

# CHAPTER 18 Language and Madness

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## 1 INTRODUCTION

Madness inevitably involves language. Admittedly, speech-related symptoms come and go and rarely involve grammar, and many disturbing non-linguistic symptoms remind us that madness is by no means strictly linguistic. Still, deviant speech helps define madness.

Why "madness" - an old folk term, a shifting social construction? I address suffering and deviance under that rubric, rather than "mental illness," because the latter term comes culturally shrink-wrapped in the perspective of biomedical psychiatry. Cultural views of madness, while constrained by some universals, vary more than concepts of universal disease processes allow for. (For instance, rural Bangladeshis whom I asked to list all the illnesses they could think of did not mention *pagalami*, madness; Bengali religious traditions have defined it as a gift, McDaniel 1989). Then, too, using an older folk term rather than a biomedical term avoids the misimpression that linguistic anthropological fieldwork results in data transparently related to psychiatric nosologies (diagnostic categories).

This chapter draws from psychology, philosophy, linguistics, and evolutionary biology - as well as other subfields of anthropology - to explore madness as a human linguacultural phenomenon. I cast my net widely because of the paucity of studies of madness by linguistic anthropologists (the few that come to mind are Bateson 1972; Beeman 1985; Capps and Ochs 1995; Goffman 1969; Ribeiro 1995; Wilce, in press; Ochs et al., in press). This shortage prompts me to stretch my topic to cover personality disorders as well as the "true" forms of madness - in psychiatric parlance, bipolar disorder, schizophrenia, and perhaps autism. This broader view allows me to make important points about the role of language in organizing concepts of suffering and constructing psychiatric categories.

Before I begin, I must briefly mention a long debate over whether schizophrenia - which in many ways epitomizes madness - is a disorder of thought or of speech. It is fruitless because schizophrenia precipitates the perceived collapse of that distinction (Crow 2000); to reify it at the outset of investigation cuts us off from a phenomenological exploration. More importantly, the debate assumes that speech expresses private thoughts, precluding an interactionist perspective on the joint construction of understanding and even breakdowns therein. Linguistic anthropologists in the interactionist tradition have worked to overcome the thought-speech dichotomy (Beeman 1985; Gumperz and Levinson 1996). Other anthropologists adopt a semi-otic perspective that encompasses and links speech and thought (Desjarlais 1997; Martfnez-Hernaez 2000).

My argument begins by describing the common sense that makes normal speech interaction a sign of full humanness and thus construes madness as a loss of humanness. Sections 3 and 4 explore two ways to transcend that apprehension of madness and sociality.

## 2 MADNESS COMPROMISING THE LINGUISTIC CAPACITIES OF HUMAN BEINGS

The ability to speak coherently enough to respond appropriately to, and help create, recognizable social contexts helps define our sense of full humanness. From primatologist Jane Goodall to linguist John Lyons (1982), many have built concepts of humanness upon the capacity for linguistic interaction. Radical deviation from normal speech interaction can cause interlocutors to judge one not only insane but less than completely human. This section explores the link between madness and fundamental human linguistic and intersubjective capacities.

The capacity for language as we know it probably emerged with anatomically modern *Homo sapiens* roughly 200,000 years ago (Dunbar 1998: 104). This capacity is not reducible to the grammatical delivery of information but must serve diverse social and semiotic needs. The prototypical site of language use is in social interaction. Such interaction requires a "theory of mind" (ToM), the ability to make continual inferences about others' internal dispositions (feelings, intentions, etc.). Linguistic anthropologist Ochs and her colleagues (in press) review the importance of ToM in relation to autism and call for richer theorization of the social in relation to such conditions: "A study of autism ... holds promise for enhancing theories of society and culture, in that both the struggles and the successes of persons diagnosed with autism make evident what is most essential to participation in human society." To think about ToM is to think about intentionality. Whether or not we see intentionality as conscious planning (see Duranti, this volume), we can hardly account for normal language use without modeling some intention to do something in relation to interlocutors - persuade, deceive, amuse, etc. - by speaking. But if this is fundamental to our humanity, and if Sass is correct in finding in some persons with schizophrenia "an experiential attitude that would sever the word from any intention-to-signify" (1992: 203), then such madness severely compromises the socially and linguistically engaged mind.

## 2.1 Madness as human linguistic gifts run amok

Using language in face-to-face interaction requires more than just deploying symbols (arbitrary, invariant signs). It requires pragmatic or indexical competence - fitting speech to context, e.g. through appropriate use of deictics (pronouns and demonstratives) and politeness markers. Where would conversation be without deictics like "you" or "I"? Talk works from a "deictic origo" or center to locate "close" and "far," "self" and "other," even while speakers exchange turns and move about in space. Indexicality is key to an anthropological approach to language (Duranti 1997). But madness compromises the capacity to grasp what is indexed, i.e. "the range of socio-cultural dispositions, acts, identities, activities, and institutions indexed moment-by-moment by linguistic and other conventional semiotic features of shifting social situations" (Ochs et al., in press).

