

**Peter A. Hall and Michèle Lamont (eds.):**  
*Successful Societies: How Institutions and Culture Affect Health*  
 New York 2009: Cambridge University Press, 346 pp.

This densely written book does not hide its ambition to make an important contribution to the study of social determinants of human health. It summarises the findings from the first four years of a project sponsored by the Canadian Institute for Advanced Research (CIFAR) on 'successful societies'. The interdisciplinary team of researchers included sociologists and political scientists, but also a social epidemiologist, a psychologist, and a historian. The outcome of their collaboration is a volume containing an introductory article by the two editors, Peter A. Hall and Michèle Lamont, and ten chapters, two of which were authored by the editors and the remaining eight by other distinguished North American social scientists. Even if some chapters remain rather explorative in their character and much space is taken by the reviews of existing literature, all the chapters provide inspiring insights into the social conditioning of population health and carry a great potential to contribute to the pertinent debates in this field. This is still an ongoing project and more definitive results can be expected later.

The dominant approach brought to bear on the issue of population health throughout the book is what could be termed 'culturalist institutionalism' (Peter Evans uses the very similar label 'cultural/institutional approach' in Chapter 4). It is argued repeatedly that the study of population health can draw substantial benefits from paying systematic attention to social structures such as social networks or hierarchies, institutional environments and cultural contexts through or in which the more conventional factors of social health, such as wealth (GDP) or the quality of the medical care, operate. As Hall and Lamont

argue in their introduction, social epidemiology has predominantly focused on the material factors of population health, such as wealth or economic prosperity more broadly defined to include sanitation and basic utilities. Or, it has studied social inequalities as a fundamental cause of the 'health gradient', the linear function connecting higher socioeconomic status to better health prospects. Missing from this perspective was the recognition of the role played by intermediary social structures, institutional arrangements, and cultural representations, and by the independent agency of social actors in mediating various health outcomes.

Given the presence of renowned institutionalists and cultural sociologists on the team, there is no doubt the book is well situated to make some progress in synthesising institutionalism and cultural analysis. The range of approaches adopted by individual authors is naturally wide, with some closer to the institutionalist and others to the culturalist side of this new field. But the important thing is that both the institutionalist and the culturalist perspectives are jointly harnessed to cross-fertilise the discipline of social epidemiology. The aim of the book is nothing less than to demonstrate that bringing the institutional and cultural variables into the analysis of population health determinants is indispensable both for an adequate analytical grasp of the problem and, no less importantly, for efficacious public policy making. As I try to make clear below, the volume provides a very convincing theoretical case for taking seriously the role of institutions and culture and makes some valuable policy recommendations, even though these tend to be rather tentative.

One common view shared by all the contributions is the rejection of the US model of health care provision associated with significant selectivity, high costs, and far from optimal health outcomes. It is well known, for instance, that the United States

is the wealthiest world economy, but it ranks only 41st in the global rankings in life expectancy. The US-style emphasis on individual responsibility and private provision is exposed, alongside the wide social inequalities and economic insecurities abounding in the US as well as in other corners of the globalised neoliberal economy, as conducive to significantly worse population health. This view will certainly not command much criticism this side of the Atlantic. However, one thing Europeans might want to learn from the book, but actually will not learn, is how the Continental health-care systems can be preserved in face of the deepening budget crisis of the European welfare state. Still, I will argue in the conclusion that this book provides some useful advice even for the Continental European countries.

The central concept of 'successful societies' featured in the title should not go unnoticed. 'Successful societies', as this book understands the expression, are above all healthy societies, but it would be unfair to the authors to claim that they are unaware of the much broader purview of the concept of societal success. In their introduction, Hall and Lamont define what successful society means to them: 'one that enhances the capabilities of people to pursue the goals important to their own lives, whether through individual or collective action' (p. 2). Positive health outcomes are important indicators of successful societies, but it is clear that there is much more to successful societies than just health. This is conveyed by the term 'health plus' used throughout the book which the authors borrowed from James Dunn. 'Health plus' refers to other positive phenomena associated with good health, such as equality, inclusion, democratic participation, satisfying employment, or a functioning family. Such an extension of the concept of health towards its wider social correlates is certainly desirable, but 'health plus' as it is employed in the book remains seriously

underspecified. It is unclear which social conditions are its components and which are the factors affecting it.

