



*A Study of Femaleness and Maleness in the Construction  
of Schizophrenia: An Australian Case*

Kerry Zubrinich

Discipline of Anthropology

University of Adelaide

awarded 12/1/91

Thesis presented in fulfilment of the requirement for  
the degree of Master of Arts at the University of  
Adelaide May 1990.

Table of Contents

Abstract

Acknowledgements

Introduction

*conclude that...*

1

Chapter One: Self

21

Chapter Two: Family

49

Chapter Three: State

77

Chapter Four: Representation

111

Conclusions

144

References cited

*- dont match*

149

## Abstract

The initial aim of this research was to offer a cultural analysis of the construction of schizophrenia as it occurs in Australia. During fieldwork, the major part of which was carried out at the Schizophrenia Fellowship of South Australia Inc.' drop-in centre, it became clear that conceptualisations of gender are an important factor in the cultural constitution of schizophrenia. This awareness has led to a thesis which examines the conceptualisations of gender in Australia as they both embedded and reproduced within understandings of schizophrenia.

The examination of understandings of schizophrenia, as they are presented by professionals and the national press as well as at the Fellowship, has revealed aspects of femaleness and maleness which are interwoven throughout many aspects of life in Australia. Two facets of Australian egalitarianism that have bearing on the constitution of both schizophrenia and gender are blame and responsibility. In elucidating the ethnographic material these two elements became important as they linked the *schizophrenic* into Australian life generally as well as providing focii for the differential construction of femaleness and maleness in Australian society.

Besides exploring cultural understandings of gender as they exist in the construction of schizophrenia I argue the notions of femaleness and maleness which are examined in the light of the construction of schizophrenia are reproduced generally in everyday life.

The following thesis contains no material which has been accepted for the award of any other degree of diploma in any University and, to my best knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the text of the thesis.

I consent to the following thesis being made available for photocopy and loan if it is accepted for the award of the degree.

✓ Kerry M. Zubrinich

### Acknowledgements

I wish to thank Bev Beasley for the original inspiration for this thesis.

At the suggestion of Prof. I. Pilowski and Prof. V. Carr my fieldwork was carried out at the Schizophrenia Fellowship of South Australia Inc.. Prof. Carr also co-supervised the initial stages of my candidature. During the fieldwork period (Sept 87- April '88) I came into contact with many people associated with this organisation. I would like to thank them all, particularly Maggie Dobson, Howard Bailey and Irene Towler.

I am grateful to Sandra Pannell, Richard Eves and Isao Hayashi who, as members of the postgraduate body, provided support and argument. Dr. Thomas Ernst, Dr. Andrew Lattas, Dr. Michael Roberts, Dr. Julie Marcus and Ms Ana Marko also deserve thanks for their encouragement and criticism.

To Dr. Susan Baggett (formerly Baggett Barham) I offer my sincere gratitude for her careful and thorough supervision during very difficult times.

While all of these people have contributed to this work the responsibility for the final text and the errors therein remain mine.

## Introduction

Foucault wrote,

..... while the return of unreason has the aspect of a massive repetition, connecting with itself outside of time, the awareness of madness is on the contrary accompanied by a certain analysis of modernity, which situates it from the start in a temporal, historical and social context(1961:212).

The above words about the embeddedness of analysis within the awareness of madness led to my choice of schizophrenia as the phenomenon through which I would examine aspects of ideology in Australia. The major focus of my work is an analysis of the construction of gender as it is elaborated in the constitution of schizophrenia. My analysis, while inspired by Foucault's, does not draw on his perspective alone. Not only do I extend my analysis into the realms of gender construction but I also locate it primarily in data collected during fieldwork, rather than solely in text, in order to provide an understanding of Australian life in the last quarter of the twentieth century. In doing this, my analysis is to a great extent contextual, i.e. it is located in the ethnographic description. While Foucault provides the inspiration Bruce Kapferer's Australian work in Legends of People: Myths of State (1988) also sets, in part, the mode of analysis in which the thesis develops.

Kapferer's analysis of the Anzac myth and ritual provides a paradigm for further examination of aspects of Australian life in their ideological forms. His approach to ideology is based on Dumont's classic division between hierarchical and egalitarian state cultural forms (Dumont 1983). The individualism evident as an aspect of Australian egalitarianism is contrasted with the holism of hierarchical

Sri Lanka in an exposition of nationalism, as an aspect of cosmology, and the concomitant racism of these two societies is then explored in this context (Kapferer1988).

However, in Kapferer's work, the lack of discussion of process and hence cultural reproduction means that women and their actions are deprived of meaning. Structuralist approaches, generally and the variant used by Kapferer, should be treated with a degree of caution as they were developed to account for relations that form part of the dominant male ideology (ideology used here in a Marxist sense). Nevertheless, Sherry Ortner in her paper "Is Female to Male as Nature is to Culture" (Ortner 1982) has shown that by fleshing out the process inherent in social relations an analysis is possible which does not obscure the complexity of the construction of gender. In this thesis I argue that the structural basis developed by Kapferer can be used in an examination of aspects of schizophrenia to gain insight into gender construction and the nature of sexism in Australia. To do this I have chosen to draw not only on the work of Bruce Kapferer but also that of Paul Ricoeur (1985).

For Ricoeur ideology must be integrated into a symbolic structure where it may have a distorting function. The symbolic structure provides an ontological base from which distorting notions that legitimate authority can be drawn (Ricoeur 1985). I argue that the symbolic structure Kapferer provides fits Ricoeur's requirement. Indeed Kapferer writes that the cosmic logic he describes:

.....constitutes an ontology; that is, it describes the fundamental principles of a being in

the world and the orientation of such a being toward the horizons of its experience (Kapferer 1988:79).

He goes on to say that that ontology 'is capable of realising a variety of meanings' (Kapferer 1988:79). Without embarking on a discussion of ontology at this point I argue that in discussing gender relations as revealed in a study of schizophrenia the distorting function of ideology, which Ricoeur says is taken up in legitimating authority, becomes important as process which allows the marginalisation of schizophrenics and, even within the context of the construction of madness, the subjugation of women.

There are, of course, those who feel that not much is to be revealed in analysing madness as a phenomenon. Peter Miller writes that psychiatry is the phenomenon of importance because madness:

...as the constitutive object of psychiatry's existence is only a transitory phenomenon( Miller 1986:14).

This view conflicts with Foucault's perspective, it is also logically flawed. Psychiatry itself should be understood as relational with regard to the constitution of madness but the inverse is also true. Neither madness nor psychiatry is prior in the functional sense indicated by Miller and madness remains prior historically anyway.