Linguistic anthropologists know that "the self" is decentered in much talk; for example, "I" does not index the speaker when (s)he is directly quoting someone else. But schizophrenia radically weakens the integrity of the self. Therefore many experts (including sufferers themselves) describe it as one of the most terrifying of all forms of human suffering. Some sufferers feel "their" thoughts are not "their own" - a feeling so foreign to most of us as to be inconceivable. British psychiatrist Crow attributes this crisis to a disturbance in the way the brain makes the indexical distinctions between thought, one's own speech production, and others' speech. This disturbance is potentiated by the way language and the brain evolved. The "speciation event" or split from the hominid line that produced *Homo sapiens* involved the lateralization of the brain's language-related functions (two hemispheres, specialized but integrated). Lateralization of brain function is less marked in those with schizophrenia (Crow 2000: 122-3).

Our ability to index speaker and addressee with "I" and "you" presupposes clear perception of the difference between speech as heard (from others), as produced, and as thought. Brains are able to distinguish the source of words because they are lateralized. Unfortunately, this means that compromised lateralization distorts speech interaction. In arguing that this is precisely what schizophrenia does, Crow (2000) is proposing a model of the brain and its evolution that explains the neuropsychological grounds of indexicality. His model posits schizophrenia as a breakdown therein, with severe repercussions for success in life and reproduction. And yet the disease represents a common genetic inheritance of our species (occurring in about 1 percent of adults around the world). What possible selective advantage could lateralization confer if it potentiates schizophrenia? Language: the genetic mutations that led to functional lateralization (and the possibility of dysfunction) also give us linguistic capacities, including indexicality. Crow's neurolinguistic vision links a central focus of linguistic anthropology - indexicality - with the evolution and modern function of the brain in a way that clarifies the significance of schizophrenia for anthropology.

### 2.1.1 Metacommunication and madness

Indexicality includes more complex contextual engagements than simply perceiving who is speaking and thus distinguishing "I" from "you." It presupposes sociocul-

tural perspective-taking, including awareness of what implicit rules and messages, indirect indexes, or veiled insults are relevant to the "language game" being played in a given context. Gaps between culturally preferred states (such as approving of others) and actual states (such as disapproval) lead to indirect insults, such as damning with faint praise. Decoding these requires taking the speaker's perspective and imagining other utterances (fuller praise) in comparable contexts. Subtle cues in intonation or rhythm guide the decoding of such messages; that is, they are metacommunicative signs, serving framing functions. Autistic and schizophrenic listeners are significantly more likely to misperceive such cues and miss indirect indexes (Ochs et al., in press; Tenyi et al. 2000).

Some awareness of how speech relates to context - of pragmatics - is required for successful talk. But "metapragmatic awareness" - a subtype of metalinguistic awareness or the ability to reflect, in language, about language - is a mixed blessing. Linguistic self-consciousness can paralyze. Madness (particularly schizophrenia) can be viewed as deviance affecting all metalinguistic usage. Schizophrenic speech involves a tendency to reflect so much on words that "normal" conversation bogs down in language play. Extreme linguistic self-consciousness does not necessarily help persons achieve contextual appropriateness. The self-reflexive linguistic capacity, so basic to our humanness and to our play, becomes "madness" when it swamps basic functions like achieving shared reference and thus a shared reality.

### 2.1.2 Metacommunication in Rani's family

Rani is a young Bangladeshi woman with schizophrenia; I talked with her and her family in 1992 (Wilce 1998a, in press). In the following lines, Rani fails to answer my questions (1-2, 18-19), then says something about direction and the house near which we (her family and I) spoke - which, to us as her interlocutors, bore no relation to the previous turns. Then, Rani's family and I felt the pragmatic disconnect worsen when she began to pun on *dik-e*, which can mean "in [some] direction" but also "let [someone] give this." J is Jim, the author; R is Rani; S is her sister Shapla; M is their mother.

1J	tomar kemaṅ ghum haiyechilo (0.8)	How did you sleep (0.8)
2J	gato rate? (2)	last night? (2)
3R	(??)/man-iyā/	/(?? in my mind??)/
4J	/ghum haiyechilo?/	/Did you sleep?/
5R	man-iyā jva la y je din	On the day my mind was burning.
6J	(1.5)Hm?	(1.5)Hm?
3 lines	[omitted]	[omitted]
10S	/bal (parar matan)/ ki na katha kaite / para-s/?	/Speak (like a recitation)/. Can't you speak like that?
11R	/niye/ja-y na (??)	/[They]/ don't take [it]./
12S	Rani! bal! (0.5)	Rani, Speak! (0.5)
13S	sundar karc bal.	Speak beautifully.
4 lines	[omitted]	[omitted]
18J	ekhan (0.2) tumi ki chao (1.5)	What do you [yourself] want now (1.5)
19J	Rani =	[to happen] Rani?

