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Magic and ritual in mad stories

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Lisa, a fragile Indonesian woman, was walking along the paths of Saint Anthony's park. Saint Anthony is a mental hospital. Lisa was dressed in red, yellow and blue. She looked like a painting of Mondriaan, the colours of which could cheer someone up on a grey Dutch day. She had put on all her clothes and she carried the rest of her belongings in a grey garbage bag. She looked like she was being hunted and mumbled formulas to avert evil or the devils. I could not understand her words, but she repeated them as her garbage bag rustled over the pebbles of the path. When she arrived at an intersection of two paths where low rose hips were blossoming, she stopped and went into the bushes. She lifted all her skirts and urinated. She stood like a colourful flower amidst the green of the bushes and stared into the sky. A passer-by from the village where Saint Anthony's is located would probably have pretended not to see her, knowing that Lisa was one of the "chronic mental patients" of the wards. Or urinating so openly in the park may be experienced as a 'situational impropriety', but as many villagers told me: «They do odd things, but they cannot help it.» The passer-by would not have known that Lisa was a "walking story", that she had ritualised her walks in order to control the powers that lie beyond her control. Lisa had the diagnosis "schizophrenia" and she suffers from delusions. When she has acute psychosis, she needs medication to relieve her anxiousness. Her personal story is considered as a symptom of her illness. That is, in short the story of the psychiatrists of the mental hospital. Her own story is different. Lisa is the queen of the Indies and she has to have offspring to ensure that her dynasty will be preserved. On that day she believed that she was pregnant and that the magicians would come and take away her unborn baby with a needle. To prevent the abortion, she had to take refuge in the park and carry all her belongings with her. However, queens also have to heed nature's call and thus she went to the best place she could find: the rose hips.

Mad stories are evocative and metaphoric, but one does not understand exactly what is going on in them. They are full of symbols, but many people think that these symbols are used in a very personal way. They are often considered as incoherent and incomprehensible. Some authors have described mad stories as "ununderstandable". For example, Jaspers (1974) argues that although people with schizophrenia are diverse, they all have the following in common: they are strange, they are enigmatic, they are alien, and they are bizarre. They are unknowable. You cannot empathise with them. Their symptoms lie beyond the realm of human meaning, beyond the possibility of human interpretation. They are, not to put too fine a point on it; "ununderstandable" (quoted in Barrett 1998: 469).

There is a vast number psychological and psychiatric studies that have described the abnormalities of speech, behaviour, signification, interpretation, metaphorisation or reality testing of schizophrenic people. Their stories escape every classification, save that of "psychotic stories" or "crazy stories". However, as psychotic stories they are quite traditional. The basic elements of content and form have changed little over the centuries and their underlying structure does not vary across cultures (Perry 1976; Devereux 1980; Foucault 1961). Other authors have described the stories as those that cross social and cultural boundaries (Foucault 1961; Goffman 1961). However, with a few exceptions (e.g. Obeyesekere 1991) those studies have not led to thorough research of the relationship between culture and personal worlds. Schizophrenia is a well-documented illness and considered «a serious mental disorder of unknown cause characterised by delusions, hallucinations, associations of unrelated ideas, social withdrawal, and lack of emotional responsiveness and motivation» (Kleinman 1988: 34). It is increasingly assumed that schizophrenia has a pathological basis, that it is a brain disease. The consequence is that the focus is less on stories of schizophrenic people and more on refinement of diagnoses. This leaves little space for the study of the stories as the locus of the work of and with culture.

In this paper, I do not aim to understand madness – or schizophrenia. I will try to understand culture through madness, more specifically through mad stories. I will argue that the stories are rituals to control powers of madness and the health system that lie beyond the control of people. I will focus on the stories of chronic schizophrenic people, who live in Saint Anthony's, a mental hospital in the Netherlands.

Symptoms or symbols?

Psychiatry has kidnapped the stories of mad people. This means that they are transformed and re-interpreted into "medical stories"; they become pathographies. The greater part of scientific research on schizophrenia is blind to the meanings of the illness in the lives of the individuals. What the medical world sees as a disease has little to do with what people experience. Yet, psychiatry has an interest in mad stories. In the latest version of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM IV) the importance of stories is stressed for providing the diagnostician with a better understanding of the cultural background and the explanations of the patients. Although cultural concerns are represented in a significant way in the text of the DSM-IV, members of the culture and diagnosis task force heavily criticised the text. Good (1996) discusses the critics: the text makes too sharp a distinction between disease and illness, wherein disease is viewed as a universal biological entity, while illness consists of forms of experience and cultural interpretations of the individual and cultural groups; particular forms of science are hegemonic and there is a «reluctance to incorporate knowledge generated at the social margins», which means «symbolic violence» (Good 1996: 129-130). Diagnosis means that the story of schizophrenic people (and others as well; let us say the original story of an intense psychosis) is incorporated into a psychiatric myth and acquires the meaning of a *symptom* of schizophrenia. However, Littlewood and Lipsedge say that it is «particularly difficult to decide whether a person's belief is a delusion or not relative to the usual beliefs in his community when its culture is changing or when it contains a variety of conflicting belief systems» (Littlewood & Lipsedge 1989: 207). The authors give many examples, which show that, under certain circumstances, unusual beliefs are accepted or explicable. They argue that the community can use the stories of psychotic people as metaphors for their own experiences. The author argues that mad people do not become sane when others tolerate and accept their stories. I agree, but I would like to stress that the view that mad stories may be a metaphor for the experiences in a community is surely an attractive one. This view is also reflected in the argument that mental illness is a myth (Szasz 1987), and in the comparison of madness with art (Laing 1967) or modern society (Sass 1992). Madness and its stories become *symbols*. However, Barrett writes – and I substantively agree – that the problem with the idea of the relationship between madness and art, or between madness and modern society, is that these views may lead to re-stigmatising schizophrenic people because they will represent symbolically much of what is going wrong in societies (Barrett