Also, despite cautious remarks to the contrary, in many theoretical or empirical arguments presented in the book the broader and fuller sense of successful societies is abandoned in favour of an exclusive emphasis on health outcomes. If 'successful societies' are eventually equated with those societies with the healthiest and longest-living populations, it may seem that the word 'successful' is employed in an overly idiosyncratic manner. Keeping the population alive and well is a major social and political success for any society, no doubt. But other dimensions of 'success' (human rights, democracy, material prosperity) might appear as equally or even more important. Does the fact that Cuba has a similar life expectancy as the US mean that Cuba is an equally successful society? Was the Russian society of the 1970s more successful than the Russian society of the turbulent 1990s, just because Russia experienced a dramatic downfall of health outcomes after the collapse of Communism? Perhaps it was the authors' intention to transcend the ideological prejudice and conventional wisdom about such cases as Cuba or Russia, but in these and other similar cases not everyone will be convinced. If, for instance, democratic participation is a component of the 'health plus', then the US situation seems to be significantly better than Cuba's, despite similar health outcomes in the narrow sense.

Furthermore, there seems to be something paradoxical in the choice of the adjective 'successful' for such a book. Is it not actually an item from the vocabulary of neoliberalism, with which the authors have little sympathy? The cult of (economic) success appears to be inherent to neoliberalism's social imaginary and its normative system. The choice of the 'successful societies' catchword could be interpreted as an

unintended acknowledgment of the power that the neoliberal ideology wields over us. Or, and this seems to me the more likely explanation, the choice was part of an attempt to endow the word with a fuller meaning than that supplied by neoliberalism. Whichever is the case, the individual chapters are largely unaffected by this ambiguity surrounding the concept of successful societies.

Chapter 1 by Clyde Hertzman and Arjunand Siddiqi provides a systematic overview of the field of population health and discusses the basic relevant findings from the literature about the social factors influencing it. They define the field of population health as the study of health patterns among populations that represent Durkheimian social facts and thus cannot be reduced to the sum of individual health outcomes. The authors also present the basic evidence about the health gradients in different types of societies and highlight the fact that wealthier societies are characterised by better health and more equitable distributions of health outcomes across socio-economic groups. Building on historical institutionalist scholarship, they argue furthermore that changes in population health have to be studied as outcomes of long-term historical processes. Their empirical material shows growing gaps in health outcomes between societies that once stood on very similar levels of development: Finland against the Baltic countries in the Soviet era, Canada against the US since the 1960s, and the Czech Republic against Russia after the collapse of Communism. In the last case, the authors discuss some likely explanatory factors, such as significantly higher levels of redistribution in Czech society. But the argument that the Russian health situation deteriorated so dramatically because the Russian population was more reliant on formal medical institutions and could not resort to family networks does not describe adequately the difference between the two so-

cieties, as the Czech system of medical care was also very state-centric and informal social support played no important role.

In Chapter 2, Daniel Keating attempts to identify the mediating mechanisms through which social conditions become translated into the health gradient from the perspective of developmental psychology. In the process of 'biological embedding', he claims, differences in material and social circumstances are inscribed into the human body and produce thus the health gradient on the societal level. Three mediator systems anchored in human physiology are identified: stress response system, serotogenic system related to social connections, and reflective consciousness. Adverse social circumstances, including material deprivation, disrupted family relationships, and low social status, affect negatively the development of those systems from early childhood on and make people affected by them less capable of overcoming difficult situations later in life. Keating goes on to argue that the mediator systems of stress control, the serotogenic system, and consciousness are linked through social interactions to the development of specific competences and capabilities. Hence, the goal of social policy should be to foster such social interactions, and this means, of course, institutions and cultures that are supportive of optimal human development instead of focusing just on health and income policies in the conventional sense.

Peter Hall and Rosemary Taylor in Chapter 3 develop their basic insight that 'the structure of social relations in which people are embedded conditions their health' (p. 82) into the claim that policy-making should be aimed at preserving and generating social resources that become available through various social structures. They present a basic model linking health outcomes to socio-economic circumstances in which the 'wear and tear' individuals suffer in everyday life depends on the balance between the life challenges

facing the persons and their ability to cope with them. Coping with life challenges is easier for individuals who have access to more social resources. The lesson for governments is that they should support social connectedness and communal capabilities and reduce social hierarchies.

