

Our society likes numbers. Numbers and equations can be used to prove things. They can show whether a certain disease is being cured, whether unemployment is being lowered, or whether climate change is real. Numerical data serve as the foundation for the abstract classification of performance in areas such as The Economy, Healthcare and Immigration. It would only make sense that the underpinnings for these categories are digits. Numbers provide people with a direction and serve as a foundation for the functioning of our society. Or, so many of us believe. While numbers may be insightful in terms of revealing general trends, some of the most important questions regarding why we think and behave in certain ways cannot be quantified. Turn instead to the domain of anthropological writing and ethnographies, in which words and faces are placed behind the numbers that are so frequently used to justify beliefs and practices.

In this volume, we present essays that discuss three core themes of medical anthropology: illness narratives, notions of efficacy, and pain. We learn that pain and efficacy are not static categories, but rather depend on expectations and context. Perceptions of each are shaped by the environment and vary immensely based on the person's cultural background, (inter-) personal experiences and social networks – in short, their 'meshworks'. Anthropology dissects the points of influence between the supposedly distinct spheres that shape these perceptions and tries to make sense of which stimuli may carry greater weight for different people. Illness narratives – and narratives in general – are a study technique by which anthropologists can analyse these overlapping circles. The stories told, and the ways in which they are told, offer a lens on to societal understanding. They allow the listener to step into the actor's shoes and contextualize the surroundings that gave that individual his or her own beliefs, perceptions and behaviour. It is this ethnographic tool that anthropologists find most helpful in interpreting and uncovering the multi-directional relationships that are inherent in all exchange.

What we have is a case of number versus narrative, of objective truth versus subjective experiences. This is the way, at least, that most politicians and public figures speak. Narratives are thought to have no truth value when indeed they do. Consider this with regard to analysing efficacy: are numbers or stories more insightful in determining whether something is efficacious? Life is a process, as is illness and healing. Everything that politicians do – whether it is discrediting the media, abandoning a trade deal or changing the landscape of healthcare – is a process. Medical anthropology, in contrast to clinical

experimentation, offers us a way to study efficacy as processual, thereby capturing the value and truth from human experiences and social relationships that would otherwise evade an investigation into any single moment in time. Below, Leah Schwartz discusses a concept from the anthropological literature, ‘social efficacy,’ which is intended to account for the ways in which a given therapeutic mediates the social relationships of its consumer. With this in mind, it is possible to imagine a number of more holistic interventions that account for such complexity. Ideally, we might employ them to judge the efficacy of a new policy and thus go far beyond faceless statistical measures. Indeed, the qualitative component that anthropology adds to studies of efficacy is vital to achieving a holistic understanding of socio-political crises.