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In this impressive book, Janis Jenkins draws on thirty years of her own anthropological research in the US to develop a richly detailed account of how mental illness is culturally shaped, both at an individual and at a societal level. In the introduction, Jenkins explains the book's title as having a double meaning, referring both to the extraordinary conditions that have come to be defined as (specific types of) mental illness and to the cultural conditions, such as political and domestic violence, that shape the ways in which mental illness manifests itself in particular contexts. Jenkins argues that what links these 'extraordinary' conditions, in both senses, is the experience of struggle. What she provides us with in this book, then, is a series of detailed explorations of the different elements of such struggles.

The book is set out in two parts – the first focusing on psychosis, the second on trauma. Part one begins with a chapter which, in some ways, stands apart from the rest of the book. Referring to this as 'a book within the book', Jenkins examines the experiences of individuals taking 'second generation', or atypical, anti-psychotic drugs for schizophrenia at a Clozapine clinic in Boston (p. 16). She identifies how medication impacts on people's sense of identity and their relationship to the world, leading Jenkins to question the hegemonic role of psychopharmacology.

For the remainder of part one, Jenkins draws on her research with Mexican-American communities in the US, exploring the struggles of individuals experiencing psychosis. She identifies the key role of culture in influencing the ways in which mental distress is understood in different communities. Whereas mental distress is most likely to be understood as illness (in terms of specific diagnoses and symptoms) in Euro-American communities, it is more likely to be understood as a problem of 'nervios' or nerves, and thus to be normalised as part of everyday life, in Mexican-American communities. This is important, as Jenkins shows us, because it tends to lead to a more empathetic and less stigmatising response to those affected.

I found myself wanting Jenkins to unpack the potential for these lifeworld understandings of mental distress to challenge the dominance of individualised biomedical understandings. However, at least in part one, Jenkins displays an apparent unwillingness to embrace a fully psychosocial approach to the ontology of mental distress. For example, in her Mexican-American case studies, there are powerful pointers towards the role of cultural and social factors, not only in shaping how psychosis is experienced, but in contributing to its occurrence. However, although Jenkins acknowledges the role of adversity and trauma in childhood in increasing risk for schizophrenia, she avoids applying this directly as an explanation for her own participants' experiences. Thus, although some consideration is given to the potential role that societal and cultural factors might play in creating the conditions for psychosis to occur, there is no real challenge to the idea of psychosis as being constituted as anything other than individual bio-medical pathology.

In part two, however, Jenkins widens her focus in an exploration of mental distress linked to trauma, considering more explicitly the potential causal effects of cultural and political conditions on the mental

health of individuals and communities. Two chapters detail the experiences of female Salvadoran refugees, capturing the psychological and somatic responses to trauma resulting from their exposure to political violence, and the ways in which the women make sense of these responses in relation to the cultural conditions in which they live. Here Jenkins clearly acknowledges the limitations of medicalised, diagnostic understandings of mental distress.

The final empirical chapter of the book examines the experiences of adolescents in New Mexico under the care of a psychiatric service – young people living ‘precarious’ lives marked by poverty, violence and abandonment by services (p. 215). It is in this chapter that Jenkins focuses most explicitly on the limitations of psychiatric understandings of distress, at least those relating to trauma. Amongst the wide range of psychiatric diagnoses applied to the young people in her study, Jenkins identifies post-traumatic stress disorder (PTSD) as particularly problematic since the interaction between individual subjectivity and social conditions is inescapable, and yet the criteria for the diagnosis make no reference to whether the cause of trauma was of human making. This is crucial, because where trauma results from interpersonal violence, particularly within families and communities, it involves a rupture of trust which undermines our basic psychological needs for safety and security. Furthermore, Jenkins’ analysis highlights the intergenerational nature of trauma, in the sense that the kinds of interpersonal trauma which she describes occur within persistently unstable and precarious cultural conditions. Thus an understanding of the social and psychological dimensions of the events that lead to trauma is necessary if we are to understand the meaning and impact of trauma for individuals and communities. However, despite this powerful ontological critique of individualised biomedical constructs, Jenkins is less forthright when it comes to the clinical implications of her analysis. Whilst arguing that the term trauma should be used in place of PTSD, at least for the purposes of understanding the psychosocial dimensions of trauma, she maintains that PTSD still has “epistemic value” as a clinical construct for assessing the symptoms of trauma. However, she has little to offer in the way of therapeutic alternatives that might be used to help individuals in the context of the systemic issues that she identifies.

One of the core premises of this book is Jenkins’ critique of ‘mental illness’ as a categorical concept. Instead, she argues that it needs to be understood as existing on a continuum from ‘normal to pathological, ordinary to extraordinary’ (p. 5). My problem with this is that her generally uncritical use of the constructs of disease and illness throughout the book to describe the experiences of her participants – such as ‘the disease of schizophrenia’ (p. 67) – makes it difficult to escape the categorical distinction which she seeks to eschew. However, despite my reservations around Jenkins’ hesitancy to adopt a more wholeheartedly critical stance towards individualised biomedical understandings of mental (ill) health, I have no hesitation in recommending this book to anyone interested in understanding the relationship between the lived experience of mental distress and the social and cultural conditions in which it is experienced.

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