At another level Herve Varenne maintains that by emphasising the analysis of marginal phenomena within one's own culture one is making those people 'the other' in much the same way as the work with foreign societies gives the anthropologists

a distinct view of those societies (Varenne 1986:1-9). To understand your own culture from Varenne's point of view one must be immersed in the world of the dominant groups of that culture. There are two rebuttals to his argument.

The first is that while dominant groups are involved in the reproduction of culture they are by no means the only actors on the cultural stage: note here that a schizophrenic Australian is no less an Australian!<sup>1</sup> The second is that in exploring the margins, set as they are within a culture, the meanings appropriate to a specific culture become evident. Varenne's argument fails to appreciate the pervasiveness of cultural understandings. It also minimises the complexity of the relations between designated dominant groups and others in society. In analysing schizophrenia the potential for developing a paradigm for the cultural construction of male and female is embedded within an analysis of the same culture's construction of that phenomenon.

There are of course many competing paradigms available within Anthropology with which to forge understandings of Australian life. The second section of the introduction to the thesis deals with current debates in anthropology and how they inform my analysis. It also locates the analysis of gender construction through an examination of schizophrenia in the arguments of feminist scholarship and psychiatry. A short explanation of "schizophrenia", and the site of my fieldwork is necessary before I list the contents of the remaining chapters and embark on a discussion of Anthropology.

Schizophrenia as diagnosed is a common mental illness,

affecting 1% of the Australian population. Despite this it has no clear aetiology, symptomology, course or prognosis. Since the latter half of the nineteenth century it has been increasingly studied. As it became incorporated into medical models its diagnosis and treatment as an illness have been developed. There has been seemingly a systematic attempt to categorise and treat 'schizophrenia', the disease, and yet the position with regard to both diagnosis and treatment has become more, rather than less, hazy. There are, nonetheless, a series of symptoms that the DSM-III (1980)<sup>2</sup> provides which are used as indicators to the presence of the "illness", schizophrenia. This is despite the fact that biomedicine finds it increasingly hard to account for any illness, let alone one where the symptomology is so dependent on its cultural context, as Leith Mullings so effectively points out in his monograph (Mullings 1984:63).<sup>3</sup>

With regard to mental illness (or health) the west, particularly Europe and America, has developed an all encompassing paradigm which makes psychiatry a peculiarly western practice. Francis Hsu maintains:

In the social, psychological and clinical disciplines the study of self has centered in the concept of personality.....the concept of personality is an expression of the western ideal of individualism (Hsu 1985:34).

Later in this thesis I argue that the necessity that schizophrenia be seen as "affecting every culture, even those who do not know they've got it" (informant) is integral to the way in which Australians understand schizophrenia as a disease.

Although not embarking on a comparative exercise in the same manner as Kapferer, the specificity of my analysis in the face of universalising concepts with regard to the phenomenon under study is important. This is not only because of the nature of my anthropological enterprise. It is also because one of the aspects of Australian understandings of schizophrenia is the continued homogenising efforts of both professionals and involved lay people with regard to schizophrenia as disease.

My fieldwork was carried out primarily at the drop-in centre of the Schizophrenia Fellowship of South Australia Inc. This body exists under the aegis of The Mental Health Resource Centre which is essentially a collection of support groups for sufferers of mental illnesses all housed in a single building. Although the Centre has a coordinator the association of the various groups is a loose one. The premises are at Kent Town, Adelaide S.A. Adelaide is the major (only) city in the state of South Australia. These premises are on a number of major bus routes which, given the run down condition of public transport in South Australia, is an achievement in itself and theoretically, should help people to make their way to the drop-in centre quite easily.

The Fellowship, which has the largest membership of the groups at the centre, occupies the largest space within the building. The main focus for those coming to the Fellowship is the large room which is at the rear of the building. This room contains lounge chairs, a sofa, a long table with kitchen chairs, a soft drinks machine and a table tennis

table. There are a number of small offices leading off the room and three of these are used by the officers and volunteers of the fellowship. A movable partition is generally used to screen the main room from a number of offices occupied by members of the other support groups. Other than a small storeroom, which is really a locked cupboard, any other space used by Fellowship members is shared with the other groups.

Into these rather utilitarian surroundings people who have been diagnosed as having schizophrenia come to meet with other sufferers and with those who are related to sufferers. The Fellowship also offers a telephone service manned by volunteers. This service deals with calls from people wanting to know about schizophrenia as well as offering information about the service and support facilities open to sufferers and their families. There has also been an effort by the Fellowship to provide and maintain a number of houses for occupancy by schizophrenics. For a number of reasons this has not been a successful enterprise and was eventually abandoned.

The stated overall aim of the Fellowship is provided as a mission statement:

Promote the welfare of schizophrenia sufferers,  
their relatives and friends.

The specific support offered in the Kent Town building takes the form of activities such art work, yoga and cooking in which sufferers are encouraged to take part but no overt pressure is applied by the volunteers or the paid staff with regard to participation. I was told by a number of people

that the main objective was to get the sufferers to attend the drop-in centre and that pressure of any sort would alienate those the Fellowship was trying to help. The support group meetings, which take place at a variety of venues on a monthly basis, provide a forum for discussion about the difficulties encountered, either as a schizophrenic or a concerned relative.

At all times there is a concerted effort to make the atmosphere at Kent Town and the meetings as acceptable to the sufferers as possible. While there is the hope that they will be able to learn or relearn social skills, it is recognised by the two members of paid staff that this is a somewhat high hope and that progress for a schizophrenic may be reflected merely in her/his ability to get to Kent Town sometime during the day.

The concerns adopted by the Fellowship demonstrate a way through which an analysis of the construction of schizophrenia in Australia can be developed. The aims of the Fellowship are to provide support in an interim setting for schizophrenics after they have been "ill", and to provide an atmosphere where they are able to relearn social and practical skills. The concerns of the Fellowship and the attitudes expressed reflect notions of what constitutes a mentally healthy or sick Australian.

The concerns of the Fellowship and the conceptualisations of schizophrenia offered by those attending the drop-in centre bring to mind questions about the reproduction of understandings embedded in the notion of schizophrenia.

Kapferer mentions Bourdieu's theory of the reproduction of understanding in practice and himself foreshadows a consideration of reproduction, he does not fully explore this aspect of ideology (Kapferer 1988:47). The continued mapping out of the ideology with its ontological underpinnings is not enough; there needs to be an analysis which demonstrates clearly the way aspects of ideology are continually engaged in everyday life. I shall discuss the problem of reproduction in relation to Bourdieu's concept of habitus in the latter half of this chapter. In this thesis concepts of gender are drawn together as facets of daily life in Australia which demonstrate the way in which individualism as an aspect of egalitarianism underlies the construction of schizophrenia and gender in our society.

