Extraordinary Conditions: Culture and Experience in Mental Illness

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In *Extraordinary Conditions: Culture and Experience in Mental Illness*, Janice Jenkins (2015), provides a compelling ethnography of mental illness. As a medical anthropologist, she advocates for studying psychiatric conditions at the level of raw experience and first-person narratives first rather than biomedical symptomology. Through her work with people suffering from psychosis or trauma at clinics in Ohio, New Mexico, and Cambridge, Jenkins argues that culture, politics, bodily experience, and sociality are crucial to the understanding of psychiatric disorders, elaborating upon Arthur Kleinman's (2016, 421) argument in "Rebalancing Academic Psychiatry" that the biomedical approach to psychiatry must be balanced by a "humanistic, biosocial" approach. Jenkins also emphasizes how the "extraordinary conditions of mental illness engage fundamental human processes in a situation of existential precariousness," arguing that mental illness is better characterized by precarity and struggle than vulnerability and symptoms (429). Her work draws attention to this idea of active struggle rather than passive suffering throughout her six chapters, divided into two parts. Part One focuses on psychosis, and we are led from a broad study of patients at an Ohioan clinic in chapter one to the lives of individual Mexican-American families in chapters two and three. Meanwhile, Part Two discusses trauma both in the lives of female Salvadoran refugees in chapters four and five and in the lives of residents of New Mexico in chapter six. Taken together, these chapters illuminate the precarious lived experience of psychiatric illnesses cross-culturally.

In chapter one, Jenkins opens with her work at the Clozapine Clinic, where she investigates the various meanings that second-generation antipsychotic "miracle" drugs enact in the subjectivities and imaginaries of patients with schizophrenia. During her interviews she observes that these patients developed a relationship with their medication, anthropomorphizing it through self-processes of attachment. In addition, Jenkins uses narrative classification to analyze and categorize the various metaphors and verbs her informants used to describe their somatic and affective reactions to the drugs. Her analysis leads her to the idea of "cultural chemistry," in which a person's culture shapes his or her responses to their illness and medications by engaging biological and social meanings simultaneously. "Cultural chemistry" thus emphasizes that the biochemical and bodily effects of drugs are inseparable from the social-emotional responses and cultural meanings they enact. For example, a patient's subjective experience of a medication can be intertwined with their religious beliefs or the metaphors pharmaceutical companies use to market the

medication (e.g. chemical imbalances in the brain, anthropomorphized pills).

Jenkins then delves into a deep ethnography of a single informant in chapter two to argue that there is no such thing as individual pathology insofar as the sociocultural milieu profoundly shapes subjective experience. In particular, she examines how issues of identity, family, and religion affect the experience of psychiatric disorders. In doing so, Jenkins presents mental illness as an active, existential struggle upon which personal, familial, and social hardships all converge, and she pushes back against conceptualizing it as passive suffering. Furthermore, Jenkins argues that the struggle against mental disorders highlights the human capacity for struggle in general. Indeed, she contends that the experience of extraordinary psychological illness is anthropologically relevant to experiences that are ordinary and mundane in that it highlights the human capacity to endure challenges "both titanic and quotidian" (95).

Having established that people's local worlds can influence the course of their mental illness, Jenkins then argues in chapter three that understanding psychological conditions requires culturally relevant frameworks of psychiatry. Specifically, she criticizes the blind transplantation of the original British metrics for expressed emotion (EE) developed by George Brown (1985) into other cultural contexts, arguing that analyzing symptoms without a cultural context amounts to "prediction without meaning" (Jenkins 2015, 135). That is, while EE can serve as a predictive metric for mental illness, it reveals little about the manifestation of that disorder in a given cultural environment and therefore lacks cross-cultural relevance. Instead, Jenkins attempts to formulate a culturally relevant paradigm for EE based on her research on the experiences of the families of Mexican-American patients with psychosis. In particular, she emphasizes the need to account for differences in what are considered a normal level of emotional expression across cultures. For instance, the Mexican-American cultural construction of *nervios*, which configures psychosis as an individual's loss of control in the face of trying circumstances, shapes the family's expression of warmth and acceptance, ultimately influencing the outcome of the disease.

Jenkins then transitions from psychosis to trauma in her discussion of female Salvadoran refugees during *la situacion*, or the Salvadoran civil war, in chapter four. She introduces the concept of *political ethos*, which she defines as the "culturally standardized organization of feeling and sentiment" (143). Jenkins analyzes how San Salvador created a political ethos of fear and anger that became embodied experiences of trauma for its people. Political ethos therefore exemplifies how the political, the personal, and the social become intertwined in experiences of trauma. Taking this point further, Jenkins traces how political violence interwove with domestic violence and harsh economic conditions to give rise to *nervios* and the bodily phenomenon *el calor*, a culturally-specific "embodiment of anger and fear" (160). Most women's descriptions of *el calor* were heavily peppered with similes

and metaphors involving "vapor" and "heat," suggesting that *el calor* represents bodily experience that is culturally specific but not formally sanctioned.