A similar policy message is conveyed in Chapter 4 by Peter Evans, who outlines the preliminaries of an institutional/cultural perspective in the field of development theory. He argues that such a perspective can be instrumental in integrating the institutional turn in development theory with Amartya Sen's capability approach. In the empirical section, Evans shows that his 'Societal Support Index', construed as a measure of social provision of education and social equality, is as good a predictor for population health as income. Furthermore, he discusses various instances of successful collective action resulting in improved population health in the Third World, including the well-documented case of the Communist regime in the Indian state of Kerala and the public health programme in the Brazilian state of Ceará. Evans stresses the importance of civil society mobilisation for achieving necessary institutional and cultural changes and for stimulating the capacity of public institutions to manage successful health campaigns.

Pressing Third World health problems are addressed also in Chapter 5 by cultural sociologist Ann Swidler. She addresses the different outcomes of anti-AIDS campaigns in two sub-Saharan countries. In what might appear as a paradox, Botswana, a country with a strong and efficient state apparatus, failed to deal effectively with the spread of the HIV virus, while Uganda, much less reputed for the quality of its state and democracy, achieved significant successes in fighting AIDS. Based on her fieldwork, Swidler argues that Uganda was more successful because the government's anti-AIDS campaign resonated with local civil society structures and cultural codes.

In Chapter 6, Michèle Lamont puts into perspective the importance of the cultural construction of the boundaries of marginalised social groups and of their definition of foundations for self-respect. She investigates the strategies used by various ethnic and racial minorities to rid themselves of the stigma attached to them as a part of their minority status. Building on the results of her previous empirical work on African Americans in the US and North African immigrants in France, she shows a variety of de-stigmatisation strategies employed by minority groups to cement their feeling of self-worth and escape subordinate positions in the societies in which they live. She concludes that successful societies are those which tolerate a plurality of cultural standards for measuring the worth of individuals belonging to different social groups.

The culturalist line of inquiry is further developed in Chapter 7 by Gérard Bouchard, who analyses the connections between population health in Québec and competing narratives concerning Québec's modern history. Two cultural visions of Québec's modern history are available. The older one, which Bouchard calls the 'survival thesis', saw Québec as backward in comparison with the Anglophone parts of Canada. The more recent modernist interpretation that originated in the 1960s, in contrast, portrays Québec as a society with huge development potential and many significant achievements. Health outcomes, for decades very poor and thus confirming the survival thesis, improved dramatically in the 1910s. The change in population health and cultural trends are not correlated and cultural change in this particular case does not help to explain the improved health outcomes. At least, the author argues, the sharp improvement in health patterns in the 1910s can be used as a point of reference in a compromise narrative about Québec's past.

Historical material is analysed again in Chapter 8. Jane Jenson presents a detailed account of the political circumstances

of the adoption of sanitary policies in 19th-century England. She makes a powerful claim to the effect that health policies are not implemented as soon as their generally beneficial effects become publicly known, but only when they align with the dominant cultural patterns in society. The health-promoting effects of sanitary policies were known in England as early as the 1830s, but their implementation was effectively blocked since they were at odds with the dominant form of liberal 'citizenship regime' at that time, which was adverse to government action and taxation. It was not until the 1870s when the liberal citizenship regime became pronouncedly more inclusive and supportive of an active role of the state in securing population well-being, that basic sanitary policies could be introduced across England.

The Canadian political theorist Will Kymlicka explores in Chapter 9 the effects of multiculturalism on the capacity of governments to maintain welfare policies. Kymlicka rejects the view that increasingly culturally diverse populations constrain the viability of the welfare state because they undermine social cohesion and substitute claims for recognition for claims for redistribution. Kymlicka argues that neither the actual presence of ethnic minorities in a country nor the multicultural policies in force affect negatively the welfare state or the societal support for redistributive policies. Citing Canada as a prime example, Kymlicka also argues that multiculturalism can, in fact, strengthen social cohesion and the popular support for redistributive measures in a society, if the larger national narratives legitimising the welfare state are reorganised to accommodate the presence of different cultures.

