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## **BOOK & FILM REVIEWS**

Jenkins, Janis Hunter and Barrett, Robert John. (Eds.) *Schizophrenia, Culture, and Subjectivity: The Edge of Experience*. New York, NY: Cambridge University Press, 2004. 357 pages. Paper 0-521-53641-3.

Reviewed by Elizabeth Donaldson, New York Institute of Technology.

In the 1930s, anthropologist Edward Sapir and psychiatrist Harry Stack Sullivan began an interdisciplinary collaboration focused on schizophrenia and culture. As editor Janis Jenkins writes: "Sapir's dynamic formulation of culture as created and recreated among persons in the process of social interaction paralleled Sullivan's conception of psychiatry as a study of interpersonal relations under any and all circumstances in which these relations exist" (p. 32). This collection of 13 essays, whose contributors are roughly equally divided among psychiatrists and anthropologists, remains faithful to the spirit of Sapir's and Sullivan's original collaboration: anthropologists delve into the interpersonal dynamics of families

experiencing schizophrenia, and psychiatrists examine the way culture and schizophrenia are mutually constitutive.

Perhaps the essay that readers of *DSQ* will find of most interest is Sue E. Estroff's "Subject/Subjectivities in Dispute: The Poetics, Politics, and Performance of First-Person Narratives of People with Schizophrenia." Estroff begins by distinguishing among three different types of illness narratives: first person (written by people who have experienced symptoms diagnosed as mental illness), second person (written by family members of people who experience these symptoms), and third person narratives (written by mental health experts, such as Estroff herself, about the illness experience). By positioning herself at this third remove, Estroff acknowledges the contested authority and agency that often vexes discussions among mental health professionals and psychiatric consumers/survivors/ex-patients (known collectively as "c/x/s"). Estroff is a sympathetic reader of first person narratives, including hostile emails that question both her motives and her authority, and she insists that first person accounts be read as "political rather than pathological" (p. 297). Estroff does not shy away from identifying the core problem she sees with c/s/x, a position that might be described as an extreme form of "Nothing About Us Without Us": "Nothing About Us By You." "Ironically," Estroff notes, "exaggerated claims of agency may pose as many problems as erasure of agency for people with schizophrenia—;and both are probably inaccurate" (p. 300). The complex implications of this statement remain a bit vague, as does her conclusion that "the often irreparable humiliation of forced treatment [must] be at least acknowledged

in the calculus of necessity advanced by the relevant authorities" in order for progress to begin (p. 300). Estroff's analysis of the problem is nevertheless an important starting point for future discussions.

Unlike Estroff's work, most of the remaining essays are ethnographies situated in developing countries. For example, historian Jonathan Sadowsky's "Symptoms of Colonialism" examines how Nigerian asylums became "sites of a kind of 'creolization' of pathology," in which the symptoms of schizophrenia were to a significant degree determined by the political and cultural context (p. 248). Other essays are family-based microecologies that often seek to address the fact that both the short term and long term prognosis for people diagnosed with schizophrenia is better in developing countries than in developed countries. A recurrent theme of these examinations of family and illness is the significance of expressed emotion (EE), which refers to the level of criticism, disappointment, and frustration expressed by people who closely interact with someone diagnosed with schizophrenia. Low levels of EE in the Zanzibar culture seem to make life easier for people experiencing the symptoms of schizophrenia (McGruder); on the other hand, the strict emphasis on politeness and clarity in Bangladeshi society seems to engender a more anxious and damaging family dynamic (Wilce).

Other essays re-think "schizophrenia" by examining the western biases in World Health Organization and American Psychiatric Association diagnostic criteria (Barrett; Hopper) and by questioning the assumptions underlying schizophrenia's

"negative symptoms," such as blunted affect, social withdrawal, and apathy (Jenkins; Sass; Kring and Germans). Louis Sass argues that negative symptoms may be more active than previously conceived, and, much in the vein of his earlier scholarship on schizophrenia and modernity, he offers an intriguing reading of texts by modernist writer and actor Antonin Artaud, who was diagnosed with schizophrenia. Artaud describes his face as an "active emptiness," as if his schizophrenia rendered his own body into a prosthetic device (p. 312). If negative symptoms are indeed as active as Sass and others suggest, perhaps the presentation of blunted affect is a way for the person experiencing schizophrenia to create a desired low EE environment? The essays in this volume prompt such questions and are, despite the relative absence of an explicit engagement with disability studies theory, an exciting contribution to the growing field of medical anthropology.

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