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JENKINS, Janis H. *Extraordinary conditions: Culture and experience in mental illness*. Oakland, CA: University of California Press, 2015.

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(A Summary Review)

For a Rhetoric of the Extraordinary: madness, culture and experience

Extraordinary conditions: culture and experience in mental illness is a book dedicated to reflecting on the culture and experience of disease. The book is composed of a set of chapters by anthropologist Janis H. Jenkins, Professor at the University of California, San Diego (UCSD) and is the result of a long trajectory dedicated to research on mental health from anthropology. The work is divided into two parts, *Psychosis, psychopharmacology, and families*² and *Violence, trauma, and depression*³, each of which contains three chapters, from different periods in the author's trajectory. The book covers nearly three decades of research on topics related to the field of mental health, including the emergence and impact of neuroscience and psychopharmacology on psychiatric treatment, Mexican populations living in the United States and the impacts of migratory processes, people in refugee situations political, relations between mental health and religiosity, among other topics.

Chapter 1, *Cultural Chemistry in the Clozapine Clinic*⁴ is an ethnographic discussion of the first North American clinic to use the psychiatric drug known as Clozapine. Seen as the first in the line of atypical antipsychotics, the emergence of Clozapine was considered revolutionary. The author examines images of healing, miracle and transformation that were evoked around the emergence of Clozapine and shows how the hegemony of drug use is crossed by the experience of stigma and the precariousness of resources, generating different forms of relationship with medicines. One of the main arguments of the chapter, associated with the idea of *pharmaceutical selves*⁵, seeks to discuss, in this sense, how the experience of ingesting psychotropic drugs is related to the constitution of subjects and subjectivities. The author demonstrates this by looking at group therapy sessions and how different professional rhetoric conveyed meanings about illness, treatment, behavior, conformity, normality, forging relationships between the use of medicines, treatment and *self*. It also shows how the intake of antipsychotics is intertwined with the life of each subject, revealing difficulty in adapting to the medications, dissatisfaction with the consequences of their ingestion,

criticisms of their effectiveness, the search for self-transformation, different body sensations, perceptions of control and identity, among many other processes. The idea of a *pharmaceutical self* thus emerges from the intricacies of these relationships between medicines and people, highlighting what the author calls a cultural “chemistry” of the treatment process with antipsychotic medications.

The second chapter takes in a central way the experiences of a young Mexican American diagnosed as psychotic and his struggles to understand an almighty God whose commands inhabit his daily life. Jenkins follows moments in Sebastián's trajectory in his struggles to live his work, family, treatment processes and use of medicines. *This is how God wants it? The struggle of Sebastián* centrally⁶ evokes the meaning not only psychological, but also cultural and social of the “psychotic experience”. The chapter offers interpretive possibilities for the senses and problems that the phenomenon of hallucination mobilizes, including what would be called *delusion* and *illusion* in the very set of human existential and experiential processes. The proposition of *struggle* instead of *suffering* as the central category emphasizes that the meanings of a life with schizophrenia also imply agency and strategies to exist, making it clear that Sebastián is “present” in his life, acting, seeking and interpreting his relationships. Jenkins offers an unorthodox approach to psychotic narratives, demonstrating that the *self* is affected by social reality and intertwined with cultural meanings and objects in everyday life. The author suggests that an anthropological interpretation is possible based on the screening of the concrete experience of subjects.

The third chapter, *Expressed Emotion and Conceptions of Mental Illness: Social Ecology of families living with Schizophrenia*⁷, gives a reading of the experiences of families living with disorders related to the spectrum of schizophrenia. The author proposes the critical use of the concept of Expressed Emotion (EE), common in health studies and which has an important impact in studies involving family environments and relationships with mental health⁸. The central point is that cultural aspects shape both family interpretations of the disease as well as emotional responses that are pronounced in this environment. This arrangement, in turn, has an impact on the course of treatment processes, relapses and improvements, and on the general relationship with so-called psychotic subjects. Jenkins advocates, however, a reciprocal influence and an interaction between different factors, constituting complex “family ecologies”. Inspired by the works of Michele and Renato Rosaldo, the author states that emotion should be thought of not as an abstract cultural system, but as the result of the subject's positions within a field of social relations. Criticizing different arguments from the explanatory tradition associated with the idea of “schizophrenogenic families”⁹, Jenkins defends a family approach that does not stereotype the role of women and does not place the single cause of what is called psychosis in the family. The author concludes that the EE method is based on a family and emotion model defined by Euro-American abstractions. The usefulness of a model would be, in this sense, to be opposed to the different ways in which emotion is culturally constructed and, in this sense, how concepts of family, anger, acceptance, etc. are recognized.