20M	=kaw "ami bhalo haite /chai/." (2)	Say, "I want to get better."
21R	((to Shapla, laughing voice)) /xxxxx/	((to Shapla, laughing voice)) /xxxxx/
22R	(he jagar mati je dik )	(Whatever direction the mud of this homestead)
23R	dik-e	(Let [someone] give this, ordirection-this)
24R	dik a /da/√	(Direction, or Let [someone] give this.
7 lines	[omitted]	[omitted]
32J	acha	Well...
33R	dikata di	(? The direction? Or Let someone give)
34J	Rani	Rani.
35R	dite balle	... if someone says give.
36J	kabi-kabirajke tomar keman lagsilo	How did you feel about the healers?
37J	(0.8)	(0.8)
38J	kabi-kabirajer cikitsa	The healers' treatment—
39J	keman laglo	how was it?
40R	[smiles] °(?) haiye gesega <sup>0</sup>	[smiles] "It went like (x)°
41S	bal	Speak.
42M	bal!	Speak!
43S	Rani!	Rani!
44M	[leaning forward] kabirajer cikitsa	[leaning forward] The healer's treatment—
45M	/keman/?	/how was it/?
46R	[shaking head negatively] /kabiraj/	[shaking head negatively] /Healers/
47R	bhalo hay na =	don't succeed
48M	= bal "bhalo hay na" [starts echoing R's head shake]	Say "don't succeed" [starts echoing R's head shake]

What sort of odd interchange is this? If Rani answered my questions (1, 18-19) at all it was in metaphors (3-5) and puns. Punning is metalinguistic; it reflects a high awareness of language. If Rani was indeed playing with two homonyms meaning "let [someone] give" and "in [some] direction," that was creative but purely self-engaged, not engaged in the conversation we thought we were having. Such communication problems often prompted Rani's family to attempt repairs (10, 12, 20, 41-48). These were other-initiated and other-completed repairs (Keating and Egbert, this volume). The family's repair efforts included statements about how one should speak- viz., *beautifully* (13; see Wilce, in press). Rani's self-reflexive linguistic play run amok prompted her family's intervention. For them - as for Sass (1992) and Crow (2000) - such pervasive contextual disconnects constitute madness. Rani and her family used different frames to signal competing stances toward language.

Anthropologist Gregory Bateson pioneered the study of such metacommunicative frames, and applied the notion to schizophrenia. Bateson speculated that a "double bind" - in which someone hears words framed in a conflicting metamessage, within a context allowing no escape (as when a child hears words of love but experiences violence from its parents) - could be "schizophrenogenic." The victim of such a bind "spirals into never-ending, but always systematic, distortion" characterizing schizophrenia (1972: 212). Bateson also saw the potential in such binds for the creative generation of insight and new metaphorical worlds.

Research on madness inside and beyond linguistic anthropology reflects Bateson's interest in metacommunication. His work has proved relevant to bipolar psychosis as well as schizophrenia. Erving Goffman drew on Bateson when he wrote of the "atypical framing practices" and rapidly shifting "footings" - the way one person's speech projects various selves - that characterize psychotic discourse. Brazilian applied linguist Branca Ribeiro (1995: 54) invokes Goffman's notions to explain why a woman diagnosed as "manic," Dona Jurema, is so hard to follow. As Woolard explains (this volume), codeswitching often signals such shifts. Dona Jurema rapidly shifted footing without changing code - she spoke Portuguese - and still managed to confuse her interlocutors and earn the label "mad." The rapidity with which she changed footings is isomorphic with her diagnosis (mania).

Linguistic play manifests metalinguistic consciousness that can become excessive. Such play can obsess those considered mad, leaving them entranced and their interlocutors alienated (Sass 1992: 214, 241). The reflexive potential of language - one of the most creative features of language, distinguishing it from animal communication - becomes, in psychosis, a kind of trap.

## 2.2 Madness as compromised intersubjectivity

Hominid evolution is, simultaneously, the evolution of culture, and one way to define culture is as a pattern of shared contexts and meanings, in other words, in terms of intersubjectivity. Yet, theories of social life arising straightforwardly from a vision of this shared, commonsense world are limited in so far as common sense is precisely what is *not* typical of interactions involving the mad (Van Dongen 1997). Schutz, who described that world (1962-66), held that intersubjectivity is always a tenuous achievement. Yet, taking the always tenuous achievement of intersubjectivity for granted might meet a universal need. Social science discourse uses intersubjectivity to define sociality, and makes sociality definitive of humanity. But to take the mutual attunement of social actors as an unproblematic given is harmful in so far as it excludes some people from the social world.

The speech of the mad is hard to understand. Odd speech is a diagnostic feature of madness in many societies, and is a key criterion for schizophrenia in the DSM-IV, psychiatry's diagnostic manual (APA 2000). Schizophrenia's challenge to mutual understanding shakes the foundations of sociality and brings grief to families. Paradoxically, psychosis is less a loss of mind and its capacity for speech than a hypertrophy of the capacity for self-reflection. Those with schizophrenia seem to see language as Wittgenstein and Derrida did, in one of two ways: either language is not produced by minds but emerges autonomously, or (conventional) language cannot be a fitting vessel for the contents of private minds (Sass 1992).