In the course of examining the evident concerns of the Fellowship a paradigm for an anthropological analysis of schizophrenia in Australia becomes clear. Continually restated in the Fellowship concerns and practice is the perceived need for the reinstatement of an autonomous self which operates effectively within society. This leads to an examination, in the first Chapter, of the construction of self within Australia. In trying to rehabilitate the schizophrenic notions of family are engaged in the process of trying to help the sufferers and family members adjust to living less full lives, or to improve their lot. The conceptualisations of relatedness and what they entail are dealt with in Chapter Two. At the Fellowship it is obvious that everyone is engaged within a culture that demands interaction, not just with immediate others but with friends, acquaintances, artistic and media representation as

well as with those bureaucratic, impersonal processes which impinge on all our lives. The relationship between the state and schizophrenia is the focus of Chapter Three. The representation of schizophrenia as an illness in Australia is the medium through which I examine gender construction in Chapter Four.

#### Anthropology, Schizophrenia and the Analysis of Gender Relations

This section of the thesis is devoted to a general discussion of anthropological analysis and the way in which several perspectives inform my work. Rather than providing a chronicle of anthropology in the eighties I discuss a number of different approaches which directly impinge upon my analysis of gender relations in Australia as they are refracted through the constitution of schizophrenia. Two very different approaches to cultural anthropology which have ramifications for the practise of anthropology generally have emerged during the eighties. Both have relevance to this thesis in that, taken separately, they exemplify the problem anthropologists have in trying to describe analytically the changing as well as the seemingly intransigent, aspects of social life.

One approach developed structuralist perspectives to incorporate history so that transformations could be understood with relation to the underpinnings of the society under study. Sahlins (1987), Valerii (1985) and Kapferer (1988) all provide excellent, though differing, analyses which marry structuralist approaches with historically specific material in order to examine features of the

societies they examine. In contradistinction there has also emerged an approach which eschews not only structuralism, but also history as constructions of particularistic western ideology. This approach is labelled, wrongly according to Marcus (n.d.), deconstructionist. Marcus and Fischer (1986), Clifford (1988), Geertz (1988) and Taussig (1986) have all embarked on analyses of the anthropological enterprise as well as societies under study.

In order to understand how these two perspectives are related in this thesis it is necessary to examine the work of the two *Australian*<sup>4</sup> anthropologists a little more closely. Kapferer's work in Legends of People: Myths of State is perhaps more readily understood as having relation to a thesis about Australia. Half of this lengthy work is devoted to an analysis of Australian life and political culture (Kapferer 1988:119-218). Taussig is relevant because, with his Colombian material he provides the major ethnography to emerge from the theoretical perspectives of the "deconstructionists" (Taussig 1986). Taussig also, in his critique of Mintz and Wolf, expands on the necessity of interpreting the everyday in understanding culture (Taussig 1987).

For Kapferer (1988) the aim is to explore the ideological underpinnings of two different nation states, Sri Lanka and Australia. He contrasts the two societies which have respectively hierarchical and egalitarian ideologies which inform the racist aspects of each state as political culture. In the Australian context, egalitarianism is concomitant with individualism. Kapferer develops his

analysis around Anzac: the history, the mythology and the celebration. In doing this he traces the egalitarian nature of Australian life through conceptualisations of mateship, subversion, the Nation and the State.

Taussig's ethnography involves a deconstruction of history as presented by Britain as a colonial power. Using texts of the colonial period he deconstructs and reinterprets the findings of British courts with regard to the brutality visited upon the indigenous peoples of Colombia. He moves from this to a study of the shaman and the wild man in present day Colombia. In the second half he is involved in a description of his fieldwork in which he deals with the everyday. As well as doing away with notions of structure he locates resistance in the everyday assumptions of the Putamayans. He examines particularly closely the taking of yage and the trance and dialogue that follow the use of this substance (Taussig 1986).

Both of these approaches have much to recommend them. Neither requires that the people under study be necessarily a part of the western political economy, no matter what degree of penetration is observed. They are different in that one deals with the a cultural logic while the other is continually reflecting upon the analysis provided in the course of the enterprise. Both too are susceptible to the critique offered by the other approach. If Kapferer was to take the historical accounts (he uses C.E.W.Bean particularly) and view them not as an accurate albeit ideological account through which the ideals of Australian manhood, and consequently Australian identity are

constituted; but as an artefact which needs to be contrasted with other accounts, his analysis would provide a different and perhaps more complex description of Australian egalitarianism. Taussig, on the other hand, may not have provided a analysis which treats the taking of yage and resistance as comparable and equally weighted entities within social life if he had used some notion of a cultural logic.

Taussig and Kapferer both provide very political analyses. The racisms evident in Sri Lanka and Australia are explored in Kapferer's work while Taussig effectively elaborates on the terror of colonialism and the deprivations faced by a deposed indigenous people. Kapferer criticises deconstructionist analysis as being conservative while making the point that order is not in and of itself conservative (Kapferer 1989:94). Any analytical perspective which provides an examination of domination and oppression may be politically conservative or radical. It is of course not enough to say that someone's heart is in the right place but examination of both works provides understandings of the nature of oppression in Colombia, Australia and Sri Lanka that do not allow the necessity of oppression. With regard to these two analysts there is one aspect of social and political life with which neither has come to terms :that is gender relations.

Kapferer has provided an analysis which ignores Australian women. The racism attributed to Australians is constituted and reproduced in the male world of mateship and all that entails. Indeed if Kapferer's mode of analysis was strictly

adhered to an analysis of sexism could be made within which women were omitted.<sup>5</sup> Spencer wrote:

(Despite some brief and sympathetic discussion of feminist readings, it is not at all clear how, if at all, Australian women figure in all this.) (Spencer 1989:164)

Similarly Taussig's work even though deconstructionist does not seem to involve women. In his later article in proposing an analysis which examines the everyday he does write:

What people say are things like (recalling my childhood) "a cuppa tea, a Bex and a good lie down"- a sigh of pleasure/a cry of pain and muted protest, associated with or attributed to working -class women in Sydney (Bex is an across-the-counter analgesic)(Taussig 1987:158-159).

Rather than examining this phenomenon Taussig embarks on a discussion of an excerpt from Joyces *The Dubliners* (perhaps its needless to say, the protagonists are all male) with which to make his point about the need to examine the "rituals" of the everyday. He never discusses the implications of ritual in the everyday of Australian women.