1998: 488), while they also have to deal with the pain and suffering of severe illness. This does not mean that the stories of mad people are mere symptoms and not symbolic. Mad stories rest on core models, myths and metaphors of a culture. For example, Perry (1976) found that there were common themes and personalities – i.e. the hero, the victim, God, the queen or the king – that serve as symbols to signify an inner journey and a process of renewal. These symbols are used to make sense of lives and suffering. They also expose the building blocks of culture by reaffirming and reinforcing them.

The problem with mad stories is that they are considered as alien. The symbols used are personal/idiosyncratic. The distinction between personal symbols and public symbols seems of importance in the stories of schizophrenic people. It is generally assumed that the use of symbols in mad stories is personal, if not idiosyncratic. Devereux (1979) defines a symbol as a special form of fantasy, «which as a rule, stands for something having, or alleged to have, an existence, and susceptible of being designated by a conventional and specific signifier» (p. 19). Convention is an important aspect of public symbols. Devereux tackles and questions the problem of the difference between private and public symbols. He concludes that the nature and genesis of private symbols does not differ from that of public symbols, and that both can be decoded by recourse to identical methods and techniques. Obeyesekere (1991) also discusses the distinction between private and public symbols. For this author, the level of the symbol (public) can be reverted to the level of the symptom when a person repeats his or her acts compulsively. The author argues that a symptom is characterised by an overdetermination of motive, while a symbol is characterised by a surplus of meaning. The difference between a psychotic person and for example a priestess would be that the psychotic person moves in regressive direction as he acts out the symbol system, whereas the priestess does the reverse (Obeyesekere 1991: 14). The significance of this distinction is that people express their ontological problems of existence and being through the available cultural repertoires. Personal symbols are cultural symbols; they are public and private at the same time. Obeyesekere sees the distinction between personal and public symbols as a false distinction (1991: 24). I argue that one may view the stories as «a combat zone of power and definitions» (Taussig 1980: 9), a combat in the social arena between culturally constituted meanings and forces that shape the context of the daily lives of mad people, on the one hand, and the lives, emotions and experiences of mad people on the other hand. The basic problem in the combat is that symbols, like culture in general, are fickle and prone to different meanings; they are characterised by ambiguity and can be manipulated.

Besides, when people are overwhelmed by intense experiences (like psychoses), it is difficult to find an acceptable code to communicate. Littlewood and Lipsedge write: «It is difficult to explain the overwhelming hold symbols possess over us unless they were learnt in association with powerful personal experiences ... they [the symbols] appear both to have a personal emotional or sensory pole and also articulate general culture and social concerns» (1989: 220-224).

However, the stories of my research are often not the stories of overwhelming psychotic experiences. They are "chronic stories", what Obeyesekere would call "compulsive repetition". I was able to follow people for many years and to read in their files about the kind of stories they had before I started my fieldwork. It appeared that the stories had remained very similar for several decades. They had never changed. They have gained the character of liturgical formulas.

To call those stories "compulsive repetition" does not explain why they are compulsive. It is assumed that schizophrenic people lack the capacity «to locate the self as actor within a seamless unity of past, present and future» (Adam 1992: 159). Mad people are believed to mix the past and the future without being able to construct a reality in the present. It is not clear to what extent the chronic use of drugs contributes to the chronicity of schizophrenia. The side-effects of long term treatment – tardive dyskinesia, feelings of emptiness, feelings of being "cut off" from the world and other sensations – may mean that people cannot act in a creative way and may withdraw from the social stage (cf. Warner 1985). However, more research is needed in order to gain a better understanding of the effects of this drug use. It is true that the stories point to a «frozen liminal state» of mad people, as Barrett writes (Barrett 1998: 481). According to this author, it is because rites of aggregation are vestigial or absent all together. Others, like Estroff (1993), have argued that society is very sceptical about chronically ill people. Society cannot tolerate large numbers of chronic mentally ill people, but it cannot neglect them, Estroff continues. The problem is that suspicion may increase about the unwillingness to get well. This can be illustrated by one of the many events I observed at the garage near Saint Anthony's. In the morning when the mechanics in the garage were working hard to get all the cars fixed, patients would come and hang around in the doorways with a bottle of beer in their hands, saying: «You are crazy! You have to work to drink a beer! I don't! I get my money and I am free.» The tolerance and understanding of the mechanics eventually would eventually be ground down because the patients touched a sore spot. The 'frozen liminal state' or chronicity of schizophrenia may also be explained by

factors like the growing numbers of mental health professionals and the demand for jobs, the widespread belief that these people need medical care, and income maintenance resources that are illness-tested and bound to deservedness through disability (Estroff 1993: 251).