The concluding Chapter 10 by William Sewell, Jr. gives an account of the recent rise of neoliberalism from a political economic perspective. For Sewell as for other commentators, neoliberalism replaced the previous state-centric economic paradigm in the 1980s. The most interesting section

of this article analyses the shift towards neoliberalism in the cultural sphere. The dramatic cultural mobilisation of the 1960s resolved into the cultural fragmentisation of the 1970s. In the intellectual sphere the ascent of neoliberalism was supported by the arrival of thought currents as diverse as postmodernism and neoliberal microeconomics. Like many other critics, Sewell argues that neoliberalism undermines the social bases of solidarity and reciprocity and fosters unbridled individualism with its concurrent problems of increased risk-exposure and volatility. As a consequence, neoliberalism is the cause of worsening population health. But at the same time, neoliberal economic policies trigger economic growth and are thus also conducive to some improvements in health outcomes. The overall balance of neoliberalism is not entirely negative; it is a mixed, with prevailing negative effects.

The inspirations to be drawn from this excellent collection of chapters on institutional and cultural factors affecting health are manifold. To conclude, just two of them will be outlined. First, the book represents an important theoretical restatement of the culturalist case in the social sciences. As various contributions have made clear, 'hard' social facts such as health outcomes are mediated through human action with its inherent capacities for reflection, meaning-making and interpretation. Culture is one of the variables in the equation that connects socio-economic circumstances to population health. Second, the book is useful also for European readers, even if (Western) Europe mostly figures in the various articles only as an unproblematic case of well-functioning welfare states. The emphasis various contributions place on the mediating structures of civil society, forms of cultural mobilisation, the need to cultivate collective imaginaries, and the role of institutional and cultural variables in general, is not relevant only for countries with lower health indicators, but also for Europe. The contributors to this volume re-

mind us that public health-care provision and other government policies have cultural and cultural-institutional dimensions that are crucial to their legitimacy and efficiency. The shaping of the collective imaginaries of the modern European nation states in such a way as to promote increased inclusiveness towards minority cultures, as Kymlicka suggests, can cement social cohesion and solidarity, which are presently under growing strain. The legitimisation of the definitions of worthy life specific to various minorities and marginalised groups, proposed by Lamont, can also foster cohesion and solidarity. Keeping the public authorities alert and accountable through civil society mobilisation as Evans argues might prove to be an essential moment in the effort to preserve the capacity of the European welfare states to provide public goods in a future situation in which most socio-economic conditions will be much less favourable than they are today.

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**Agnieszka Paczyńska: *State, Labor, and the Transition to a Market Economy: Egypt, Poland, Mexico and the Czech Republic***

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State University Press, 256 pp.

Paczyńska has written an ambitious and thought-provoking book that seeks to explain labour's different degree of influence over the contentious issue of privatisation in four countries – Poland, Egypt, Mexico and the Czech Republic. The book makes a two-stage argument. First, labour's influence depends on the resources it holds when the struggle over privatisation begins. The most important resources are legal prerogatives, financial autonomy from

the state, and the experience of past labour-state confrontations. The second stage of the argument asks how labour was able to obtain those resources in certain cases. The answer lies in historical legacies, particularly the past (in)ability of ruling parties to construct sufficiently corporatist labour institutions. The ability of each ruling party to do so was in turn a product of the presence of internal struggles within the elite. When such divisions were present, they created political opportunities for labour, which was then able to extract concessions, and at least some of these concessions were central to shaping future labour-state conflicts.

Of the four cases, Mexico and the Czech Republic experienced limited elite divisions, and much more successful labour incorporation. In Egypt and Poland, in contrast, divisions within the ruling parties facilitated labour protests, which in both cases amounted to numerous contentious encounters with the state. These encounters led to considerable concessions, some of which were translated into resources (including the experience itself of such successful encounters), which were later used during the struggle over privatisation.

The ruling parties of all four cases looked to labour as a major pillar of support, at least nominally. The cases include two post-communist democracies, and two authoritarian polities (for Mexico, during the period examined). Each 'regime type' contains, from labour's perspective, a successful and unsuccessful case. The case selection thus controls for different type of ruling party (communist and authoritarian) as well as for the scope of the public sector to the privatised (ranging from little over 300 state-owned enterprises in Egypt to just under seven thousand in Poland).

Paczyńska begins with a puzzle (some of which is explicit in her writing, and some implicit). In both Poland and Egypt relatively powerful labour movements ap-