In this thesis I have tried to take note of both approaches in order to examine the ways in which understandings of Australian life are being continually reflected in the constitution and experience of gender relations as they are evident in schizophrenia. To this end I have used Kapferer's understanding of the egalitarian underpinnings of Australian life and have, throughout my analysis critically examined the conceptualisations of gender that are evident in notions surrounding schizophrenia. Such an approach is culturally specific in that it reflects aspects of egalitarianism which are evident in a particular way in Australian material but which may present as transforms in other western contexts.

This structural understanding, as I pointed out above, does not allow for the complexities that are available if understandings are continually questioned and reconstituted. In this work I have tried to untangle the web of relationships regarding gender that are evident in the understandings of schizophrenia. To the extent that understandings of both schizophrenia and gender are made problematic in the Australian context the thesis can be considered 'deconstructionist'. In doing this I have sometimes used understandings of phenomena that do not appear specifically in either structuralist or deconstructionist modes of analysis.

The particular concept which I have used in two ways is ideology. Besides using it in the Dumontian sense I have also used ideology as Ricouer explains it in Lectures On Ideology and Utopia (Ricoeur 1986). Rather than espousing ideology as distorting as in Marxist usage Ricouer maintains ideology has an integrative function which is liable to distortion in order to maintain domination but distortion is not necessarily a factor of ideology. This integrative rather than distorting function becomes important as fieldwork notes reveal that people under study do indeed realise the social relations that are involved in their position within the Australian state.

Having examined the understandings of schizophrenia and the conceptualisations of gender therein, the question becomes one of reproduction. For Kapferer it is the mythology and its elaboration which is historically present and, although he mentions Bourdieu's notion of habitus, reproduction is

located in the essential underpinnings being continually engaged by different historical instances. Neil Maclean (n.d.) has since written a paper on Maring in which he elaborates on Bourdieu's notion of habitus. In this paper Maclean refers specifically to reproduction through the everyday usage of what Bourdieu calls 'dispositions'. These dispositions as Maclean points out are not strategies but the learned way in which individuals operate in the daily lives which not only reveals the conceptualisations they have of phenomena (e.g. schizophrenia and gender relations) but also reproduces them. In this thesis the everyday understandings of gender, as they permeate very unusual circumstances, are examined in the belief that this is where both schizophrenia and gender are constituted and reproduced.

#### Schizophrenia and this Thesis

In one sense the examination of gender and schizophrenia as evident in this thesis developed "backwards". Rather than taking the over-representation of females in the incidence of madness and then delineating the characteristics of femaleness and maleness this work started by examining people affected by the diagnosis of schizophrenia. Although the presenting factors are different by gender, the statistical evidence indicates that women and men are represented equally in terms of numbers diagnosed as schizophrenic.

With regard to the philosophical status of schizophrenia Australia is very much situated in the western tradition. The historical analyses that trace the incarceration of the

mentally ill and the ascription of the illness and its symptomology are all pertinent in the analysis of the Australian situation. Australian psychiatry is based upon British and North American understandings and the egalitarian nature of Australian society can be traced out in the acceptance of ideas about self help and individual responsibility that have their genesis in other western cultures ; as well as in Australia.

The diagnosis "schizophrenia" gained acceptance in the latter half of the nineteenth century when Eugen Bleuler annotated symptoms and provided a prognosis as well as treatment possibilities. By the turn of the century Kraepelin had been influential in further developing the notions surrounding schizophrenia as disease. As the medical model has developed so also has the complexity of understandings about schizophrenia and a plethora of categories now surround schizophrenia. What has remained of Bleuler and Kraepelin's conclusions is the observation of altered realities for the sufferer as well as manifestations of delusions and hallucinations.<sup>6</sup>

In Australia the medical model is, in the later stages of the twentieth century, the predominant factor in the construction of schizophrenia. This model as I point out in Chapter Three becomes both a refuge and a prison for schizophrenics and their families. The arguments that are developed about schizophrenia in other western countries are transferred and transformed within the Australian situation to provide a rich field for analysis of the nature of Australian life.

## Australian Anthropology and this Thesis

Back in Australia, the dry sardonic and somewhat empericist view of my compatriots has meant working in an environment where the culture concept, with its neo-Kantian overtones, is prodded, poked and turned about in a rather suspicious fashion (Austin-Broos 1987 preface).

Like all generalisations there is no specific Australian anthropology. Accepted community understanding is still that anthropologists are interested in, and study Aboriginal peoples. Although various people including Marie De Lepervanche (1989), Diane Austin-Broos (1987) and Lenore Manderson (1985) have addressed this issue cultural studies of "Australian" life have remained marginalised in this country. By and large it has been women as social scientists and historians who have dealt with critical analyses of mainstream Australian life.<sup>7</sup> This seems to have resulted in feminist studies which, while providing the analysis of female oppression in this country, once again fail to enter the mainstream of anthropological discourse.

This thesis is located within the arguments of mainstream cultural anthropology yet it deals with gender relations, particularly with regard to "responsibility" and "blame" as they are worked out in an Australian context. The social structures that embody and reproduce the conceptualisations of femaleness and maleness are examined with the intention of revealing the existence, within a particular historical moment, of notions of gender which are seemingly intransigent in the Australian context. To this end I have utilised, without being totally convinced, Kapferer's ideas about "ontology". There is, I believe, a set of

understandings that are engaged at particular historical moments in different ways. I am not sure that Kapferer has remained true to the philosophical bases which formed arguments around ontology as it was promulgated by Heidegger and the debates, particularly with the Frankfurt school, that ensued (see particularly Adorno 1982). However by allying Kapferer's notion of ontology with Ricoeur's ideas on ideology, I have attempted to provide a way in which ontology can be picked up in a specific socio-historical context to provide for dominance and oppression. Simultaneously I have located the reproduction of the aspects of egalitarian ideology and ontology in the everyday, not only in practice but also in the reflected upon everyday understandings of what it means to be a woman or a man in Australia.

In the thesis those important facets of schizophrenia and Australian life: self, family, state and representation, are examined to elicit aspects of egalitarianism and their ramifications for conceptualisations of female and male.

## Footnotes to Introduction

1. In this thesis I have used schizophrenic, sufferer, patient and client to refer to those people diagnosed as having the "illness" schizophrenia.

2. The Diagnostic and Statistical Manual of Mental Disorders like all health manuals requires constant revision. DSM-III is the 1980 version and was the one being used during my fieldwork.

3. Mullings goes further in tying biomedicine to the symbolic life of western capitalism:

it is becoming increasingly evident that the diagnostic ideas underlying Western biomedicine are far from clear cut and very much dependent upon the social relations and symbol systems at a given time (Miller 1984:63).

