Phil Brown and Stephen Zavestoski’s edited volume provides a comprehensive, interdisciplinary analysis of the increasingly intricate webs of social movements in health. While the topic is not new, this collection is the first of its kind to explore the multiple ways in which coalitional health movements act to challenge, and in some cases to uphold, the authority of science and biomedicine.

In response to the growing awareness of the social determinants approach to health, social movements have initiated a demand for democratic participation in policy implementation and have become increasingly skeptical of the production of scientific knowledge. Health social movements, however, are not entirely unproblematic. While they tend to form in protest against scientific authority, their financial dependency on scientific institutions often causes conflicts of interest. Although Brown and Zavestoski do not discuss the more insidious side of these movements, they can also be employed to advance the causes of industrial and scientific authority (chapter 5) or to exclude and marginalize particular voices (chapters 7, 8, 9). Overall, the contributors to Social Movements in Health shed a refractory light on the undeniable influence of activists who are changing the face of research, policy and health, as we know it.

Brown and Zavestoski delineate the ways in which lay activists merge with medical authorities and vice versa, proving that social changes in health occur on multiple levels and through multiple actors. Following suit, both Goldner (chapter 3) and Joffe et al. (chapter 6), explore the ways in which insiders and outsiders come together to create change and to promote patient advocacy. Goldner indicates that all social movements must interact with the institutions they seek to change. In the case of complementary and alternative medicine, she argues, alternative practitioners (activists) often become insiders by practicing in hospitals and integrated clinics, while Western physicians often become disenchanted with the medical model and adopt alternative therapies. Likewise, Joffe et al. trace the history of abortion rights, highlighting the uneasy, yet symbiotic, relationships that feminist activists have created with abortion-practicing physicians. Provocatively, the authors take the concept of boundary one step further by emphasizing the fact that, in the contemporary context, physicians and activists have changed positions: physicians are becoming more political while activists are becoming more professional. The neat categories for
versus against are crumbling under the attempt to fully democratize participation in health and policy. The very existence of boundary movements, like the ones posited by Goldner and Joffe, holds out hope for an innovative health policy model characterized by partnerships between patients/activists/physicians and not by marketing and engineering.

The second key concept that links the chapters of this compilation – a concept that adds significant dimensions to the book and to the overall study of health social movements – is that of framing. Although the authors generally agree that these movements are a positive step toward change and participatory politics, framing, as it is understood here, is a decidedly market-based approach to social movements. In the introduction, Brown and Zavestoski explain that health social movements act as a guardian against profit motivation and self-interest; however, four of the nine chapters in this book indicate that, whether subtly or overtly, such movements can be equally interested in marketing themselves to maximize profits. The book’s final, and arguably most complex, example of the implications of framing occurs in Ganchoff’s chapter on biotechnology. Ganchoff’s contribution is unique within this collection as it speaks to the ways in which health social movements can be employed to advance, rather than to counter, biomedicine and scientific knowledge. Biotechnology, he argues, is a field framed by potentiality: imagined medical interventions married to commercial hype. Examining science advocacy movements, he discusses the ways in which these types of health social movements rely on frame amplification to enlarge the value of limitless scientific knowledge and to intensify the belief in the possibility of a medical revolution. Tying together boundaries and framing, Ganchoff’s chapter renounces binary pro versus con logic in favour of focusing on the complicated relationships that are created and nurtured by a wide variety of actors in a wide variety of settings. This unique chapter offers an entirely new conceptualization of the positive and negative potential inherent in health social movements.

In their chapter on consumer groups, Alsop et al. contend that the new social movements tend to attract activists from the middle classes of society. I would argue that this book confirms that assertion. One would think that an analysis of health social movements would be more concerned with a social determinants of health approach to awareness and advocacy. Questions about who benefits at whose expense still need be asked, even in movements that are celebrated for their emancipatory effects. Thorough class and race-based analyses, which would unquestionably change the dynamics of theorizing, are regrettably absent from what is otherwise an insightful and thought provoking book.

*Social Movements in Health* provides a substantial overview of what proves to be a powerful force in the area of health and disease construction. While I believe that this book leaves several significant stones unturned, the contributors do successfully theorize a segment of the sociology of health and illness that has, for the most part, remained untheorized. Moreover, chapters like Ganchoff’s add an unexpected twist to what seems
like a rather clear-cut concept. This collection is highly recommended to anyone searching for new and innovative ideas about health, participatory politics and democratic policy making.

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