement with the ambiguities of individual and cultural value systems is not germane to public policy development, especially when it comes to issues of tolerance in our increasingly diverse society.

At one point in his book, Kleinman describes the moral estrangement of Chinese intellectuals feeling out of tune with the political regime and uses of power in their society. He quotes the poetry of Zuo Si, composed in the third century, as a classic expression of this sentiment that remains appropriate today. A brief excerpt:

"Flap, flap, the captive bird in the cage
Beating its wings against the four corners.
Depressed, depressed the scholar in the narrow street
Clasping a shadow, he dwells in an empty house.
When he goes out, there is nowhere for him to go.
Branches and brambles block up his path.
He composes a memorial, but it is rejected and unread.
He is left stranded, like a fish in a dry pond (p. 113)."

For many U.S. health policy analysts who have long advocated for national health care reform and then had to endure the concept's dismantling via a cynical political dogfight, such a sense of alienation may be anything but foreign.

Lessons From Breast Implant Litigation

BY WILLIAM M. SAGE

Science on Trial: The Clash of Medical Evidence and the Law In the Breast Implant Case
by Marcia Angell
(New York: W.W. Norton & Company, 1996) 256 pp., $27.95.

In the opening chapter of Science on Trial, Marcia Angell declares that "not all endeavors are meant to be ruled by public opinion. Justice, for example, should not be, nor should science." Yet the story she tells is a testament to the power of public opinion in American law, politics, and health care. Angell's book chronicles for a general audience the thirty-five-year history of silicone gel breast implants, focusing on the period from 1988, when public concern about the connection between silicone implants and connective tissue disease began to peak, to 1995, when scientific evidence had accumulated that tended to refute a causal relationship. The books conclusions are solid and the narrative is compelling, with many surprising facts.

What did we know about silicone breast...