4. An interesting deconstructionist study could be carried out on the work of these two men given their common background at Sydney then the divergent works as they moved through their careers. The assumption being that Kapferer's time at Manchester and Taussig's work at Michigan provided them with greatly different ideas on the nature of the anthropological enterprise.

5. Annette Weiner had this to say about Sahlins and Valerii's approaches to history:

If our project now is 'to explode the concept of history by the anthropological experience of culture' (Sahlins 1985:72) then we must exercise extreme caution over writing history and interpreting ethnography with a male bias that systematically reduces women's roles and the representations to impure, destructive seductresses and reproducers (1987:160).

6. Kraepelin was the first to deal with the chronicity of schizophrenia as an illness and the hopelessness of the disease was a feature of his analysis. This aspect of his approach is in disfavour now.

7. cf. Jill Julius Matthews (1984), Kay Schaffer (1988), Julie Marcus (1988), Susan Baggett Barham (1985), Anne Summers (1975)

## Chapter One



The reconstitution and maintenance of self is a major concern of people using the Fellowship's amenities, particularly the sufferers. In this chapter a framework is established for examining the necessity for blame in egalitarian societies and its consequences with regard to gender in Australia. The concept of self as it is evident in the construction of schizophrenia is argued to convey aspects of what it means to be male and differentially, what it is to be female in this society. It is further argued that these meanings are available within a logic of individualism that is part of egalitarian societies in the sense that Kapferer uses it to analyse Australian nationalism.

The reproduction of these meanings is located in the very understandings that they convey. This is not only in practice as Kapferer (and perhaps Bourdieu) seems to argue but also in the reflected upon realities that are provided in both the available texts and fieldwork material. The everyday understandings of what it is to be female or male in Australia are encapsulated in the notions surrounding the ailing or healthy self and are constituted by, and constitutive, of that phenomenon. This examination the self in the Australian context reveals aspects of femaleness and maleness as they are evident in schizophrenia.

### SELF AS A WESTERN CONCEPT

The discussion of the concept of self has a long tradition in western discourse. For centuries the concept has been a major focus of philosophers. As R. Niebuhr points out, the

Hebraic tradition supplied the poetic metaphor while the Hellenic provided a more precise definition of the uniquely human, albeit a rational rather than an existential human (1955:3). In more recent times, the last 125-150 years, three emerging disciplines, psychology, psychiatry and anthropology, have introduced interesting insights into the discussion of the concept of self. So much so that Arthur Kleinman maintains that in order to understand schizophrenia, which is at present the limiting phenomenon with regard to the breakdown of self, all three disciplines need to be involved. As Kleinman would have it these three disciplines are required, not only to formulate the problems surrounding the construction of schizophrenia, but also to indicate appropriate responses to the phenomenon (Kleinman 1980 :xiv ).

Suk Choo Chang in a recent article, wrote that the concept of self has been 'relatively unexamined in the west'(Suk ChooChang 1988:169). While appreciating that he is trying to examine the difference between the notion of self as it is presented in western society and its representation in those cultures affected by Buddhist and Hindu influences, a quantitative statement of that nature is not only inaccurate but also misleading. The concept of self and the changes surrounding that concept have, as I pointed out above, a very long tradition in western philosophical thought.<sup>1</sup>

At another level Suk Choo Chang notes that with regard to western discourse on the concept of self:

Even today usage tends to be ambiguous and confusing, at times it is used as synonymous with such concepts as ego, person, identity, individual and so forth; but at other times these various

concepts are distinguished(Suk Choo Chang 1988:169-170). Semantic confusion, I argue, does not necessarily reflect confusion 'on the ground' and each of these terms may be considered iconic of, and necessary for the others in western culture. Anthony Wilden when analysing Montaigne's Essays wrote:

It is not necessary to attempt the impossible task of deciding precisely what Montaigne or anybody else means by 'self' in order to comprehend the function of this mental construct, that of an image or of phantasy, or to recognise the consequence, which Marx emphasised so clearly, that intellectual antinomies are not contradictions in 'reality' but rather an expression of a paradoxical relationship between the subjective(ideological) and the objective (actual) "life situation" of an individual, or a society(Wilden 1980:90).

Similarly, I am not embarking on a precise exploration of the 'nature of self ' as depicted by my informants nor analysts but rather I am intent on examining the "life situation" of those individuals diagnosed as schizophrenic in order to reveal aspects of Australian culture and conceptualisations of gender within it.

Suk Choo Chang's paper is important because he sets about examining the concept of self as it is presented within different cultures recognising that the concept of self as it is presented in western discourse is not universal. Another analysis that, in taking a Dumontian approach provides a somewhat clearer understanding of the concept of self as it is constituted in egalitarian and hierarchical societies, (although it is not his main brief) is Kapferer's. He points out:

.... I hasten to add that the hierarchical conceptions of Buddhist Sri Lanka are not without concepts of the individual or person. What I am stating is that in the hierarchal logic the individual is valued differently, and the world

order is not conceived as constructed out of individuals being constituted instead, in an encompassing cosmic process (Kapferer 1988:14).

He goes on to show that this is in direct contrast to the egalitarian context where the autonomous individual is conceived of as the basic unit upon which, interactively, society is built (Kapferer 1988:15).

The notion that self is prior to society is, of course, germane to the writings of existential and phenomenological analysts. By situating the existential self as central to society, society itself can be seen to be acting upon individuals to produce a breakdown of self, such as is seen to occur in schizophrenia. While this type of analysis succeeds in locating the phenomenon within a specific (western) cultural process it is unable to account for the constitution of self in radically different cultures.

#### THE COMMON ROOTS OF CRITICAL & ESTABLISHMENT PSYCHIATRY

R.D. Laing (1984) and Ludwig Binswanger (1963) are but two famous and influential proponents of existentialist theory which formed the basis of a critique which emerged in the late fifties and early sixties of established psychiatric practise. An interesting insight into the understanding of mental disease generally, schizophrenia specifically and western culture (notably American, British and Australian) is provided both by the critique and the reaction of the psychiatric establishment to the critique provided by existentialists and phenomenologists. The need for blame and an underlying problem about what constitutes real and unreal in these societies is evident on examination of both the critique and the reaction.

Against the background of a science that was developing and refining its criteria regarding insanity both diagnostically and therapeutically the critique rendered both areas problematic. Gregory Bateson , R.D.Laing , Thomas Szasz and Erving Goffman (see discussion below) are all names which are inextricably linked with the critique, although they all took very different approaches to analysing the the social construction of mental illness.