These voices disagree with psychologists regarding the importance of a ToM, perhaps rightly so. Psychologists tend to assess ToM outside of any sociocultural matrix, and perhaps assign it an exaggerated importance. In order to assert its biological innateness, they claim that speculative talk about others' inner states is common around the world. Linguistic anthropology problematizes such claims; among many possible approaches to agency, they reflect an "intentionalist stance" (Duranti, this volume). Astington argues that "ToM is a cultural invention":

"Children do not really acquire any theory of their own but, through participation in cultural activities, they come to share their culture's way of regarding and talking about people's relations to one another and to the world" (1999). Ochs et al.'s (in press) proposed modification of ToM would incorporate a more richly theorized modeling of the social processes through which others' minds come to be imagined and local theories of mind internalized. Yet, however it is acquired or defined, ToM-like perspective-taking is undeniably compromised in madness.

Cultures (or ways of interacting) are "organizations of diversity" (Wallace 1965), and even in the same society social actors use language for very different purposes. Conflict over Rani's use of language evokes the topic of language ideologies like those addressed by Kroskrity (this volume). Such ideologies - understandings of, and evaluative criteria for, speech - are contested, even if one ideology achieves dominance in and perhaps even beyond one society. The drive toward transparent reference reflects an ideology of language that has dominated Western thought, at least in academic if not political discourses. Yet it is as alien to those with schizophrenia as it is to many poets and lovers. Madness highlights the fragility of any apparent agreements about language, even within one family like Rani's (Wilce, in press).

In the following section I describe asynchronous interactions involving those considered mad as breakdowns in agreements about timing, one manifestation of intersubjectivity.

### 2.2.1 Intersubjectivity and interactive rhythmicity

Interactive rhythmic harmony typifies talk universally, though the nature of the rhythms - and levels of awareness of rhythmicity as a cultural value - varies markedly. Bailey (this volume) notes how multiple levels of synchrony characterize intra-cultural interactions, while asynchrony plagues inter-cultural interactions (Gumperz 1982). Interactants might well take the ability to achieve rhythmic synchrony in talk and movement (including gesture - Haviland, this volume) as a key sign of sharing a language, in the sense of a coherent set of skills for using language and body together in face-to-face interaction. This rhythmic attunement, however, is as unlikely in interactions with those considered mad as it is in inter-cultural encounters.

### 2.2.2 Culture, rhythm, and depression

Intersubjectivity is enacted in sense and rhythm more commonly than it is discussed in the abstract. Its manifestations include synchrony and tight sequentiality. Making music together (Schutz 1962-66) exemplifies and metaphorically represents making sense together conversationally. "Conversational duetting" (Falk 1979), in which enthusiastic interlocutors co-construct utterances in partly overlapping speech, is an example of synchrony, and the achievement of no gaps or overlaps between different speakers' turns at talk epitomizes tight sequentiality.

Depression and mania can be seen as rhythmic disturbances. Mania speeds speech rhythms; clinical depression slows the pace of speech (Siegman 1987). Both can

disrupt interaction. Indeed, mother-infant dyads in psychologist Maya Grader's study rarely achieved synchrony when the mother was depressed - not surprisingly, since the depressed mothers' speech showed a slower, *irregular* "beat" with flattened prosody. Such irregularities, and the loss of prosodic marking such as the falling intonation that typically comes at the end of utterances, make predicting turn transitions harder (see Keating and Egbert, this volume). Gratier locates interactive rhythm within the orb of culture, and finds depression and interactive disharmony more frequent among immigrant mothers (Gratier 1999). Secure attachment develops through healthy interaction, measured more in rhythmicity than in the particular words exchanged; insecure attachment hinders normal brain growth (Schore 2001). So we need to learn more about what constitutes healthy caregiver-child interaction in a variety of sociocultural settings in order to better understand the roots of disturbance (beyond genetics).

### 2.2.3 Dyssynchrony and schizophrenia

Studies of schizophrenia and interactive rhythm date back to the 1960s. Bateson's collaborator Condon found synchrony at intra- and inter-personal levels - in the relations between one speaker's words and bodily acts ("self-synchrony"), and in the movements of two interlocutors ("interactional synchrony"). "In [a] schizophrenic patient the right arm and right leg appear at times to be dyssynchronous with the speech, head and the left aspect of the body, including the left arm and leg" (Condon and Ogston 1966: 343-4). Parts of the patient's body that were out of synch with each other were also out of synch with her interlocutor, a therapist. Schizophrenia, then, disrupts synchronies observable in same-culture interactions between people without such a diagnosis.

