

Beatriz M. Reyes-Foster 2019. *Psychiatric Encounters: Madness & Modernity in Yucatan, Mexico*. New Brunswick: Rutgers, 197 pp.

This monography initiates Rutgers new series “Medical Anthropology: Health, Inequality, Social Justice” that LENORE MANDERSON, in her foreword, dedicates to “capture the diversity of contemporary medical anthropological research and writing” (ix). Accordingly, aims and scopes are to detect how social structures and ideologies shape the likelihood and impact of affliction and care in different socio-cultural settings. Health and illness are addressed as social facts at the intersection of global, local, and structural relations of divergent forces and agencies, in particular political and economic institutions. Consequently, their impact on the embodiment of and response to suffering establishes the focus of this series. BEATRIZ M. REYES-FOSTER elaborates these interrelations with the example of the *Las Lomas* psychiatric hospital in Yucatan, Mexico, and contemporary dynamics of psychiatric deinstitutionalization processes. Throughout her ethnographic research, she has witnessed the partly transformation from a dirty and ran-down asylum of no return toward new developments facing deinstitutionalization, health service inefficiencies, and staff shortages. Located at the social margins and designed for poor people who are “not all mad, but confused, hurt, impoverished, and indigent” (x), it mainly receives Indigenous populations that suffer from gross inequalities. REYES-FOSTER anticipates that being Maya and “mad” in a twofold way is antipathetic to a modernity discourse that aims at facing negotiations of social structures and relations at the intersection of Indigeneity and modernity, refracted through a struggling health care system, perverse health insurance systems, neocolonial bureaucracy, and marginal status. She discusses quantitative reports that estimate the prevalence of mental illness in Mexico with 20%, thus being comparable to the USA but compared to the latter with only roughly 20% of mental healthcare resources. However, she does not suggest investing in more psychiatric institutions but articulates the need for multiple medical systems to integrate divergent explanatory models, idioms of distress, and (spiritual) experiences to adequately address the diversity and variability of life in contempo-

rary Yucatan. She develops her argument in seven interrelated and subsequent chapters.

Chapter 1 (*Las Lomas at the Threshold of Modernity*) introduces the methodology, design, leading questions, and preliminary results of REYER-FOSTES’ ethnographic investigation based on 18 months of participant observation and interviews between 2008 and 2013. She reveals how her prior discussion of the psychiatric hospital’s crumbling infrastructure in a non-academic journal in 2012 raised public interest in the topic and even inspired the institution’s director to demand a different model of care and new technologies that she will witness years later and reflects upon them in her conclusion of this work.

However, for the time being, the author refers to observations of prison or medieval dungeons where patients are locked away and denied their liberty. Her ethnographic experience corresponds with perceptions of emotional draining and sensations of nausea when thinking of the smell of the ward or the sounds of desperate cries. She declares how patients have been routinely abandoned to unhygienic conditions, stripped of privacy and dignity, forced to wear uniforms, subjected to physical restraints, and deprived of food, water, and medical care, in summary, to suffer inhuman living conditions and patterns of egregious and widespread human rights violations. However, she also observes that most staff members were hard-working professionals without evil intentions: psychiatrists, nurses, and social workers who sometimes would not even get along with each other. In an attempt to explore “madness” as idioms of distress in social relations and strategies of coping with modernity, REYER-FOSTES declares that “[t]he purpose of this research was not to capture the visceral exposure of human suffering, nor to document a pornography of violence, but rather, initially, to understand how users of Mexico’s public mental health care services navigated these services” (3).

Chapter 2 (*Coloniality, La Zona del Estar, and Yucatan’s Maya Heritage*) provides the first taste of REYER-FOSTES’ lively ethnographic descriptions and vignettes that, supplemented by some illustrations, make her account such a good read.

She addresses the sell-out of Maya culture and attempts to decolonize Maya identity as constructions between tourism and Indigeneity contrary and complementary to colonial negotiations not so much as a pan-Maya movement but instead as struggles and categorizations of belonging alongside local communities of origin, language, social class, poverty, and political affiliation. She introduces the concept of *Zona del Estar* as a conceptual tool that relates to questions of mental health at the intersection of Maya Indigeneity and the colonial matrix of power as negotiated zones:

“A clear understanding of the relationship between identity, coloniality, and madness is necessary to understand the subject at hand. While Fanon’s use of zones of being and nonbeing was limited to defining the line between colonizer and colonized, I argue that sanity and madness can also be understood using this framework. The sane are in the zone of being. Those deemed ‘mad’ are zoned into nonbeing: they are uniquely vulnerable, as they lose all rights to self-determination when they are confined.” (42)