Entering the second part of the book, we have, in the fourth chapter, *The Impress of Extremity among Salvadoran Refugees*¹⁰, an ethnography of the lives of Salvadoran refugee women in Boston (USA) during the period of civil war in El Salvador. Jenkins is dedicated to understanding the lives and routines of these women whose subjective experiences included violence, forced migration, distance from their families, the disappearance of friends, testimony to the brutality of war in their country, among other limiting conditions. Jenkins proposes an

anthropological reflection on the encounter between subjective experience and broader social processes, paying attention to how the State constitutes an *ethos* political that conditions, organizes and promotes certain emotional forms, in this case through war and violence. The focus is on the combined action of cultural aspects, socio-political events and the emergence of illness, particularly diagnoses related to mental illness. In a powerful ethnography of women's stories and the way they dealt with *la situación*, Jenkins allows us to move forward in the discussion about migration processes and also about the ways in which subjects inhabit states of violence and extremity.

The fifth chapter, *Blood and Magic: No Hay que Creer ni dejar de Creer*¹¹, continues the discussion on the lives of refugees living in the United States and seeks to discuss especially the relationship between mental health and religion. Using A. Schütz's notion of multiple realities, Janis reinforces the idea that Salvadoran women inhabited different and complex overlapping realities. For the author, it is important to understand how subjects move in these realities and how they relate to available ideas about religiosity, allowing these paths to trace the divisions between what is religious and what is not. The discussion focuses on the stories of Mariela and Ceres, whose lives are populated by different entities, beings, "jobs", that afflicted them and caused different evils, also demanding different religious positions and confrontations. In both trajectories, treatments in mental health centers and spiritual cleanings, were equally relevant. The chapter highlights important criticisms in the reflection involving religion and mental health, such as the tendency to seek therapeutic (psycho) equivalences in religious practices or the need to describe religious phenomena as discrete and well-defined entities of events. On the contrary, Jenkins reinforces how her research field is crossed by diverse and, at times contrasting, therapeutic practices, without this calling into question the coherence of the ways in which Mariela and Ceres pursued the relief of their suffering in the face of mental illness and also in the face of the continuing violence of the political crisis in El Salvador.

The final chapter of the book, *Trauma and Trouble in the Land of Enchantment*¹², introduces the important discussion involving social suffering (*social suffering*) and (*humanitarian reasoning*), while investigating the relationship between political violence and trauma, particularly, with reference to the category of Post-Traumatic Stress Disorder (PTSD). Jenkins assesses the category based on extensive research carried out among adolescents in the North American state of New Mexico, known as the "land of enchantment" and also one of the poorest states in the United States. The author argues that the psychiatric categories that seek to classify adolescents (largely an extreme combination of depression, PTSD and psychosis) only minimally reach all the complexity, precariousness, vulnerability and violence that crosses their lives. Jenkins thus argues in favor of superseding PTSD as a way of describing states of psychic trauma and, at the same time, also suggests problematic aspects of the general category of trauma, pointing to the need to think about the link between body, mind, subjectivity and social structure in the construction of more reflective and comprehensive categories.

One of the striking aspects of Janis Jenkins' book is to reinforce the importance of culture for thinking about the experience of psychic disorder and also the categories of illness themselves. Central to this proposal is the concept of "extraordinary conditions", which seeks both draw attention to the existence of *life* - agency struggles - in all the experiences of the disease, as also emphasize the intrinsic qualities of *the* human being. The author emphasizes that the use of the word "extraordinary" carries ambiguities and, apparently, seeks to work precisely around this power. The term emphasizes the existence of this something that is culturally defined as "mental illness", bringing to ethnography a constant coexistence with disorders, diseases, illnesses, syndromes; as, at the same time, precarious

conditions, political violence, domestic violence, abuse, neglect of basic human rights, war, which the author takes as conditions that emerge from social situations and that take human life to its limits.