Gregory Bateson (1973) in examining the aetiology of schizophrenia was to place the cause in interaction with a significant other, usually this would be the mother in western cultures, during early childhood. The difficulties the schizophrenic has in communicating, with the disjointed sentences, the non sequiturs and even the complete isolation of individuals from those around them Bateson saw as developing from a situation where there was never an appropriate response for the future patients to the point where confusion was the prevailing state in their dealings with others and prevented them from successfully taking control of their own lives.

The confusion facing schizophrenics is described in literature as well as in factual accounts by sufferers and in the literature provided by psychiatrists of every persuasion. Mary Barnes and John Berke (1982), as schizophrenic and psychiatrist respectively, describe the progress of her psychotic phases with alarming clarity. A rather more prosaic account is found in Vaughan Carr's description when he writes:

It is important to understand that many of the symptoms of schizophrenia, such as delusions and

hallucinations which tend to arise in this active phase may represent the mind's attempts to make sense out of this truly bewildering experience- to find a pattern in a muddle of fragments. When the mind is bombarded by jumbled or unpatterned inputs in this way, the experience is one of disorganisation (Carr n.d.:11).

This inability of the schizophrenic to communicate that results in much mayhem in the active phase and complete isolation in the passive phase of the process for Bateson is inherent in the system of communication itself.

R.D. Laing (1986) situated his examination of the phenomenon in the family. He approached the problem with the view that sufferers were in existential crisis and he elaborated on the experiential aspect of schizophrenia. In doing so he questioned the validity of medical diagnosis with regard to insanity. Laing also followed through the course of the psychosis with studies of interaction in families where one, or more, members had been diagnosed schizophrenic. The notion that families generally are funny, constructed things never seemed to occur to him until quite recently. However, Laing did in Self and Others (1971) examine the construction of self and the implication this had for the "mentally ill". It is in this study that he questions the clinical criteria used in diagnosis when he writes:

Such 'clinical' categories as schizoid, autistic 'impoverished' affect, 'withdrawal', all presuppose that they are reliable, valid impersonal criteria for making attributions about the other person's relation to his actions. There are no such reliable or valid criteria (Laing 1971:128).

Where Bateson saw the interaction between the significant other and the putative schizophrenic as a causative factor Laing had moved to a point where he acknowledged that not only those immediately involved in socialisation had

influence on the diagnosis but that those evaluating behaviour had no objective criteria with which to work.

Thomas Szasz, I suppose, could be said to be on the lunatic fringe of the critique. He did not bother with examining aetiology nor any of the more general issues of socialisation or understanding of self in notions of madness. For Szasz it was the label<sup>2</sup> that produced the disease; that there may be more complex understandings of social construction were lost in his assertion that individuals were misunderstood rather than ill. Szasz, more than any other person involved in the critique was committed to the cult of the individual. He maintained that individual responsibility needed to be fostered in the mentally ill to ensure their return to the social world (Szasz 1961, 1963). His insistence on the essential humanity of the individual and his examination of the judicial practices remains an important factor of the critique of psychiatry (Szasz 1989).

Erving Goffman, like Szasz, places the onus for the incidence of mental illness on the labelling of the individual by society. Goffman dealt generally with the notion that stigma in fact denotes a way for the world to construct the individual (Goffman 1963). He also moved into the realm of the asylum where he examined the life of the mental patient. According to Goffman with their relation to the outside world severed, mental patients, to become well, need to adopt the understandings of self that the powerful others about them have. Whatever the shortcomings of Goffman's approach it did highlight the fact that being diagnosed as mentally ill put people in a particular

position within society: a very uncomfortable, marginal position where their understandings of the world and self were either wrong or insignificant compared with those of their carers (Goffman 1982). That the carers may provide a self that sufferers see as desirable, and that experience of the world may lead them to seek a diagnosis escaped Goffman completely. This is an aspect of the experience of schizophrenics that I will discuss later in this chapter in relation to my fieldwork.

The critique offered was based on the notion that mental illness is socially constructed and that socialisation plays an integral part in both the presentation and interpretation of symptoms and the course of "mental illness". The focus of the aetiological aspect took on a different dimension within the critique as mental illness was seen to be not merely an aspect of personal biography of the patient. For example, Laing in 1959 wrote that in the treatment of schizophrenia:

.....the therapist must have the plasticity to transpose himself into another strange and even alien view of the world. In this act, he draws on his own psychotic possibilities, without forgoing his sanity (Laing 1984:34).

This was a distinct change from the more conventional view taken by Stafford-Clarke in the fifties when he wrote of diagnosed schizophrenics:

... that a refusal or inability to accept some or all of the demands of reality is characteristic of such patients, and it is this that above all separates them from their fellow men and promotes the hostility and antagonism which they still encounter (Stafford-Clarke 1952:12).

While the critique still focussed on the biography of the diagnosed schizophrenic it was the biography established by both the patient's immediate family and society generally.

Laing's approach here is crucial in that it established within psychiatry a study of the construction of self. This was not developed in a cultural vacuum but fitted into the concerns of the times when theories about the nature of man and existence were being radically interpreted by existential and phenomenological analysts. That it is the "nature of man" that is under examination is important. As Anthony Wilden points out:

But the well-meant flight from the overriding male chauvinism of the Freudian theory did very little to change the continued oppression of women by both male and female therapists. The emphasis on the 'schizophrenogenic' mother-'real' as she may be- further contributed to what can only be called the biosocial pathology of the 'opposition' between the sexes in our culture ( Wilden 1980:279).

Blame shifted from the female as the pathological erotic being of Freud to the pathological communicator and socialiser in the critique. The critique does (and did) 'blame' socialisation for the incidence of schizophrenia even when the aetiology of the disease is seen as residing in interaction, as with Bateson's double-bind theory, because within western cultures the significant other is almost certainly the mother, or another female responsible for the nurturance of the child.<sup>3</sup>

Establishment psychiatry took exception to the blaming of both the mother and society as well as the problematising of the nature of the phenomenon. Initially though the striking feature of the continuing reaction to the critique which is now an established one is the strength of its language. Two examples from opposite sides of the Atlantic

and one from the Australian context demonstrate the vehemence of the reaction.

From the American side Fuller-Torrey, a psychiatrist and forerunner in making current understandings of schizophrenia an issue in the eighties, says of the critique:

These theories are poetic nonsense and there is much evidence to prove it ( Fuller Torrey 1986:6).