The explanations given for the chronicity of madness only partly explain why mad people use their special ritualised stories. This question can be answered to some extent by the work of Goffman (1961), who showed that the behaviour of mad people might have no sense for those who live outside a mental hospital, but that it is meaningful for those who live within. Goffman showed that the odd behaviour of patients was often a sign of sensitivity to social rules and norms. Through breaking the rules, patients showed their awareness of them and how the rules worked. Corin (1990) showed that the behaviour of schizophrenic people was based on cultural norms and values and that, for example, 'withdrawal' – which she called 'positive withdrawal' – made sense in the context of a life in the context. Both studies did not explain why the behaviour (and the patients' explanations) remained the same over time. The 'sameness' in time and the formulaic nature of the stories, and the fact that the stories which were told in Saint Anthony's often became flesh and blood (i.e. were acted out or performed) became a topic of my interest. I decided to do away with the traditional way of approaching mad stories and to presuppose that the stories (and the subsequent performance) were magical means.

Mad stories, magic and liturgy

In madness, extra-ordinary forces drive people away from their community and themselves. Mad people try to get grip on their lives and to influence its course, which actually lies beyond their control. They do so through myths and symbols, which they use as magic.

Usually, magic is understood as something by which people influence the supernatural powers in the world. Traditionally, anthropology approaches magic in relation to religion. However, the concept may be used in a broader sense without referring to religion directly. In this sense, magic is a form of human control over something – in the perception of people – that lies beyond control or over which individuals have little control. In madness, ghosts, devils, voices from heaven and spirits of the dead haunt people and these are controlled by specialists. In this context, it is meaningful that psychiatry is sometimes seen as the "new religion" of modern societies. It has means to control and manipulate the powers of madness through the

rituals of therapy and the use of medicines. However, chronic schizophrenic people are difficult to control. Patients of Saint Anthony's know for example very well how to escape regimens or how to play with rules and how to influence the flux of daily life in the wards.

The idea that certain phenomena in modern societies are very similar to those that take place in bodies during magical ceremonies is described by Gil (1985), who sees the study of forces as the way to understand how signs and symbols function in their own right, sometimes in a way that may differ from the way that is usually attached to them. The latter is what happens in stories of chronic schizophrenic people who also try to control the powers of madness. Magic is the ability of words to affect things. In a «*jeu des ressemblances*» signs, symbols and myths are recycled, mixed, and put together in a way that alienates others, but which has the power to manipulate the course of events and the others' responsive actions. This was exactly what nurses in the closed wards of Saint Anthony's always complained about; their plans were thwarted by the incarnate stories of their patients; they felt manipulated, and the daily routine was disturbed. However, the magic of psychiatry has more prestige than that of schizophrenic people, and because it has, there is a gap between the two and the stories of mad people will no longer relate to those of psychiatry.

It is tempting and reasonable to describe the world of chronic schizophrenic-psychotic people as magical if one looks at core aspects of the affliction: "reality testing" and the differentiation between logical and pre-logical thinking. Generally, it is assumed that schizophrenic people live "outside reality". It is also suggested that the psychotic world is irrational. However, it can be misleading to contrast the world of normal and abnormal, reality and "outside reality". First, schizophrenic people also live in "reality" (the normal) for most of the time. Second, the magical world cannot be described in terms of the normal discourse. The mad world has its own universe of discourse, its own conception of reality and criteria of rationality, perhaps different from the non-psychotic world. Up to here, the argument is similar to Winch's, which describes the scientific form and the magic-religious form of thinking as a distinct form of social life whose practices and beliefs are only intelligible in the context in which they are held (Winch 1958). This is precisely the argument of Goffman (1961) that I have described in the previous section of this paper. It is also true, but not suprisingly, that the psychotic world is often seen as "savage", that psychotic people are, to put it in Comte's not too fine words, «slaves of the infinite variety of phenomena' and 'nebulous symbolisation» (Comte 1908, cited in Lévi-Strauss 1996). However, Winch insisted on the incommensu-

rability of the two worlds (scientific and magic). This would mean that no communication is possible. As we have seen in the discussion on private and public symbols, the symbols used by mad people are known, public and private at the same time. The differences between the two worlds lie in the fact that non-schizophrenic people and chronic schizophrenic people live different forms of life. For this reason, the magic world of mad people demands its own discourse, logic and rationality.

There is another fascinating parallel between the magic world of mad people and other magic worlds: power. Both, Taussig (1987) and Lévi-Strauss (1955) discussed the magical power of the written word. To quote Taussig (1987: 262): «what is in effect obtained through the purchase of magic books is the *magic of the printed word* (my italics) as print has acquired this power in the exercise of colonial domination with its fetishization of print, as in the Bible and the law. *Magica*, so it seems to me, does not so much magicalize colonising print as draw out the magic inherent in its rationality and monologic function in domination.» I see that the magical books of the Colombian Indians parallel mad stories in the idea of the power of written words. Schizophrenic people are also very aware of the power of reports, files, judicial decisions, etc. – all written words that determine and control their lives. The patients often counter them with letters to the board of the hospital, psychiatrists, judges, or other personnel of Saint Anthony's; repeatedly and in a ritualistic way, often with similar words. Lévi-Strauss (1955) described the case of chief Nambikwara, who imitated ethnographic writing and in so doing gained prestige among his people. This example also shows a similarity with the patients' writings. For example, Rosemary, an older schizophrenic woman in one of Saint Anthony's wards, had a typewriter in her room on which she wrote letters about her life to staff members, to me, and to her mother. The typewriter gave her prestige in the ward; her room partly gave the impression of an office (she was a secretary in one of the Dutch multinationals), or a "writer's room". Besides, Rosemary tried to convince others with her letters that she, although "mad", was capable of controlling her own life. Rosemary repeated her typewriting and her stories over and over again. It seemed, like the stories of other patients, a ritual performed with symbols, words, and attributes.