In addition to this movement, the author proposes that mental illness should be taken as fertile grounds for theorizing about culture, thus contributing to the claim of a more central place for madness in anthropological research, mainly for discussions that focus on cultural construction and overlaps between "disorders" and psychiatric categories with other social processes, going beyond the mere argument that diseases are culturally constructed. The relationship between anthropology and psychiatry, psychology and culture, anthropology and madness, anthropology and experience of illness, among others, are constantly emphasized throughout the chapters, bringing a diversity of contributions to ethnographic research with these fields. By unrestrictedly advocating an approach to *"life on the edge of experience"*, Jenkins reinforces that the aspects involved in mental disorder are not meaningless and that they should be objects of anthropological reflection, indicating that such experiences and emotions must be considered, along with "mental illness," as ways to think about culture, while also engaging anthropology in understanding the fundamentally human processes that define mental illness.

Notes

1. *Extraordinary Conditions: Culture and Experience in Mental Illness*. Throughout the review oscillates between different ways of translating the expression mental illness, widely used by the author. "Illness" or "mental disorder" appear as more literal translations. At the same time, it is clear that the term is not subject to the same crossings as in the Brazilian context, where there is a strong investment in the criticism of these terminologies. Still, different nomenclatures explain different frameworks and fields of knowledge-power. At times, therefore, I maintain the use of the forms "mental illness" or "disorder", as they seem to engage more quickly with medicalization, evoking the complexity of disorders, syndromes, diagnoses and processes abstracted in the psychiatric field, as well as capture biomedical experience of madness. As the title indicates, the use of "mental illness", mainly as a more open descriptor of the author's work, in relation to a departure from medicalizing approaches and by calling attention to the character of "Extraordinary," to which the book directs attention. "Mental health" also appears at times as a way of describing the more general field where many of the author's debates are inscribed. Throughout the review, I offer translations of section titles and chapters for better understanding.

Sections:

Part I: *Psychosis, psychopharmacology, and family*

Part II: *Violence, trauma and depression*

Chapters:

Introduction: *Culture, Mental Illness, and the Extraordinary*

1. *Cultural Chemistry in the Clozapine Clinic*

Pharmaceutical Self. The notion self employed by the author is situated within framework of a psychological anthropology, not as a “discrete entity”, but as a “configuration of processes through which people guide themselves towards their own *being*, towards others and also to the world around.” (JENKINS, 2015, p. 24).

2. *Is This How God wants it? The Struggle of Sebastián*
3. *Expressed Emotion and Conceptions of Mental Illness: A Social Ecology of Families Living with Schizophrenia*

The emergence of EE methodology is attributed to the context of development of Social and Community Psychiatry, in the 1950s / 1960s, mainly to the developments of the work of the psychiatrist George W. Brown. It is identified as an effective methodology for recognizing what is called the emotional atmosphere that surrounds patients called schizophrenics (WEARDEN et al., 2000; ZANETTI et al., 2018; SANTOS et al., 2005). Amaresha and Venkatasubramanian (2012) report that it emerged from the deinstitutionalization process itself that followed the emergence of chlorpromazine, a process that was, despite the "success" of the medication, succeeded by the readmission of many subjects to institutional contexts due to relapses and recurrence of symptoms. EE would allow us to understand which elements would make relapses possible and map the attitudes of families related to them.

The idea of mothers or schizophrenogenic families is both a diffuse idea present in clinical contexts and a model that emerges from different etiologies and interpretations. A reading attributed to psychoanalysis is that the mother would have a central role in the subject's psychic formation, allowing the father to present the symbolic function to the child. While the mother-child / a relationship would be of biological demand, symbiosis, the father-child / a relationship would have the game, language and, ultimately, socialization as an objective / destiny. Another idea would also appear, related to the works of G. Bateson and his concept of the “double bind”, which, despite emphasizing the interactive character of different environments and configurations, would also suggest a communicative disorder underlying the family structure. The concept of ethos in Bateson, according to the author, would be more appropriate for its inclination towards the emotional (JENKINS, 2015, p. 102-103; 272). The concept of EE itself would also reinforce the search for a universal family model. Jenkins' reflection indicates the existence of a strong feminist critique of the idea of a schizophrenogenic mother, for the obvious reason that the concept would attribute the emergence of pathologies to the supposed inadequacies of fulfilling the “role” of mother.

4. *The Impress of Extremity among Salvadoran Refugees.*
5. *Blood and Magic: No Hay que Creer ni Dejar de Creer*
6. *Trauma and Trouble in the Land of Enchantment*

Conclusion: Fruits of the Extraordinary

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