

Medical Anthropology Quarterly

BOOK REVIEW

Extraordinary Conditions: Culture and Experience in Mental Illness. Janis H.

Jenkins, Berkeley: University of California Press, 2015, 343 pp.

Emily Mendenhall
Georgetown University

Extraordinary Conditions: Culture and Experience in Mental Illness conveys the wisdom of decades negotiating the “edge of experience” to navigate the sometimes thorny boundaries of anthropology, psychiatry, and public health. Jenkins conceptualizes a notion of mental illness that “refashions the boundaries between the ordinary and extraordinary, the routine and extreme, the healthy and the pathological” to interrogate what it means to be human (p. 12). The book is situated within theoretical pillars of anthropology, even as it moves the intellectual project of psychological anthropology toward engagement with policy and praxis. Jenkins leads off with an introduction to psychological anthropology and global mental health and follows with foci on two themes: psychosis and trauma. She illuminates theoretical and ethnographic insights through an orientation to culture defined by “being-in-the world that is dynamically created in the process of

social interaction and historical context” (p. 109).

Jenkins puts the concept of “precarity” (p. 13) at the center of her book to convey the periphery to the normal, as opposed to the *abnormal*. This approach works against psychological tropes of othering that displace the experience of psychosis, trauma, and deep depression from what it means to be human. This notion reflects the deeply emotional interactions between the phenomenological and the corporeal as well as individual interactions within familial, biomedical, and social worlds.

The goals of the project are threefold. The first is to distinguish between ordinary and extraordinary modes of experience, which Jenkins does through numerous case studies and ethnographic insights. The second is to attend to the everyday struggles and culturally located nuance of living with mental illness, which is achieved through ethnographic insights as well as critical engagement with interdisciplinary perspectives on *enduring* mental illness as a result of individual perseverance and familial interactions. The final goal is to unpack how culture sculpts human interactions with the extraordinary.

In the book’s first section, Jenkins brings together three chapters on living with psychosis through a critical analysis of

Book Review

“individual–drug relations” (p. 42), the “extraordinary human capacity for endurance” (p. 72), and an “interactive situation” (p. 102) between an illness and social ecology. The first chapter deconstructs the cultural experience of clozapine at a U.S. clinic by discussing how “medication is reported by persons to transform the way they are oriented to the world, to themselves, and to others” (p. 44). Jenkins adds human voice and subjectivity to the concept of psychosis in her ethnographic details. One interlocutor says, for example, “Hey, when you talk to God it’s called prayer, but when God talks back it’s schizophrenia!” (p. 33). She also takes on the master trope of chemical imbalance to address how this brain-based interpretation of schizophrenia is a key symbol of its distinctive organization but it is in itself cultural and metaphoric (p. 39). She brings us back to the point that any debate on psychotropic medications requires us to take seriously the “daily experience and the often substantial suffering” in everyday life (p. 69).

Jenkins conveys the “power of anthropology as method” (p. 263) in the second chapter of the first section. Through the embodied narrative of Sebastian, the chapter unpacks the “centrality of struggle” rather than the symptoms of psychosis, as “a frame to identify the quality of experience as an active process” (p. 92). This chapter illuminates “possibilities for human subjectivity” embodied in the sensory and interpersonal relationships that produce meaning on the edge of experience.

The third chapter of the first section, on psychosis, turns to how kin-based social relations are constituted through the

subjective experiences of schizophrenia and the challenge for family members to make sense of and care for loved ones in the “throes of experience” (p. 96). Drawing from theoretical insights on expressed emotion and the emotional environment, Jenkins describes how family shapes individual experiences—and even more so after deinstitutionalization. Focusing on the family as a unit, she further argues that a “major cultural difference” (p. 111) manifests in how families interact around mental illness.

The book’s second section brings together three chapters on the intersections of violence, trauma, and depression, addressing the impact of “a culture of terror” (p. 144), “spiritual means and magical interpretations” (p. 182), and “life conditions of precarity” (p. 215) on mental illness. The first and second chapters in this section interrogate how *la situación*—the longstanding civil war in El Salvador and traumatization of Salvadoran refugees—produces a particular type of suffering that complicates psychiatric diagnoses. Jenkins describes how a “political ethos” (p. 143) of feelings and sentiments linked to sustained trauma “minimizes the impress of extremity” (p. 154) and in some ways normalizes other forms of violence (such as domestic violence). This has broader implications for how we understand the “human meaning of trauma” (p. 174) as either an acute experience (and biological arousal) or a relatively enduring situation. Without untangling the relative import of sustained and acute traumatic experiences, distinguishing between distress and disease can be a challenge. However, in the following chapter, Jenkins turns to

Medical Anthropology Quarterly

religion and magic in the lives of Salvadoran women to illuminate the multiple realities such political ethos inhabits. This chapter challenges notions of clinical barriers to healing by revealing how powerful spiritual and magical elements constitute notions of affliction.

Finally, Jenkins returns to the concept of precarity that encompassed the “experience of abandonment” (p. 237) described by adolescents living in New Mexico. This precarity was cultivated not only by life conditions but also by a “revolving door” (p. 219) of managed care systems. For these young people, Jenkins argues that the construct of post-traumatic stress disorder fails to capture the “magnitude, urgency, and increasing commonality” of mental distress (p. 216). Jenkins advocates for instead “deploying a generalized category of trauma” (p. 215), arguing that “a pattern of instability” (p. 239) requires a broader framework of diagnosis that takes into account myriad facets of social context and history that frame the “(un)imaginable” (p. 241). In this sense, Jenkins suggests there is an identifiable “pattern of *conditions* of abandonment and neglect that make possible the *events* of trauma” (p. 246). This requires that we take seriously the liminality between institutions and individuals in spaces of the extraordinary.

This book is a must-read for anthropologists interested in suffering of the mind. It would be ideal for graduate seminars in psychological and medical anthropology as a “foundations” book to orient students to the field. It may also be appropriate for a graduate seminar in cultural anthropology that takes seriously the impact of culture on embodied

suffering. One limitation is that, despite its expert use of narrative and broad engagement with interdisciplinary literature, programs, and policy, the readership of *Extraordinary Conditions* may be limited by its dense writing. It is unfortunate that scholars beyond the boundaries of anthropology (such as those working in public health and cultural psychology) may shy away from assigning it as a result.

Despite this, the book should become required reading, especially among the growing number of psychological and medical anthropologists engaged with interdisciplinary approaches to mental health. Indeed, this book is a model for young ethnographers about how to gracefully manage research in multiple sites and on interdisciplinary teams—giving voice to colleagues while also enabling one’s ethnographic perspective to shine through. Jenkins draws on a career of creative and critical ethnography across contexts to show us how precarity, stigma, medications, recovery, and subjectivity can push us to the edge of experience—while illuminating what it means to be fully human.