Later in his book he goes on to lay the woes of deinstitutionalisation at the feet of the critique. The fact that deinstitutionalisation is not a totally negative phenomenon nor can the perceived failures of western culture to cope successfully with mentally ill people be attributed, solely or even in the main, to deinstitutionalisation has escaped Fuller-Torrey. It is also pertinent that deinstitutionalisation took hold at different times, in differing socio-economic climates and with varying degrees of success. In the United States of America steps towards deinstitutionalisation were in evidence prior to the critique gaining momentum. In Australia, twenty years after the critique, in a totally different political and economic climate deinstitutionalisation has become the order of the day.<sup>4</sup>

From Britain J. Wing, another eminent psychiatrist, writes with equal certainty:

Levi-Strauss, Freud and Marx have all made contributions to science, as well as setting up grand theories that explain nothing because they attempt to explain everything. But it is their grand theories that have inspired our lunatic fringe (Wing 1978:13).

On the Australian front the Schizophrenia Fellowship of Victoria has, in Dr. David Leonard a psychiatrist writing

for it who disputes the legitimacy of the critique because of its sociological underpinnings. He takes Thomas Szasz' argument regarding labelling and maintains that this involves a denial of the suffering of the diagnosed sufferer. Other than the fact that Dr. Leonard gives Szasz the rather misleading title of a 'leading proponent' (Leonard 1984:2) he also, one cannot help feeling wilfully, forgets to mention that Szasz also wrote:

While I argue that mental illnesses do not exist, obviously I do not wish to imply that the social and psychological occurrences so labeled do not exist( Szasz 1963:16).

Establishment psychiatry's reaction to the critique seemingly belies Anthony Wilden's assertion that to disprove a theory one must engage in providing an argument of a higher logical type (Wilden1980:90)! The response to the critique has been to attack its weaker points which does not allow for the problematic nature of both the phenomenon under examination (schizophrenia) and the power invested in the psychiatric establishment. In doing this there has never been an adequate response to the problems exposed by the critique as Treacher and Baruch write about the putative changes in psychiatry and its practices:

To argue that changes are occurring is a bit like that because we are playing musical chairs to a new tune, some profound change has occurred; clearly, for 'change' to occur in any profound sense we would have to play an entirely new game(Treacher and Baruch 1980:120).

The reaction to the critique has been by and large to incorporate those aspects of it which are assimilable into psychiatric practise and to ignore the basic premises of the critique. For example individual therapy is now supplemented by family therapy. Family therapy can be

argued as a direct answer to the understanding of the role of socialisation supplied by the critique. This allows greater intrusion by the state in the affairs of the schizophrenic and their families while concomitantly ignoring schizophrenia as a social phenomenon which involves the creation of a controlled, marginalised group and the empowerment of agents of the state, especially psychiatrists. It is, however, too easy to dismiss establishment practitioners as unsophisticated or reactionary, although they may be both.<sup>5</sup> The significance of the defense that people like Fuller-Torrey (1986), Wing (1978), Leonard(1984), Shepherd (1982) et al. have made of psychiatry and its practices lies in the notions that those making the critique were looking to 'blame' and denying the phenomenon under scrutiny.

#### RESPONSIBILITY, BLAME AND PRACTICAL REASON

Within the egalitarian logic the autonomous individual bears responsibility for (if not authority over) his/her actions. It is inconceivable that responsibility for the occurrence of schizophrenia should not fall upon an individual. The establishment psychiatrists are correct in interpreting the onus for mental derangement as being lifted from the sufferer and placed upon the mother in the critique the inconceivable for establishment psychiatry, within western culture, is that society (reified as it may be by the critique) is responsible. For the critique as well as for establishment psychiatry it is inconceivable that the phenomenon is immanent within cultural process and that blame itself is necessary to the egalitarian logic. Within the critique society quickly ramifies into an

agglomeration of individuals having responsibility for themselves and, in the case of 'families', for those immediately concerned to be responsible for close relations. Socialisation, how the individual is taught to fit into society, becomes the next concern. Both establishment psychiatry and the critique, leave the mother as the guilty party despite protestations to the contrary. That this remains true in the Australian context I will explore more fully in the next chapter. Rather than seeing that cultural phenomena (in the case of this thesis schizophrenia) arise from social processes part of the egalitarian logic involves individual responsibility and its concomitant need to assign blame, whether to individuals or to the agglomeration of individuals.

#### Mental Illness Must be "Real"

As a recently incorporated phenomenon of bio-medicine, mental illness has burgeoned as psychiatry recognises seemingly proliferating syndromes. Besides being part of a relatively new sub-discipline with a growing subject matter not restricted by bodily limitations as the physicians are, psychiatrists have ultimately to depend upon their own sensibility and understanding for the precise diagnosis of mental illness, opposed to the assessment of symptomology traceable to physical abnormality.<sup>6</sup> This reliance on the hermeneutic rather than technical analysis indicates one of the difficulties in understanding mental illness from within the egalitarian logic. In cultures where individuals have autonomy and where they value practical reason the symptoms of mental illness do not make sense.

Marshall Sahlins addresses the basis and ramifications of practical reason in Culture and Practical Reason where he establishes that in western capitalism the symbolic order is located within a pragmatic economic rational one (Sahlins 1976:208-221). In terms of exegesis the explanations for given behaviour must be seen to be based in utilitarian concerns, otherwise they are categorised as lacking validity. Schizophrenia involves a withdrawal from the world of practical reason, whatever form the psychotic episode takes. An air of unreality pervades not only the sufferers but those involved with treating them. The very people who are able to dismiss social theory as 'poetic nonsense' (with a fine disregard for what may be hidden in metaphor!) are within an egalitarian logic which at one level defines the parameters of their discipline as unreal.

Psychiatrists must deal with the unreal in schizophrenia in order to bring about the functioning of the patient which is the measure of the real.<sup>7</sup> The notion of a continuum seems to fit uneasily into the egalitarian context: the mind/body dichotomy assumes opposition. If the body has a physical reality then the mind is, to a point, unreal. Recently there occurred a situation in a mid north South Australian town where a young man, behaving bizarrely, was institutionalised for 48 hours. His bizarre behaviour was seized upon by his friends as evidence that he was 'into drugs' despite no previous history of drug abuse with legal or illegal substances. At the same time his distraught wife gave him one month to 'pull himself together' before she would consider having him involuntarily assessed. This incident reveals not only the heartbreak of shattered lives but also

the perceived need for a 'real' solution which would deal with his physiological condition and therefore secondarily his mental instability.

Establishment psychiatry's response to the the critique is located in the search for the *truth* of schizophrenia in order to rebut the claims of the understandable within the same egalitarian logic in which the critique was spawned.<sup>8</sup> With a few notable exceptions the critique had adhered to notions of individual autonomy with a regard for where the blame was to lie. In this sense the response was a logical one which sought to defend the position of psychiatry in regard to its monopoly of both definition of the disease and the definition of what constituted a 'healthy' self. There is no doubt that the critique had a profound effect particularly with regard to the importance of the construction of self which now predominates in understandings of schizophrenia.