Presenting more ethnographic material from the psychiatric hospital of *Las Lomas*, chapter 3 (Making the Matrix) discusses how far these colonial powers in mental healthcare result from the interaction of various actors with conflating and competing interests. Introducing the field with its socio-political-economic challenges and developments illustrates a complex web of processes producing a contradictory, dysfunctional, and self-propagating system inside and outside the ward that oscillates between communality and abandonment as strategies of social (re)integration with a neoliberal environment. Accordingly, chapter 4 (Modernity: Problem and Promise of Mexican Psychiatry) investigates the interconnections of modernity and psychiatry by depicting strategies and foils in the Mexican state’s drive toward modernity and how mental health institutions and asylums serve as hallmarks of neoliberal subjectivity. Talking to multiple actors such as patients and doctors and revealing institutional and structural schemes, REYER-FOSTES illustrates dysfunctions in the hospital’s daily life encompassing values and logics of biomedicine, interculturality, individual responsibility, and self-actualization, -care and -sufficiency. In this regard, *Las Lomas* “symbolizes the darker side of Mexican moder-

nity” (27), with its dysfunctions rooted in colonial scopes and little hope or sincere desire for change. Alongside a “guided ethnographic tour” through *Las Lomas*, the author develops a generalizing critical perspective on psychiatric institutions in Mexico garnished with statistics and examples of practices such as lobotomy and ECT. She mentions that alternative systems do exist but would depend on costly private healthcare providers, cheap psychopharmaceuticals, or traditional medical practitioners with divergent explanatory models (*nervios, susto, ojo, malos vientos*), the latter bringing up the question of compatibility with neoliberal subjectivity. Unfortunately, REYER-FOSTER does not provide any related case studies or examples of “intercultural” healing cooperation often observable in Latin American societies (cf. INCAYAWAR *et al.* 2009; KURZ 2018). Overall, in my opinion, the topic of *interculturalidad* and what it means for the context of Mexico, Mexican psychiatry, and in particular, *Las Lomas* remains superficially and poorly elaborated.

However, with further rich ethnographic data, chapter 5 (Negotiating Truth in the Psychiatric Encounter) explores the daily enactment of psychiatric care and moves away from grand narratives of social structures. REYER-FOSTES observes the interaction of doctors and patients and how madness is constructed as a paradox to a rational liberal individualism. She detects hierarchies coalescing threefold as regimes of truth, their negotiation, and their (re)construction in encounters as physical and symbolic acts. As a result, the “psychiatric power in the colonial matrix of power” (115) is based on discourses of (i)rationality and “telling the truth”, where trueness is hanging like Damocles’ sword over the freedom of patients and, therefore, their human rights. This aspect has been observed in many comparable institutions in the world (cf. LEIBING 1995; SADOWSKI 1999; BIEHL 2005; STRAUSS 2011; BASU 2014), thus not presenting a new idea but another example of the asymmetries in psychiatric “care”, where “truth” is a negotiated arrangement depending on positionalities and power.

Chapter 6 (In the Heart of Madness) finally also takes the perspectives of psychiatric patients, their intersubjective experiences and encounters with and relations to “otherness” in the ward. It addresses questions of agency and ontologies and

their discontent with sometimes slippery notions of Maya identity, contests of tradition and modernity, and negotiations of selves and others (including non-human beings and spirits). REYER-FOSTES also takes the chance to reflect on her role and positionality as a researcher, which is very well illustrated by the question of whether or not “wearing the white coat” as an anthropologist in a psychiatric institution. In chapter 7 (Epilogue), the author also reflects upon her return to the hospital in 2016, three years after her last stay. She observes manifestations of transformation and modernization that also include alleged adaptations to “Maya culture” in terms of a more friendly environment, increased privacy, the introduction of art therapy, and the banning of ECT, among other changes. She relates these developments to various dynamics such as human rights investigations, the federal takeover of hospital administration, employee strikes, and decline into chaos. The resulting struggle to implement change in an environment that is “always changing yet never changes” (28) thus in a way also mirrors the Mexican state and the “colonial dark side of modernity” (*ibid.*) that we still, and unfortunately again increasingly, globally witness particularly regarding health and care (cf. BAER *et al.* 2013).

Exclaiming hope for the future, REYER-FOSTES mentions a new “Hidalgo model” that promises a treatment that rehabilitates and reintegrates patients. My question is, integrating where: into a neoliberal society, into a community based on Indigenous alternative modernities, or into some hybrid third space? How far will psychiatry help to cope with the malcontents of modernity instead of treating their symptoms? I hope that REYER-FOS-

TES decides to continue working in this field and accompanies these developments. Even though in global terms she does not produce innovative insights, she presents a rich ethnographic account of the Mexican example, therefore further facilitating translocal comparison and adding one more piece to the puzzle of (post)colonial (mental) healthcare, its impacts on individuals, and its socio-cultural challenges.

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