The repetitive and formulaic nature of mad stories resembles the fixed rites in a liturgy, although this "liturgy" is not like the religious liturgy, for example, in that it does not serve the community. However, mad stories have important liturgical characteristics in their repetition of the same symbols, words, and actions. Besides, like in a liturgy, they need answers from others (staff members). Mostly, it is assumed that the stories are about the

past; the events of the past are constructed within the personal and social history of the patients. Thus seen, the stories are attempts to give meanings to the past. This is also the case in liturgy: what happened in the past – for example, the Last Supper – is re-given meaning and memorised. However, mad stories are not so much attempts to remember the past or to give meaning to it; they are attempts to master and control the future. This also resembles the liturgy; it means people (and gods) gathering and renewing the bonds within the group. Mad stories reclaim the place of their tellers in the community.

Having written all this, I will describe a case in which magic and ritual play a prominent role and illustrate my arguments.

Big mother is watching me; the magic world of mother and daughter

Rosa's story and life is full of magic performed mainly by her, her mother and sometimes by staff members of Saint Anthony's. Her mother is the magician who caused the illness in her brains. Rosa told me what her mother did:

> *«My mother is an insane clairvoyant. She can tease people, gives them needs and takes them away. She will let something come up from her stomach and this substance I inhale.»*

This narrative sounds odd when one does not know the context. Rosa comes from a farmer's family. When her father died Rosa and her mother remained together. The brother succeeded his father as a farmer and Rosa and her mother left the farm and went to live in a nearby city. Rosa was three years old when they left the farm. Rosa and her mother had a symbiotic relationship, which became in the course of the years a *folie à deux*. Her mother believed that a magician was trying to get into the house in the city, into the bodies of herself and Rosa. The magician was evil, a black sorcerer; he threatened them both with misfortune and disaster. The mother practised magic to chase away the magician who was continuously lurking behind the garden bushes. The mother's magic was performed to protect Rosa from the magician. She kept Rosa in the house and injected her with all kinds of vitamins, medicines and psycho pharmaceuticals that she bought (often illegally) in Belgium. Rosa did not believe totally in the magician and she resisted her mother. She wanted to live her own life, to have boyfriends and to go out. Her mother had a brilliant career in mind for her daughter. She repeatedly stressed that they "belonged to the elite"; they were "rich" and "owned a lot of land", which was sold when they left the

farm. However, when Rosa wanted to do something, like making friends, her mother came up with the magician, who would surely do evil to her. Rosa made great efforts to escape this double bind and her resistance led to fights between mother and daughter. They broke furniture, windows and doors and after some years, their neighbours started to complain about the noise and the screaming. They reported them to the police, who took Rosa to the mental hospital, because she was aggressive and psychotic at that time. This intervention occurred several times and after years of terror and revolt, Rosa was permanently admitted to Saint Anthony's. Rosa's mother moved to Belgium, where she bought a flat. When Rosa lived in the hospital, her mother could not leave her in peace. She wanted to take Rosa to Belgium, because – she said – in a Belgium hospital Rosa would be "really locked up". The mother kept writing and complaining to the hospital and to the court that made the decision to admit Rosa. She forced Rosa to write too and would add her comments to the letter. I quote two of her comments:

> «*One can see in this writing (the letter of Rosa to the Hospital's board) that she does not belong in this hospital, my daughter Rosa. The magician should be treated. That should be a relief for society. My daughter did not ask for any treatment.*
>
> *It would be better if this killing magician were taken away, or if one does not want to risk anything, shoot him [...] I hope the healers and other experts will join us!*»

When Rosa and I talked about her life, she had lived for over twenty-eight years under the terror of her mother's magician. How did she experience this horror and what did she think the consequences were?

> «*I am very sick in my head. I am totally at odds with my head. Many spirits live in my head. When I get killed, I will not return in my body. The spirits do this to me. I am locked in my head. My head is I. The roof of my head is I. And I am sick in my head. Maybe it is the gland that is I. I would like to scream and I always wanted to be dead in my head. It is too late now. I will kill myself. My educators made a kind of Christ of me ...*»

People sometimes say that they will have "to get something into their head". If this old saying has some truth, this is exactly what happened to Rosa; her mother got the magician into her head. For Rosa, the magician is an evildoer who made her mad and took her life away. This magician did not lurk in the garden; she was inside; her mother who could foresee every movement Rosa made, even when she lived in Belgium. The mother put evil things into Rosa's head, absurd feelings, aggression, the wish and the fear to be killed. Rosa said:

> «*We were in our living room and my mother was there with Doctor Oliver and me. My mother called the bad magician Henry and the good magician Mark. That magician could change colours and smells and then the Doctor said: 'If he can do*

that, he is very real.' My mother said: 'Yes, he can do that ...' I don't know if they were in the house. Maybe my mother was thinking of me, that I was the bad magician, Henry, the bad magician. I didn't know those magicians, then I let my thoughts go free and I met people, like Mister O'Hara's nephew. He is a farmer and I thought: 'He is Mark, the good magician ...' I thought that there were bad people. My mother made me believe in bad people. However, I have to look for myself and then I know that not all people are bad. Nevertheless, if I want to stab G. (a patient), I'm bad ... I am afraid of those desires ... Creepy thoughts ... I was in love with Doctor Penn, my mother was also in love with Doctor Penn, then, then there were feelings, and I stabbed my mother with the scissors in her hand. I had to get rid of my feelings ... My mother is an insane magician.