Interactional rhythm is organized by turns, and cultural norms of politeness may focus on maintaining orderly turn-taking. Such rhythms are learned along with other cultural knowledge, so cultural outsiders can normally learn new interactive rhythms. Rani's mother, sister, and I (a foreigner) were able to achieve such rhythmic attunement that our turns had few overlaps or gaps between them, and we jointly produced one utterance (lines 19-20, where Rani's mother completed my sentence). But madness disrupts turn-taking. Rani allowed long pauses before responding to questions (lines 2-3), and often responded only in a mumble that was hard to hear and transcribe. Sometimes Rani would completely ignore questions. Her mother would then try to repair this omission, as she did in line 20, answering my question (18-19; note my pause of 1.5 seconds in waiting for Rani after line 18) on Rani's behalf.

I asked another question (lines 38-9) - about Rani's experience with traditional healers. When Rani did finally answer (46-47) after hearing her mother recycle the question, her mother celebrated - and compensated for the loss of face Rani might have caused, through a sequence of acts closely coordinated with Rani's. Mother echoed Rani's responses visibly and audibly. In close order (47-48), the two said "don't succeed" and shook their heads from side to side. As an icon of their deeper disconnection, however, Rani kept her back turned to her mother in this sequence. She heard her mother but did not see her "bodily echo." This "coordination" was remedial, the achievement of Mother alone.

So the excess of linguistic self-reflexivity often associated with schizophrenia does not engender greater sensitivity to the requirements of polite engagement with interlocutors. Family members' efforts to connect with those suffering from psychosis indicate that they experience madness as disengagement. Rani's flights from context included her failure to answer questions or to do so in a manner recognized as relevant (lines 3-5). Under a culture of individualism such failures are bad, but might be overlooked in settings involving distanced or bureaucratic relationships, perhaps even in a psychiatric hospital. In rural Bangladesh, where most interactions are with kin and close friends, failure to respond (to offer a second move in an adjacency pair: see Keating and Egbert, this volume) is clearly a problem.

Rani's family's attempts to control how she spoke and engaged others included her mother's bodily attempts to compensate for, and to restart, absent responses (line 48). They also included her sister's metalinguistic command, "Speak beautifully" (13). For them, speaking beautifully meant achieving interactive harmony in polite exchanges. This family's coping style is not unique. Another family affected by schizophrenia in Bangladesh - "Bimal," the "patient," is one of four middle-aged brothers - told me in 2001 how they took his early attempts to shut out the voices he was hearing (decades ago) as defiant refusal to hear *them*. In my videotape of the four, two "normal" brothers repeated Bimal's words several times until they finally said the words - the name of the hospital where Bimal is an outpatient - simultaneously. Bimal did not share this achievement of rhythmic harmony. Such achievements, tenuous even in "normal" interaction, are much rarer in the face of madness. The fact that such disruption occurs both in psychosis and in inter-ethnic communication (Gumperz 1982) raises questions ideally suited for linguistic anthropologists.

### 3 LANGUAGE AND THE CONSTITUTION OF MADNESS

Madness *appears* to be an objective label for deviant speech and related symptoms. How objective is that appearance, and what do powerful metadiscourses have to do with shaping it? How is it that observers perceive certain ways of speaking to perform and confirm madness as an essential identity (see Keane, and Bucholtz and Hall, this volume)? Michel Foucault's work (1973) has prompted anthropologists to investigate the possibility that discourses that invoke madness do not simply reflect a pre-existing condition - they help constitute not only its meaning for the larger society but perhaps the very experience of madness. Writing in the abstract, Scandinavian psychologist Rommetveit is able to claim that a "reflective detachment would by Buber and Gadamer be conceived of as *immorar* (1998: 366). Rani's and Bimal's families apparently considered their detachment a moral violation, too. If we can uncover how metacommunicative processes help constitute the detachment of madness as immoral, we can problematize the dichotomization of madness and essential humanity.

Erving Goffman (1969) laid the groundwork for a critical anthropology of madness, defining psychotic symptoms as deviance *vis-d-vis* the social organizations in which they occurred. Deviance is constituted in relation to social semiotic rules. Building on Goffman's work, Catalanian psychiatric anthropologist Martinez-

Hernaez (2000:138—41,235) catches psychiatry up in a contradiction as it constructs deviance as objective. Modern medicine defines *symptoms* as "what patients say" - expressing subjective experiences of disease - opposing symptoms with *signs*, defined as the natural indexes of disease that experts can objectively observe. Is psychotic speech a symptom? It cannot be subjectively perceived as a problem as long as psychiatry makes patients' "lack of insight" into the problematic nature of their speech a hallmark of psychosis. Is psychotic speech then an objective sign, despite its prompting subjective concern for psychiatrists and families? To raise such questions points to the dialogical nature of disease-signs and socially construed symptoms. In the case of madness, symptoms appear in the eye of the beholder. Locating the meaning of behavior somewhere between patient and observer, as Martinez-Hernaez does, gives intersubjectivity a new sense, one that implicates it in power relations.

