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

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Science,
Medicine, and
Anthropology

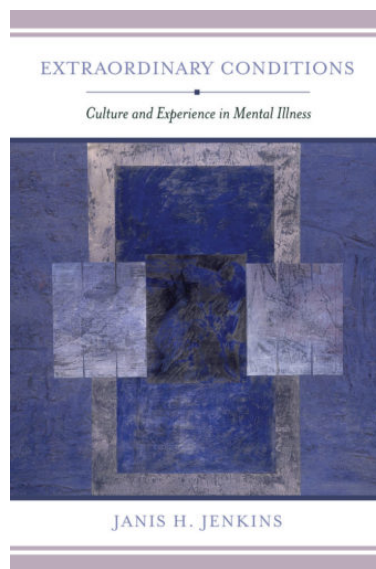
A collaborative website covering the intersections of medical anthropology, science and technology studies, cultural psychiatry, psychology and bioethics.

Extraordinary Conditions: Culture and Experience in Mental Illness
(<http://www.ucpress.edu/book.php?isbn=9780520287112>).

Janis H. Jenkins

University of California Press, 2015,
343 pages

It has been a privilege, through reading *Extraordinary Conditions*, to come into contact with a writer and practitioner of extraordinary compassion. The book bears witness to a process of open-ended interviewing that contributed to presenting the lives and experiences of Jenkins' interlocutors with a deep concern for their dignity and self-esteem.



Part One of *Extraordinary Conditions* focuses on experiences of schizophrenia among different ethnic groups within the US, while Part Two focuses on trauma among Salvadoran refugees also living in the US. In all the interviews, Jenkins has been especially struck with the "centrality of struggle" which entail the wide variety of difficulties, including, losing jobs and relationships, weight gain as a result of medication, cognitive and logical incoherencies in experience, family criticism, and so forth. To describe the traditionally-named "patient" as an agent struggling to define and attain positive outcomes has political implications, implied in the text though not stated at length, viz. that the psychiatrist and the struggler are placed on an equal footing, as co-workers, along with helpers from other disciplines, working to accomplish negotiated goals.

The contention of the book is that psychiatry and anthropology have much to teach each other. For the anthropologist, studying mental illness within a given group sheds light on the whole group. The “extraordinary” illuminates the “ordinary”. In fact, Jenkins believes that those suffering diagnosed mental illness can be viewed not as different and separate from their community but as typical examples: “those with mental illness are just like everyone else – only more so.” A simple example of this comes in Chapter 3, where we meet the Spanish noun “nervios”. “Nervios” describes some kind of common and “normal” emotional and physiological state experienced from time to time by most Mexican Americans, similar, possibly, to the old-fashioned British “It’s me nerves”; yet Mexican Americans also tend to choose “nervios” to describe a state medically diagnosed as schizophrenia.

For the psychiatrist, on the other side, the anthropologist’s work of interviewing the “ill” one at home, in a domestic context, using the interviewee’s native language, interviewing other family members, with plenty of time and a flexible agenda, brings masses of socio-cultural information that can help both in diagnosing problems and in managing everyone’s expectations of the treatment. In particular, Jenkins’ research among the recipients of the “miracle drug” Clozapine (1998-2004) pointed up serious effects of the drug beyond a pharmacist’s predictions: unsatisfactory sexual relationships between fellow users of the clinic; stigma; disappointment at the lack of a final cure; the need for therapy to help adjust to and develop an altered self.

While *Extraordinary Conditions* advocates a multi-disciplinary approach, it is certainly weighted far more to present anthropological viewpoints than to take in contributions from other disciplines, such as medicine and psychotherapy. For instance, in Chapter 4, women who have experienced violence in El Salvador describe “el calor”, a state that comes on them at crisis moments, such as when directly faced with violence, and at other moments subsequently. ‘El calor’ includes fear, anger, heat, chills, sweating, hackles rising and numbing out. While physiology may provide other explanations such as a surge in adrenalin, the local, cultural explanation receives the most attention. Jenkins draws on literature that suggests that not only our words but also our bodies can intentionally communicate in culturally comprehensible ways. While this is an important contribution, readers from a biocultural background may also look for explanations grounded in the processes of the body. With “el calor”, Jenkins skips over possible medical explanations to revel in “the indeterminate flux of bodily existence”, “the indeterminacy of these tropes”, and “fleeting, evanescent disclosures of inexhaustible bodily plenitude.” Does she do this because she feels that vagueness leaves us more human?

Extraordinary Conditions is impressive for the breadth of data collected, the depth of understanding garnered from interviews, and for the kaleidoscope of ideas and concepts around what it is to be, and to be human, worthy of philosophy or poetry. If the work has a weakness, it is that there is so much material readers may be overwhelmed. For instance it is useful and fascinating to learn that magic among Jenkins’ interviewees contributed to sanity and not insanity; that what a “WASP” might consider “parental over involvement” is simply the cultural norm among Mexican Americans; that the body in a specific culture may be able to adjust its physiology to communicate within a culture; that schizophrenia presents different sorts of difficulties to relatives of different cultures; that communities or cultures may seek to manifest extreme versions of themselves. These separate contributions could be treated in later publications.

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