I'm in an asylum now, because I had a fight with my mother. She poisons me and gives me sexual feelings. My mother is a bore; she wants to wash my brains ...»

The mother spins a web of imagination, magic, threats, prohibitions and stories around her daughter. She practises her magic – to counter that of the magician – by needles and pills that have a force to protect Rosa against the evildoer. When Rosa was in the emergency clinic, the nurses discovered serious haematomas on her arms and thighs, the result of amateur injecting. To make it even more realistic, her mother called the general practitioner. The physician knew who was mad, but he was relatively powerless to get the mother into psychiatric treatment, because she refused. Thus, Rosa was admitted. She felt herself a sacrifice, strangled in a web of magic and powerlessness:

«My educators made a kind of Christ figure of me. Abraham also wanted to sacrifice his son, but God didn't allow it. I saw a movie about black people and they threw the most beautiful women in the sea and called the sharks by means of shells ...»

«People think that I should be killed. I am a sacrifice. I am a sacrifice. People think I should die. [...] When I slept with my mother, there were boys standing beside the bed and my mother and my brother killed them, they were killed. I believe they fell in a wringer; they were crushed or fell into a volcano. I believe, they will kill me by heating a screwdriver and putting it in my navel.»

The mother seemed to have unlimited power over Rosa. She was omnipotent and her black magic was directed to Rosa's destruction and death. I quote one of the letters that Rosa wrote to me about her mother:

«Long ago I went with my mother on vacation to Spain. I bought a toy: a donkey. I beat my mother on her head with a shoe. I stabbed my mother's hand with a file. We had money, but I never had it. I live on social security. Now I am in an institution, because I had a fight with my mother. She poisons me and gives me sexual feelings. I studied, but did not find a job. I smoke a lot, all day. [...] I wanted to be a singer, like Michael Jackson. I always sang beautiful. When I got some clothes, I was proud. My mother asked me if I wanted to be a swimmer, but I didn't. She wanted me to go to a boarding school, but I wanted to stay with my grandfather. I stayed in my room once, drank shit and urine. In X. (Belgium) I was in an institution and got rid of my alcohol addiction by putting sand in my arse.»

> *«In London, on vacation, I was restless. I was always restless on vacation, except in Spain. We shopped in London; we saw Big Ben, Windsor Castle. We have, my mother and I, asked for asylum in Belgium. What my mother wanted, I don't know. We didn't obtain asylum. I will never know what that meant. When I was twenty-eight, I had a boy friend, but the relationship came to an end, because my mother didn't want me to have a relationship. Perhaps I cannot cry. My mother is an arse hole. She wants to brainwash me. My brother is a farmer; he has eighty cows and forty hectares of land. I never saw the money, I don't know if it is still there. I can remember my whole life. My mother and my brother were never the real ones. I masturbate once a week, I make myself up twice a day, I wash myself everyday, I think that men come to my bed every night. They do sexual things with me. I am not aware of it. My mother told me that my cousins will inherit five hundred thousand guilders, but they are of the same age as I am. My mother wants me to be dead now. My brother... his voice sounded harsh on the telephone. I don't call him. Maybe he will kill himself with sleeping pills, but I will be killed and that is not funny! I have to fight for my life. [...] Once I thought of taking a little ladder and lying down under a bull. Then I had to go to the isolation room. I did not smoke, but when I came here I became addicted to smoking.»*

> *«Once, I sat in my mother's car on our way to Belgium and she crashed the car to tease me. I was a child, I always had to say: Keep your distance. My mother was in this hospital only for one day. I had to do everything by myself at home. I cooked for my mother too, but she thought it was not enough what I prepared and then she would not eat. [...] I am afraid of being killed. Now, I have some pleasure in my life and I want to die of old age. [...] It is like this: the world is the tower of Babylon, the world came to an end and Adam and Eve will come and I think that because I am Rosa, the smartest of all people, I have to be killed. I have to be killed; I am a kind of sacrifice. I also think that girls cannot have sex, because they are unluckily built. The world has come to an end.»*

The stories of death and torture are connected to stories of sex and rape. Her mother and her brother, who seemed to have privileged access to her body, raped Rosa. This convinced Rosa that women cannot have sexual pleasure and are not allowed to enjoy their sexuality. Yet, Rosa was obsessed with sex. She dreamt about it, she masturbated (even in a public phonebox) and she told stories about sex and terror. Her mother also caused these obsessions:

> *«I think I will walk naked in the ward. The nurse will come and kick me, because I am naked. It's all because of my mother and my brother. I think that I will scream then. The police will kill me then because I keep screaming.»*

To make the magic more powerful, Rosa's mother refused to give information about AIDS, when Rosa had intercourse with another patient. Rosa:

> *«My sexual feelings keep bothering me. I have got AIDS and because I have AIDS, I do strange things. My friend had AIDS, my mother told me. We had sex ...»*

Rosa did not know exactly what AIDS was. She had heard something about «a punishment for abnormal sexual behaviour» (the moral condemnation

of homosexuals). Her mother committed a real cruelty. When I explained the disease to her, she felt relieved and said: «*Then I have no AIDS; my mother has lied again*.»