#### 3.1 Psychiatric nosologies: Categories for (mis)understanding?

Assessing the relation of madness to language - and power - should include accounting for the language of psychiatry. Linguistic anthropologists scrutinize folk theories of language, including those dressed up as academic theories (see critiques of speech act theory: Duranti, this volume). The founding generations of linguistic anthropologists engaged in an implicit critique of Western knowledge. Whorf (1956) claimed that the categories of "standard average European" languages constrained speakers' habitual perceptions, disadvantaging us *vis-d-vis* Hopi speakers, better equipped to grasp physicists' concepts of time. The DSM's categories of psychiatric diagnosis (APA 2000), terms like "schizophrenia" and "alexithymia," reflect and constrain Western perceptions. Such taxonomies are the rusty remnants of chains of discourse deserving critical investigation. Psychological anthropologists engaged in such investigations offer critical insights for an anthropology of language and madness by exposing the culture-bound nature of the DSM as a taxonomy. For example, the DSM sharply divides "affective" and "cognitive" disorders, reproducing a Western dichotomy that is blurred in Bengali, Nepali, and Balinese (for example), which use a simple, single term to refer to feeling-thinking. Linguistic anthropological investigations of madness could further the critique.

Eugen Bleuler advanced the term "schizophrenia" in 1907, objectifying the "split" perceived at the heart of the illness and denning it as necessarily chronic. Bleuler's definition - echoed in the DSM-IV (APA 2000) - makes "short-term schizophrenia" impossible and recovery almost unthinkable. As the West constructs itself in relation to rationality, it needs madness within and abroad as the Other against which it confirms its identity (Lucas and Barrett 1995). Discourse that makes schizophrenia exemplify liminality as well as danger might well shape its symptoms: "If liminality is an issue, patients may feel as if they are neither sick nor well but stuck, ambiguously, somewhere betwixt and between: By exploring these metaphors with patients it may be possible to gain a better understanding of the phenomenal experience of schizophrenia" (Barrett 1998: 28).

Fewer know or feel the effects of the construct "alexithymia," but it illustrates both the potential power of diagnostic labels to impact the experience of patients and the

centrality of ideologies of language and emotion in psychiatric nosologies. "Alexithymia" is a recent coinage, combining Greek roots - « (no), *thumos* (feeling), and *lexis* (word) - to construct the pathology, "having no words for feelings." So the term medicalizes difficulties some persons ostensibly have in "putting feelings into words." Reproducing key structures of Western philosophy, the term presupposes a sharp distinction between feeling and thought. Then, it reifies feelings as substances that require container-like words to give them shape and expression (Reddy 1993). Reanalyzing attempts to make alexithymia fit Japanese clinical settings, Fukunishi et al. reached the conservative conclusion that "the possibility remains that alexithymia is a culture-bound construct" (1997).

### 3.2 Labeling Mania

Like schizophrenia and alexithymia, mania is caught in complex webs of significance. In the case of mania these webs include codeswitching and reactions to it. Several accounts of mania - from Brazil (Ribeiro 1995), Papua New Guinea (Goddard 1998), South Africa (Swartz and Swartz 1987), and Bangladesh (Wilce 2000) - mention codeswitching. People who, along with other unusual behaviors, rapidly shift footings - typically signaled by codeswitching - sometimes attract the label "mad." In itself the rapid codeswitching is a kind of performance of metalinguistic playfulness. Psychiatrists around the world (Reddy et al. 1997) might interpret it as one of the tell-tale signs of manic behavior in bipolar disorder, "pressure of speech" - the sense that words pile up too quickly and then spill out (often in lists) in the manic phase. Whereas they would want to encounter a codeswitching patient clinically before assigning a label, in other contexts, less cautious audiences label such performances signs of madness.

Goddard (1998) describes Hari, a Kaugel man of highland Papua New Guinea who has a great excess of energy and strength and whose speech is odd in two respects: he has difficulty with pronouns (especially "I" and "you"), and shifts rapidly between Tok Pisin and English. For Goddard, the community's decision to ostracize Hari reflected his unpredictability, and his identification - indexed by his codeswitching among many other things - with European people and culture. For some, such codeswitching constitutes a dangerous liminality. Swartz and Swartz (1987) describe a South African woman, "B," who was hospitalized in a manic state. Contrary to hospital records, the authors describe B's speech as coherent. In a startling display of linguistic one-upmanship, B shifted from English to French, Italian, and finally Afrikaans, in which she told the interviewer (who did not speak Afrikaans), "You have big ears." The authors interpret B's remark as a clear and powerful reframing of therapy as surveillance.

The speech of B and Hari appeared deviant only in particular social contexts. Codeswitching marked it as playful, perhaps liminal, but not incoherent or transparently psychotic. Codeswitching keeps in play a broader range of identities than their interlocutors found manageable (Wilce 2000). Their performances, as co-constructed with audiences imbued with narrower senses of appropriateness, marginalize them. But marginalization is but one of several somewhat arbitrary cultural processes in response to manic acts (including speech). The "late capitalist" culture of

the contemporary USA embraces mania as an epitomization of the excess of energy and creativity required for high productivity (Martin 2000). Human audiences interpret speech performances as mad or rational in interpretive contexts that reflect economic, social, and cultural histories.

