Janis Hunter Jenkins and Robert John Barrett (Eds.), *Schizophrenia, Culture, and Subjectivity: The Edge of Experience.* Cambridge: Cambridge University Press, 2004. 357 pp. Paper: $32.99 (US), ISBN 0521536413; Cloth: $85.00 (US), ISBN 05218829550.

A number of recent papers and books have contributed to establishing a model of schizophrenia as a disorder of the self. This model is now receiving increasing support from psychopathologists, anthropologists and philosophers, as well as empirical validation. Jenkins' and Barrett's *Schizophrenia, Culture, and Subjectivity* is a clear example of how this model can be developed through the mutual enlightenment of philosophy, anthropology and psychopathology. Bringing together contributions by anthropologists, psychiatrists, psychologists and historians, the volume focuses on the subjective dimensions and the cultural processes involved in schizophrenia.

In their introduction the editors argue that it is essential to regard schizophrenia not as a disorder of human 'nature', but as a particular configuration of the human 'condition' (not excluding the biological). As a consequence of this, all the authors in this volume take the complex phenomenal reality of subjective experience of people with schizophrenia – the 'feel' of schizophrenia – as a starting point, and show how culture is critical to nearly every aspect of schizophrenic illness: onset, course, outcome, symptom formation and presentation, personal experience and narratives of illness; the clinician's evaluation of illness, diagnosis and treatment strategies; and social understanding and response (e.g. stigma).

As an answer to the question 'What kind of science do we need for mental health care?', the authors of this book opt for a person-centred ethnography and psychopathology to complement the emphasis of mainstream biomedical science on objectivism, behaviours, implicit biological causation and socially decontextualized symptoms. This book is a plea for a science of meaning and experience.

This approach raises a series of fundamental phenomenological as well as methodological issues that each contribution tackles with perspicacity, clarity and profound epistemological awareness: How does subjective experience of illness pervade patients' personal lifeworlds? How does illness influence a person's sense of self? How does culture shape basic domains of experience that are affected by the illness, e.g. how do cultural assumptions constitute the self (for instance in an Indian context where a permeable, context-bound construction of self prevails)? What is the relationship between experience and culture? In what way is experience itself historically and culturally constituted? What is the interplay between personal experience and intersubjectivity?

Of particular interest is the attempt to understand schizophrenic experience as embodied and situated. What is necessary, writes Jenkins, are studies of the self (and its disorders) which do not conceptualize the self 'from the neck up', but rather from the starting point of bodily experience. This starting point engenders a particular focus on emotions and values. As Kleinman writes in the Preface to the volume, values are embodied and have a presence in the symptoms and course of psychosis. But they are also alive in the experience of caregivers and researchers. Given these assumptions, a conflict of values is the norm, not the exception. As a consequence, the entire enterprise of understanding and managing schizophrenia

is inseparable from the pull and push of different and contested values and the political economy that supports them.

Also central to the volume is the notion of *situatedness*. Contributors emphasize the inestimable epistemological and clinical advantage that derives from attempting to understand patients and their families in their lifeworlds. This raises a further issue: 'What kind of understanding is needed for a science of subjectivity and culture?' The answer suggested by Estroff is: *mutual understanding*. The significance of contextualized understanding for psychopathology is obvious since the ethnocultural characteristics of patients as well as the cultural embedding of psychiatric diagnostic instruments play a decisive role in our discipline. The notion of the 'second person mode of understanding' suggests that the context of the clinical encounter should be one of co-presence (and not of dominance) whose aim is not labelling but understanding, that is, negotiating intersubjective constructs, and looking for meaningfulness through the bridging of two different horizons of meanings. This approach is relevant not only to develop patients' self-perception, but also to rescue fringe abnormal phenomena that are usually not covered by standard assessment procedures and to improve the epistemological and ethical awareness of mental health professionals (and especially of trainees). All this may prove helpful for the development of ICD-11 and DSM-V.

Last but not least, people who suffer from schizophrenia can offer insight into human processes that are fundamental to living in a world shared with others, i.e. intersubjectivity and culture. Mutual enlightenment between cultural studies and psychopathology is implied here. Culture can be regarded as the framework of shared symbols and meanings that people create in the process of social interaction; it is both an object (a corpus of shared knowledge) and a process (the production and reification of knowledge). Both dimensions of culture are affected in the schizophrenic condition. The schizophrenic mode of being in the world, as portrayed by Sass in his analysis of schizophrenia as a disorder of common sense, is a failure to inhabit the tacit framework of attitudes and assumptions that normally guide our everyday activity and ways of being. Thus, meeting a person with schizophrenia is encountering a person with another culture. In its attempt to move beyond the equation of 'culture' and 'other', this book helps to explain why the insights of transcultural psychiatry do not only apply across different 'sociocultural contexts' i.e., when exotic beliefs and practices, or poverty and resource scarcity are involved. Culture is implicated in every attempt at clinical understanding because all patients and all psychopathologists are shaped by and situated in particular social contexts. Understanding aims at making sense of the way of being in the world of another person, her subjective experience, her language, symbols, meanings and values, as well as the way she produces (or fails to produce) knowledge and share it with other persons. Therefore, understanding another person (especially a person with schizophrenia) is *always* a transcultural enterprise.

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