How could Rosa protect herself against her mother's magic? She had several means. Before she was admitted to Saint Anthony's, she became very aggressive and violent with her mother, screaming, throwing furniture and stabbing with scissors. When she was in the hospital, she became psychotic, which was a healthy answer in this context. To enter Saint Anthony's was Rosa's only possible escape from the magic at that time. When her mother continued to practice her magic and cruelties, Rosa tried to commit suicide several times. Then she was transferred to the closed ward. Sometimes the mother's power become too strong and she wants to return, but as Rosa said:

> «*When I think of her, how she only thinks of herself and how cruel she is, I want to stay here, although I feel bored to death.*»

Rosa also practised counter magic. Her repetitive stories about horror and cruelty make sure that others will protect her against her mother's magic. Her stories also become flesh and blood when she behaves exactly as she does in the stories. She not only talks about sex. She does it. The psychiatrist told me that the stories and her subsequent behaviour were meant to shock her mother. Rosa made sure that her behaviour was so blatant that it was recorded in her files or was transferred to her mother by gossip. Rosa also tried to influence and control the thoughts and feelings that her mother put into her body by little rituals that were sometimes very painful; she drank her own urine, burned herself, jumped out the window from the second floor, etc. She wrote many letters to various staff members, to anybody who wanted to read and also to me. With these letters, she tried to "avert evil."

Her story changed little throughout the years she spent in Saint Anthony's. The mythical tales that come from the Bible, like the tale about Abraham's sacrifice, the tower of Babylon tower and Eve are reversed; the male sacrifice becomes a female sacrifice, Christ becomes a female person. Other, more personal myths are feminine stories about abuse and perverse stories of rape, torture and murder. They form a litany of sorrow and pain. She lives «in a hell» and when I entered the ward, she used to welcome me with the words: «Good morning, I am going to die», or «I want to kill myself today.» What could I say? I did not know ...

«*They sing about paradise, but it will never be a paradise.*» Rosa spoke these words when we were sitting on her bed in her room in the ward. She talked about her fears and experiences. The words were a cynical statement of her feelings of disappointment and powerlessness. They expressed disbe-

lief in the powers of psychiatry to counter her mother's magic. They made it clear that she felt "fucked up." Rosa said, «They made fools of people.» She did not believe in paradise, she believed in hell:

> *«I believe in hell. When I am dead I will have sexual feelings and I will have sex when it is not permitted. I mean when the boys don't want it. I will scream and will feel randy. That's hell!»*

Rosa felt punished, because she resisted the magic of her mother. She thought she was "a creep"; «It was a creep I saw this morning! It was me!» she said when she talked about her dreams.

When she came into Saint Anthony's, she had her hopes: «I thought that I would come into a world of love. But people don't love me. If people loved me, the world would be easier.» Her life remained similar and she became anxious about what "they" would do to her in the hospital. Magic was there too:

> *«Everything focuses on Rosa. I don't trust the medicines. I am afraid that they are poisoning me. I am afraid that they tamper with the medicines. Otherwise, I wouldn't have these feelings.»*

Rosa was well aware that there is no hope for a better life. In the end, her only paradise will be death:

> *«I like to be dead. I like to be dead. I want a happy end. However, some people say that when one dies one will keep the feelings. But I think that there will be a new life.»*

The consequences of the magic are clear. Rosa could not swallow her mother's magic. She had to make her own magic, through her stories and through her behaviour. But neither could she digest the care in Saint Anthony's. Taussig (1993) states that one can protect oneself against fearful images and remembrances by recounting them. Rosa did so in a very special way. She narrated in a special rhythm, often reading from a piece of paper with an unmoving face. It was a performance of immense suffering without the actor being involved. In her stories, she had to dismember her different body parts from the body as a whole. She opposes her head and her sexual organs. By opposing these two body parts, Rosa is able to perceive herself as a woman, even when her mother raped or conjured her: everything happened in her head.

Beyond the case

At the time that I wrote Rosa's complete story, a television programme called "Big Brother" was very popular in the Netherlands, as it was in other countries of Europe and in the US. The premise of this infotainment

was that young people lived together in a house and that they were filmed night and day. The camera's eye watched the people. This idea of "watching" is not new. God is also watching us. This was pictured in a triangle with an eye in the Catholic primary school I attended when I was a child. The teacher used to threaten us by saying that God "sees everything", as if he had persuaded God to control us in his name. In Orwell's *1984* "Big Brother" is also watching. Many people sometimes have the experience of being watched by an unknown "somebody" when they feel the power and control of bureaucracy. Another example is the medical gaze in and through the body. The day and night supervision in closed wards of mental hospitals is also a form of this watching. Parents watch their children on the beach or in the streets. The issue is not the fact of watching, but when "watching" becomes a power, which controls and manipulates people in unacceptable ways. It is obvious that socially acceptable feelings of being watched have their pathological pendant. In Rosa's story, the theme of "being watched" and "seeing everything" is embodied in her own mother, who Rosa calls a "clairvoyant", and accuses of being the cause of suffering. The irony is that Rosa was transferred to the closed wards of Saint Anthony's by the psychiatrist "to keep an eye on her" after several attempts to commit suicide, so that it is not only her mother, but also the staff of the ward that are watching her. The theme of "being watched" and "being steered" is a usual theme in mad stories. The people of Saint Anthony's were watched by supernatural powers that sometimes had the name of a God, a spirit or a ghost. There were the dead – Hitler, Christ or ancestors – who haunted the patients and performed magic on them. Sometimes it was machines, like computers or electric machinery that had magical powers. This theme also seems to be universal (cf. Obeyesekere 1990; Littlewood & Lipsedge 1989; Podvoll 1990, and many others). The theme is similar to "delusion". If there is a mark of madness, this mark is surely "delusion". However, as Boyle (1990) argues, it is extremely difficult to distinguish 'normal' from 'abnormal' false beliefs. The idea that one can understand how such abnormal false belief systems came about in terms of the person's background (cultural or social) would be 'absurd' and 'dangerous' (Boyle 1990: 213). It would be better to ask why so many people – globally – have the experience of being watched and being steered, and what those experiences may say about culture and society. I will not embark on this debate in my paper, because my focus is on the performance of magic.