Thus, what is labeled mad is broader than what meets DSM criteria for psychotic illness. For example, many in Bangladesh interpret madness as a deviant egocentricity - a willfulness that may be part of a syndrome in which the *matha*. (head) is made *gnmm* (hot) by words and actions that are under conscious control. Latifa, whom I describe at length elsewhere (Wilce 1998b), was a young woman whose "excessive" lamenting over her divorce was taken as a sign of madness, though she would never have been diagnosed psychotic by any psychiatrist. Instead, labeling her *pagcl* was simply a way of pointing out her deviance. At the emotional peak of one of Latifa's performances of tearful singing (lamentation) (described in detail in Wilce 1998b, 2002), her female cousin said:

*he Latifa, cup haras na? chedir matha aro pagal haybo bes'i,*  
Hey Latifa, won't you shut up? The girl's head will get even crazier!

Latifa's cousin spun her acts as "performative" (see Keane, and Bucholtz and Hall, this volume), holding her responsible for doing things (lamenting) that "*made her crazy*" by heating her head. Since Austin began calling some utterances performative, linguistic anthropologists have noted how easily the perceived efficacy of "performative utterances" is attributed to magic rather than identifiable metacommunicative processes (Duranti, this volume; Lee 1997). Latifa shares with these critics greater insight into the political nature of claims that certain utterances are performative. What her cousin's words immediately followed, if not responded to, were these words of Latifa:

*amarc diyç pagn.1 kaiya kaite eiilo na gol*  
By calling me "mad" they prevented me from speaking! (Wilce 1998b: 214)

Claims that some bit of speech is performative of some contested state of being are themselves contested. The conflict over Latifa's words and their relation to her "diagnosis" is the kind of conflict that has made involuntary commitment to mental institutions more difficult in the USA in recent decades. Competing claims over the performative nature of certain speech acts of clients interacting with their attorneys have made trials of accused criminals with a history of schizophrenia - particularly "Twentieth Hijacker" Zacarias Moussaoui and Ted "Unabomber" Kaczynski - so problematic.

### 3.3 Interactive/discursive constitution of madness: A generalizable possibility

So diagnostic *categories* might call forth the conditions they represent. It is even easier to make a constructivist argument about *interactions*, such as psychotherapy - for many, an unfamiliar and potentially off-putting form of talk (Kirmayer 1987). The

alexithymia construct locates feelings strictly *inside* of persons, as if social interaction did not constitute them but simply allowed them to see the light of day. Kirmayer noted in 1987 what recent work has reasserted - that this "problem" tends to show up in men with low incomes and relatively little education. Alexithymia, then, may be little more than a medicalization of a class-specific way of speaking - or *not* speaking - about feelings (compare Kusserow 1999). Psychotherapists and psychiatrists expect - sometimes inspire or demand - a certain way of speaking in which feelings receive lexical labels (e.g. "I'm feeling *sad*"), and regard those unwilling to use them as lacking "insight."

The possibility of an interactive basis of psychopathology extends well beyond therapist-client interaction. Linguistic anthropologist William Beeman asserted the interactive basis of depression in 1985. Could psychosis also emerge interactively? Bateson's now rejected double-bind model of schizophrenia (1972) asserted this. The current popularity of genetic and biochemical models has cost the double-bind model its support. One niche, however, in which we see persisting attention to interaction with persons with schizophrenia is in regards to familial "expressed emotion." "EE" refers to familial expressions of excessive, overbearing, or critical concern in relation to the person with schizophrenia; high EE correlates with poor prognosis. Janis Jenkins (Karno, Jenkins, et al. 1987; Jenkins 1991) developed a Batesonian anthropology of expressed emotion. This promising work invites collaboration with those who could contribute a finer-grained linguistic analysis of interactive conditions affecting the prognosis if not the very nature of schizophrenia. Though there is strong evidence of breakdowns in intersubjectivity attributable to conditions like autism and schizophrenia, Ochs and colleagues (in press) found high functioning children with autism engaging in the joint construction of a proposition, a task requiring a fine level of interactive attunement. Some of the misunderstandings that surround madness arise interactively (Swartz and Swartz 1987). And the feedback effects of others' alienation can exacerbate psychological disturbances.

Are panic disorders interactively constructed? Capps and Ochs's (1995) study of panic disorder (agoraphobia) is one of the few book-length studies of any psychological disorder by linguistic anthropologists. The authors' conviction that Meg's (the subject) language, and the talk exchanged in her psychotherapy sessions, plays a role in the perpetuation of her diagnosis and of her suffering leads them to explore how therapy could work better for such patients. Therapy might become a context for learning to speak differently, specifically, for "revising one's life story to place individual agency in the foreground" (1995: 179-80). Capps and Ochs's analysis includes interlocutors; talk (even talk judged panicky or otherwise pathological) emerges in interpersonal engagement, not from disengaged minds. Therapists who learn to listen differently could interrupt the interactive cycle that reproduces panic (1995: 187-8).