In chapter five, Jenkins turns to the question of how spiritual life, from Catholicism to herbalism, figured into the lived experiences of trauma for the Salvadoran women. In particular, using detailed ethnographies of two women, Jenkins asserts the importance of magic and religion in the experience of psychological disorders and pushes back against psychiatry's tradition of treating spiritual matters as a "remote existential backwater easily ignored and overlooked" (212). Indeed, for these women, reality is marked by a moral imperative to believe in magic, especially in the harrowing and uncertain context of trauma ("you can't believe nor stop believing," i.e., you try to assure yourself magic is not real but fail) (181).

Transitioning to the work she did in New Mexico, in chapter six Jenkins relates to us the precarious life conditions of two adolescents suffering from psychological and bodily trauma and considers how their experience of trauma is structured by larger social, political, and economic forces and institutions. She traces a relationship between trauma and social danger by arguing "precarious conditions and patterns of instability lay the grounds for the occurrence of traumatic events" (239) In other words, institutional structures can create fault lines along which trauma materializes even as trauma is lived out as an active struggle for the individual. Therefore, in parsing through the various causes and effects of trauma for her informants, Jenkins argues that one must consider the social, historical, and cultural processes underpinning the trauma. Jenkins also contends that following extraordinary traumatic events, adolescents sometimes intercede in and craft their own subjective experiences of reality for their own self-protection against the unfathomable lived realities they endure, something she calls "dynamic phenomenology" (274). Finally, Jenkins advocates for the use of the term "trauma" as a term that is more inclusive than clinical posttraumatic stress disorder. More broadly, she argues that when studying extraordinary mental illness, we should move beyond the constructs of language and symptoms and focus on the "immediacy of raw existence" (243).

Because Jenkins tackles an amalgam of topics using different analytical methods across a variety of settings, her text sometimes seems like a collage of different findings gathered in one binding. Indeed, readers must toggle between locations, cultures, and illnesses. As a result, Jenkins could have engaged readers in a deeper conversation about how the various data she gathered relate to each other. Jenkins's use of varied methods also poses challenges. For instance, while Jenkins's method of categorizing interview narratives based on common words or phrases in chapter one helps her compare her interviews systemically, it might also prevent her from gleaning other important connections among the narratives that do not depend on shared words. Indeed, drawing connections between what is learned through the different modes of analysis could illuminate her data even more.

In a sense, the variety of ethnographic findings in *Extraordinary*

Conditions is also its greatest strength. Although Jenkins primarily gathers data using interviews, she presents her findings through different modes of analysis throughout the book. On the one hand, her rich case studies provide keen insight into the lived experience of mental illness situated in an individual's local world. On the other hand, her large-scale analyses—which even feature descriptive statistics (e.g. measuring the standard deviation of the education levels of her informants at the Clozapine Clinic)—allow her to shore up arguments about the ways in which different cultural beliefs and practices enact different ways of conceptualizing and experiencing mental illness on the scope of communities and populations. Throughout the text, she also explains her analytical choices, situates her informants in their respective local worlds, and reflects on her own precarious moral position when engaging with people suffering from psychosis and trauma.

Rooted in theoretical considerations and situated in particular localities, *Extraordinary Conditions* is a collection of ethnographic studies that will fascinate any reader interested in the anthropology of mental health. Not weighed down by heavy jargon or social theory, the text speaks to a wide and diverse audience, from undergraduates to practicing clinicians. Particularly for the latter, *Extraordinary Conditions* highlights the usefulness of an anthropological approach to the study of mental illness. It also contributes to our understanding of psychosis and trauma by highlighting human beings' great capacity for endurance and struggle in the face of such conditions.

Though Jenkins's ethnographic work takes place primarily in the United States, her informants hail from across the Western hemisphere, providing a cross-cultural perspective. Her work thus highlights the importance of culturally informed mental health care in the United States itself, given the diversity of its residents. Reading Jenkins's text in connection with Robert Barrett's *The Psychiatric Team and the Social Definition of Schizophrenia: An Anthropological Study of Person and Illness* (2006) and Arthur Kleinman's (2012) *Rethinking Psychiatry: From Cultural Category to Personal Experience* reinforces the theme that psychiatry must not become a purely biological discipline, but must follow a biosocial approach in order to remain fully relevant to "clinical practice and global health" (Kleinman 2012, 421).

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