The power and effect of the magic performed by the gods, the ghosts, the dead or 'psychiatry' are – not surprisingly – greater than those of the magic performances of the schizophrenic people themselves. That does not mean

that they are totally helpless. They perform with well-known means. For example, the use of vitamins – in liquid or pill form – is not so strange in Dutch society and many other societies as well. People believe that vitamins have the power to strengthen their bodies against intruders (viruses and microbes) that cause evil (disease). This is close to the position of Tambiah (1968), who argues that magical activities are an interpretation of technical activities with which they have a relationship (p. 198-203). In Rosa's case, the vitamins were used to protect her against danger (according to the mother), but Rosa said that her mother's feelings would cause her death: «*My mother wants me to be dead.*» In the belief of Rosa's mother the magician will cause a «culturogenic death» (Hahn & Kleinman 1983), like voodoo, sorcery, or fright. In Rosa's belief it is the mother. There is a similarity between the 'culturogenic ghosts' (the magician and the substance from the mother's stomach) and the 'pathogenic ghost' (the viruses and microbes). The magic of both the mother (vitamins and even psychotropes) and Rosa (her story and behaviour) become ritualised, a ritual that derives its significance from the «interplay and contrast with other practices» (Bell 1992: 90). From this viewpoint, it would be possible to rank magic practices according to the efficacy and power they have, if one takes into account the position of the "magician". For Rosa's mother, magical activities are "technical"; for Rosa they are words.

These words are familiar symbols, metaphors and myths that are taken from religion, and other important domains in life. Yet they are not considered as sacred words. Again, the problem raised by mad stories/mad words does not concern their content but how they differ from other uses of words and deeds (literature, for example). It seems that mad people often suffer more from this difference than from their illness.

A nurse at Saint Anthony's once remarked: «*These people are walking stories*». It is tempting to compare mad stories with literature, because they show similarities in nature, themes and sometimes even in consequences for the teller (cf. Rushdie 1990). For example, Rosa's story and life is actually about the grand theme of love. It is not the romantic love, which is often dished up on radio or television, the 'quest for happiness'. Her love is also about power, perversity, possession, fear and hate. Rosa shows that it is extremely difficult to resist someone who tells you that she loves you. Her story shows that people may say, «I love you», and then kill the beloved. "Walking stories" show – in a very real way – the magical powers of people, because they are not books that can safely be stored on the shelves; they have consequences for themselves and for others. However, their magic is a *perpetual motion machine*, simply because the «powers that be» are too great and cannot be controlled.

Turtling further down into culture

The stories of mad people are a more powerful testimony to the work of culture (and the work with culture) than other stories may be, because they come to life. Not only can one listen but one can also see, feel and smell. Take Eric, a schizophrenic patient in the closed wards. When he is in the isolation room – on his request – he can be seen mumbling, yelling «no, no, no» and trying to protect himself from something or somebody. This alerts staff members. Later it became clear that Eric had to defend himself against Eve's erotic advances (the story of Eve, the snake and the apple). Stories and lives of mad people switch from the common and acceptable to hidden and unacceptable emotions, human interactions and effects of cultural practices. We do not like what we see in mad stories.

But what does this tell us about culture? How can the foundations of a culture be found? A Navaho answer to this question illustrates that there are different perceptions of reality, which are as common as ours: «It turtles all the way down» (Geertz 1973). Where it will end, one does not know. This uncertainty is frightening in a culture such as the Dutch one, which stresses control and minimisation of risk. Crazy stories are not neglected, but they will remain vulnerable to dismissal from different sides. Psychiatrists explain the stories as symptoms of madness. Students of literature may perceive such stories as too confused to be literary. Movements for empowerment may see the stories as too unsystematic to be counterproductive.

Working with mad stories needs concepts other than 'schizophrenia' or 'psychosis' as researchable phenomena. It brings the researcher to sadness, grief, melancholy, unhappiness, loss, joy, pleasure and all the concepts that are so common to experience and which are spoken about in human life, but so uncommon to science. They bring the idea that «not rational choices but embodied practices express the poetics of suffering» (Kleinman 1996: 287).

Mad stories are embodied stories in a moral space. They are culture specific in their expression and themes, but universal in what is at stake. The tellers of the story suffer because they are targets of social and medical interventions that – in the end – turn out to be powerless. This – in turn – is a serious obstacle for the people and their stories. There is a lack of plot in which the teller gets better. In many illness stories the tellers have overcome their illnesses or the burden of their illnesses. Their suffering was not for naught. They learned. In these crazy stories people do not say that they have 'learned' or that they have got 'better'. On the contrary, they are stories of fear, hopelessness, the accumulation of suffering *and* vitality.