### 3.4 Entextualization and the construction of post-traumatic stress disorder

Psychiatrists do not consider PTSD (unlike schizophrenia) to be in any sense a communicative disorder. Young's (1995) study of the National Center for the

Treatment of War-Related PTSD thus reveals more about the discursive means of constituting an "authentic case" of the disorder than about PTSD's effects on discourse. Men at the Center produce stories that are far too messy for medical records. In diagnostic meetings, however, staff members rework them into tidy three-part narratives - the patient's "premorbid adjustment," his military life, and his postmilitary life. If the staff presentation must culminate in a recommendation for diagnosis of PTSD, it thematizes distressing re-experiences of the traumatic event. Young notes how easy it would be for outsiders to think of the narrative structure produced in staff meetings as intrinsic to the patient's own stories. In fact what pre-exists the session is not an objectively observable disease with a clear course, but a narrative structure - a model of PTSD - created in psychiatric clinics and textbooks. It is a structure hinging on relatively recent concepts of "experience."

## 4 CONTEXTUALLY COMPROMISED NARRATIVITY

Between the claim that objective mental illness can rob persons of the humanness manifested in normal interaction, and the counterclaim that powerful discursive structures constitute madness itself, is a third position: the environment in which some mentally ill people live does not support the kinds of interaction upon which normal "experience" depends. All human life has subjective depth, but what sort of subjectivity do we mean when we speak of "having an experience"? In surveying the history of this notion in English, Desjarlais (1997) finds that "experience" evokes something endlessly interpretable, something leading to internal self-reflection and coherently narratable as a temporally ordered transformation (on temporality in narrative, see Ochs, this volume). Desjarlais finds these defining features absent from the talk of those in a Boston shelter for the homeless mentally ill. He attributes their "experience-less" form of subjectivity to their homelessness rather than their diagnostic categories.

Desjarlais's problematization of "experience" opens new perspectives on self, narrative, and the fog through which some or all of us move (Ochs, this volume). In my view, the three features of experience Desjarlais highlights all pertain to narrative - its temporality, its focus on transformation, and the multiple meanings it affords. We can paraphrase his argument as follows: if I do not (or perhaps cannot) narratively organize the key events of my life, I cannot convincingly perform the role of person (social actor, culturally recognizable agent - Duranti, this volume). This is evidence, albeit of a negative sort, of the key role narrative plays in constructing coherent self-awareness (Ochs, this volume).

What of those with similar diagnoses (such as schizophrenia) who stay off the streets and participate in a more stable discursive community? For psychiatric anthropologist Ellen Corin (Corin and Lauzon 1994), as for Capps and Ochs (1995), discursive style is not determined by diagnosis. Among a population of non-homeless persons diagnosed with schizophrenia, Corin found a difference in narratives of those who did and did not need rehospitalization after their initial psychotic episodes. The non-rehospitalized group engaged in just as much metalinguistic play; in fact, their play involved positively recontextualizing stigmatizing terms used about them. Their narratives uniquely emphasized pleasure in friendships, and recaptured the

temporality that seems so fragile in schizophrenia (Van Dongen 1997). They reintroduced "the present mode of being within a historical frame, contrasting now with 'before'" (Corin and Lauzon 1994: 30). Like Desjarlais, these authors attribute much to sociocultural environment, and - drawing on Corin's fieldwork in African possession groups - lament the lack of Western stages for performing other subjectivities in a therapeutic social context (compare Van Dongen 1997: 94).

## 5 CONCLUSION

To uncritically reproduce widespread perceptions that madness entails linguistically signaled disengagement from others contributes to the construction of madness that Foucault (1973) ascribed to modern forms of power. It cuts off the dialogue between madness and sanity. On the other hand, this chapter's first section presents ample evidence to problematize romanticizing views of madness as creativity. Madness is suffering. To the extent that it entails a failure of intersubjectivity, it is interactively achieved. The suffering is shared. It is all too easy to regard linguistic signals such as "excessive" word play or "pressure of speech" as performative in some automatic or magical way, as if they either betrayed the essence of the mad self or brought about the madness that they seem merely to indicate. (People said, for example, that Latifa's laments heated her head and made her crazier.) But the fragmentation of the narrative capacity that would appear native to schizophrenia may instead reflect environments that are unfriendly to recovering intersubjectivity.

Thus, linguistic anthropologists should devote more thought to madness for at least two reasons. Madness involves language so profoundly as to spread awareness of issues central to this subdiscipline. Moreover, linguistic anthropologists have a political impact on the world. We are well positioned to raise helpful questions about the relationship between humanness, interactive norms, and sanity, and about language and power in institutions.

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