BOOK REVIEW/COMPTE RENDU

Peter A. Hall and **Michele Lamont,** eds., *Successful Societies: How Institutions and Culture Affect Health*. New York: Cambridge University Press, 2009, 360 pp. $US 29.99 paper (978-0-521-73630-5), $US 90.00 hardcover (978-0-521-51660-0).

Material resources are critical to ensure the health and well-being of a population. Access to medical technologies, proper housing, and adequate nutrition enable people to maintain well-being and inhibit infectious disease and chronic ailments, particularly in societies with low levels of inequality. Numerous sociological and epidemiological studies have documented the influence of access to these resources on population health. Yet, influences on population health extend well beyond material resources alone. These other influences are the focus of *Successful Societies: How Institutions and Culture Affect Health*, a volume that is a welcome addition to the discussion of the social determinants of health.

Editors Hall and Lamont brought an interdisciplinary panel of experts to attend to the influences on population health beyond material resources. The product of their collaboration is a timely volume that focuses on the roles of culture and institutions. This group of scholars collectively aimed to tackle the thorny question of why some societies are more successful than others in promoting the health and well-being of their citizenry, at times despite comparable levels of material resources. While not providing a "just add water" type of solution to this puzzle, the authors make a significant contribution towards the expansion of a conceptual toolkit for tackling population health problems.

The volume's premise is that culture and institutions are critical forces that shape the social relations that influence population health. These ideas are not exactly revolutionary to many sociologists, but at the same time, they often get lost in the standard discourse surrounding population health, and the authors integrate them in interesting ways. They consider that "a successful society is one that enhances the capabilities of people to pursue the goals important to their own lives, whether through individual or collective action" (p. 2). Key to these considerations is the authors' contention that capabilities are shaped not only by the material conditions in which individuals live their everyday lives, but through the social and symbolic resources available to them as well. For

example, Hall and Taylor argue in their chapter that social connectedness attenuates the "wear and tear" experienced in the course of everyday life by providing additional coping mechanisms. But importantly, they go one step further by discussing how public policy can create social resources by fostering social connectedness. While they echo discussions of the importance of social capital for enabling population health, Hall and Taylor highlight the reciprocal relationship between institutions and aspects of social cohesion.

Beyond social connections, these scholars analyze how cultural frameworks create a foundation for social relationships and the ways relationships play themselves out in everyday life. Cultural dynamics provide the means to understand the vernacular logic underlying social relationships and how they influence population health. As noted by Hall and Lamont, "those who belong to a society are tied together by ideas of who they are and what they can do that are as evaluative as they are factual" (p. 11). In other words, the way that subjects *understand* their social relationships undergirds how they function within them, and the health outcomes that they produce.

The editors identify three core components of the cultural frameworks that influence population health: symbolic boundaries, status hierarchies, and collective imaginaries. These aspects of culture and their implications for health are rendered vivid by several examples provided by the authors. For example, Bouchard examines the intersection of cultural and population health trends in Quebec since the mid-nineteenth century. He shows how collective imaginaries (the collective constructions and representations of everyday life) in the form of myths woven from competing narratives of Quebec have conditioned individual and group behaviors in ways that significantly influence broad patterns of mortality over time. Such examples provide fodder for deep consideration of culture as a historical force subtly shaping long-term health trends.

Lamont's own chapter further develops the critical importance of cultural dynamics by focusing on the symbolic boundaries that frame patterns of social exclusion. She considers how ordinary citizens respond to racism through "destigmatization strategies" that attempt to redefine the symbolic boundaries in play. Such strategies are important because how people respond to social exclusion may mediate its impact. The meanings attributed to social exclusion and the responses to it can have a profound effect on individual and community health as Lamont highlights in considering the "daily hassles" of discrimination as chronic stressors that chip away at the physical and mental health of those subject to it. By attempting to redraw symbolic boundaries, destigmatization strategies have the potential to attenuate such everyday burdens and their ill effects.

   In addition to considering culture and institutions as influences in their own right, the book's authors look at how their intersection exerts an impact on population of health. The making of public policy is an arena in which this confluence is clearly at play. The authors highlight that institutions do not function in a vacuum. Not only do cultural influences shape policy development, but they also govern the efficiency of social institutions in putting policy into practice. This is made vivid by Swidler's comparative analysis of HIV prevention efforts in Uganda and Botswana. How is it that Botswana, which is politically and economically stable by sub-Saharan African standards, fared so much worse in its HIV prevention efforts than Uganda, which is resource poor and administratively fragmented by comparison, despite both mobilizing early to channel resources to HIV prevention? Swidler's answer to this paradox is that success depends on the extent to which these efforts culturally resonate to produce institutional responses that efficiently facilitate healthy behaviors. Ugandan officials wove the fight against AIDS into the cultural fabric of their nation, which stimulated the mobilization of local institutions to deal with the problem. These localized points of action effectively dealt with the emerging epidemic. In contrast, Botswana launched a massive education campaign from the top downward, but their more impersonal governmental bureaucracies were unable to effectively stimulate the behavioral changes needed to reduce the burden of HIV. Thus greater cultural resonance within local institutions trumped a greater expenditure of material resources.

   Overall, *Successful Societies* is a valuable resource for considering the influence of culture and institutions on population health. It is a shining example of the good that can be produced by interdisciplinary collaborations, and it widens our considerations of the social determinants of health. It also provides rich examples of why we need to do more than create opportunities for economic growth in developing nations in order to produce positive changes in population health. To enable the capabilities of citizens to respond to life challenges, we must facilitate many forms of capital as well as healthy institutions.

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