They counter fundamental cultural values: hope, quest for change and the all too optimistic belief in the power of humans. In short, they challenge the «idealisation of happiness», the myth of «the good life» (Farber 1976). They show that the world «will never be a paradise» and that the quest for the Holy Grail is maybe more important than the icon itself, even at a high cost. According to Lévi-Strauss (1973), this is a powerful myth, because it does not have a question. This may be extremely bewildering in a society in which people stress control and minimisation of risk.

The message of mad stories is clear: they counter the optimistic ideology that medicine provides 'answers' to illness and is able to control life. The question is also clear: what can we do when illness cannot be 'cured' or 'controlled'? This is a question that becomes all the more urgent in an era of increased chronic illness and suffering.

'Chronic schizophrenia' is like many other chronic illnesses, a concept that shows how, why and when society cares and whom it cares for. Estroff (1993: 251-252) tackles an important question that, according to her, lies at the core of a culture: «[Can't or won't we] respond to these persons in rehabilitative and restorative ways?» Are we unable or are we unwilling to do so? According to the author, this controversy underlies the ambivalence in the West about people who are chronically ill and disabled. The author continues her argument by saying that we cannot tolerate defiance of functional requirements, but neither can we punish or neglect people who are unable to contribute at an expected level. Society (that is, the people in society) becomes the victim of its own cultural constructions: it accepted the 'sick role' but it has a problem with a lifelong condition of being excused. Estroff 'turtles' even further down: society has a problem with the ontological status of illnesses. Are they real or unreal, visible or invisible? These are very important questions that need to be answered. However, I would like to stress that her argument can even 'turtl' further down.

Encounters between mad people and 'those out there', like the case of the mechanics across the street or the people in the bars, are markers of inconsistent and context dependent dos and don'ts. Forces of mad people and others clash. What has to be suppressed comes to the surface (e.g. intolerance, cruelty, perversity). Such moments make clear that cultural myths «are basic lies that make life possible.» Necessary lies, because «if something cannot be used to tell a lie, conversely it cannot be used to tell the truth: it cannot in fact be used 'to tell' at all» (Eco 1979). Mad people are too aware of the basic lies. But cultural models, myths and stories are powerful survival kits that can be used to reflect on dangerous and critical situations.

The suffering in madness is sometimes all too overwhelming. The people use their energy and creativity to survive; they are not pathetic victims. They complain of 'empty minds' or 'loss of their soul'; they say that there is little going on in their minds. But they are still alive and their stories show that they have to work hard.

If magic is the «domain of desire» (Gil 1985), it is clear that the desire within the stories and actions of mad people is expressed in «floating signifiers», explanatory principles for «mad thoughts». The «quintessential force» (Mauss 1960) is *mana*, everything and nothing, that opens up (according to Mauss) the passage from one code to another (and is the result of a force). Mad people have to make others move from one state into another. And they do, as we will see below.

People's magic lacks efficiency from an outsider's perspective, unless they look at the changes in their lives that could make them less isolated from the day-to-day world. This group of chronically ill people shows that the assumption that 'culture's magic' is a great deal more efficient at controlling the powers of madness than 'people's magic' at controlling lives is not always true. The basic cultural belief that life is a project, which can be controlled and modelled by human beings, is affected by the discrepancy between the power of people and the power of culture (as a human construction). The power of mad people is that they are often perceived as "dangerous" and "angry", especially when they are psychotic. I observed that many people in the closed wards often had deep, yet understandable, anger and when they became psychotic this anger was manifested in impressive and sometimes fearful ways. Not that I want to stress the violence of mad people, but anger and violence have tremendous power over others. Not only in the wards, but also in the outside world, they are the reasons for calling for the assistance of the police and mental health care emergency teams. Maybe the violence is the "real" magic?

Mad people make themselves a life through their magical use of myths, models, symbols and themes of culture, but their stories clearly show that there is a limit to the understanding of and coping with 'the differences within'. Here, the questions «can't we?» or «won't we?» are raised again. I have no clear answer to these questions. Maybe Laing (1967) is correct when he writes: «If the human race survives, future men will, I suspect, look on our enlightened epic as a veritable Age of Darkness ...» They will see that what we call 'schizophrenia' was one of the forms in which, often through quite ordinary people, the light began to break through the cracks in our all-too-closed-minds. Are minds too closed for other forms of life?

Do people fear those forms? Why? Can't we live with 'doubles'? Mad people, like Rosa and Lisa, are not the only ones who reassert themselves against cultural ambiguity and ambivalence. People have to struggle with stabilising patterns opposed by the force of subjectivity. Do they fear that the troubles they have with such a life will lead to despair and hopelessness? Mad people provide a 'lesson'. They challenge the notion of suffering, a well-known concept in medical anthropology. People are able to survive, even with hopelessness, as long as they can tell their magical stories. They will repeat their stories that are means to break «a closed mimetic circle of repetition in culture by wildness and leaning against the wind» (paraphrasing Taussig 1993). When the story comes to an end, lives of mad people will also end. The last words of Rosa were:

> *«Now I write letters to Jo, the woman in the hobby centre. I have to, but I think: I should not write, because I am afraid that people will think that I am weird.»*

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