#### THE SELF: FEMALE AND MALE

The diagnosis of schizophrenia has the loss of self as one of its fundamental components. The definitive diagnostic tool used by psychiatrists is the Diagnostic and Statistical Manual of Mental Disorders. The symptoms of schizophrenia are listed with one of them being:

The sense of self that gives the normal person a feeling of individuality, uniqueness, and self direction is frequently disturbed. This is sometimes referred to as a loss of ego boundaries and is frequently manifested by extreme perplexity about one's own identity and the meaning of existence, or by some of the specific delusions described above, particularly those involving control by an outside force (DSM-III, 1980:183).

Perhaps it is fitting that the manual got off to a start in the late fifties and was ready for the sixties because the above quotation certainly has the feel of the bourgeois search for self that characterised "hippiedom" in the sixties and has degenerated into unadulterated 'meism' in the eighties in the west.<sup>9</sup>

The loss of self does not exhibit itself simply in the interaction with the outside world. For the west generally the self denotes the existence of an interiority which claims the individual in his/her relations to others. George Herbert Mead's notion of self, as described in David Miller's text requires, that:

When the individual is a social object to itself, it is a self. Being an object to itself means that the individual is aware of the meaning of its own gesture (Miller 1973:46).

In the fieldwork situation schizophrenics viewed the uncertainty that fills their minds as making them unable to view themselves as proper people.<sup>10</sup> The bad thoughts or the directions from inner voices, or the delusions prevent them from acting in a way that allows them to become a social object to themselves as they lose, or have not acquired, the meaning of their gesture. Which self is the social object to itself becomes the question for the schizophrenic.

The notion of divided personalities is one which the Fellowship and writers about schizophrenia are adamant does not apply to schizophrenics yet sufferers themselves are likely to talk about there being more than one person inside them. While I am not suggesting that the personalities manifest themselves in the manner portrayed in the movie The

Three Faces of Eve and others of the same genre, I am suggesting that in the experience of the sufferer the perplexity is likely to come from having to decide whether the voices do in fact represent their true selves.

In the manual there is the caveat that not all diagnosed schizophrenics will suffer a particular symptom, yet an inspection of the preamble to the detailed list of symptoms shows that:

Invariably there are characteristic disturbances in several of the following areas: content and form of thought, perception, affect, sense of self, volition relationship to the external world and psychomotor behaviour (DSM-III 1980:182).

All of the above can be shown to be necessary for the sense of self as a functioning individual in Australian society. For Australians the notion of a Functioning Individual is an important one in the engagement of the egalitarian ideology. Kapferer points out that in that most egalitarian of Australian customs, males drinking in schools, it is important that the protagonists stay coherent and on their feet (Kapferer 1988:157). The individual Australian needs to maintain control of self while meeting on an equal footing with others although the ramifications of this are different for Australian women as this thesis will indicate.

The centrality of drinking and the control it demands become particularly tragic aspects of life in Australia. When young male schizophrenics feel the need to meet with others and drink in order to establish a sense of self they do so despite the side effects of their medication. Given that most of them do not hold jobs, drinking away their

money leads to an increasing dependence on the state and may result in the Guardianship Board<sup>11</sup> taking control of their finances.

One young man who had travelled this road found the experience traumatic. The insistence that he verbally defend his right to control his finances before an authoritative committee he considered an infringement of his person. To sit before a committee of well dressed strangers who seemed (and indeed were) in complete control, without an advocate as his social worker had not shown up for the meeting, reduced him to incoherence.

The next morning in a group meeting at the drop-in centre he was extremely articulate about the Board and the position he was in. He felt that he was not being treated as a real person and when the woman who was leading the discussion tried to be sympathetic but get him to subdue his obvious anger he maintained that generally there was too much control of schizophrenics' lives. In addressing the anger, which was making participants in the discussion nervous, and not the cause of his anger, she became yet another controlling force in this situation. The issue of control is, for Australian men a very important part of the constitution of the self as male. This is true whether control is seen to be institutionalised or a feature of relatedness as will become obvious in the following chapters.

When the symptoms became obvious, as they did at the meeting with the board and are likely to under stressful circumstances, it is unlikely that a sufferer will act as a

real person not only from the perspective of those conducting the interview but from that of the interviewee. The lack of control and the continued definition of the sufferer as a non functioning individual ensures that the loss of self remains a factor of schizophrenics' lives. Their ability to be identified as real and functioning Australians is always attenuated.

Women as well as men are expected to maintain control. The domestic and consumer spheres are the ones in which female schizophrenics relinquish their claim to being real people in a way which differs from male schizophrenics. Females do not generally exhibit the same drinking patterns as males but many of the conversations at the drop-in centre revolved around women's lavish spending habits. Great delight was taken in the overspending and the ability to obtain material possessions. The women did not tend to resent the interference of the state in their affairs as much as the men but consistently talked of subverting efforts made by social workers et al. to make them spend within their means.

There were of course penalties to be suffered in the transgressions in their roles as caretaker of the domestic arena and as consumers. At the extreme end of the scale is the loss of children to the D.C.W.<sup>12</sup> because in failing to control their spending habits the children are seen to be endangered. The maintenance of the domestic sphere is seen to be important in the identity of the woman. Women without children are expected to be able to live in flats by themselves or with others while the men sufferers have a tendency, when not living in the natal home, to live in the

more isolated hostel situation. Whatever their living arrangements it is women who are responsible for the domestic arena, either as sufferer or relative of sufferer.

### Towards A Unitary Self

There is then a notion of the self that pervades western thought. The discussion of this notion as a 'deeper than ideological tool' is at the heart of Deleuze and Guattari's argument in Anti-Oedipus (1983).<sup>13</sup> The ideas of relatedness embedded in the development and existence of self (explicitly parent/child relatedness) Deleuze and Guattari maintain is due to the capitalist mode of production. Furthermore, this mode of production does not allow the multifarious possible selves to evolve within an individual's development and therefore the diagnosed schizophrenic, with the selection of an unacceptable self (the one who listens to and responds to voices from within, for example) becomes the object of oppression.

An interesting situation develops when the diagnosed schizophrenic is no longer a danger to herself or to others and is functioning well except for the existence of auditory hallucinations. One case which is documented in a video about schizophrenia (video 1985) shows just such a young woman. In her case she finds that having the male voice within her as companionable but she knows that to be really well she needs to eliminate the voice. While doing without conversations with this inner male she is lonely but knows she will only be better when he is gone for good. The existence of that male as an aspect of the woman's self is obviously a threat to the definition of her

femaleness.....a type of mental transvestitism that needs to be labelled, controlled and eventually eliminated.

People who cross gender boundaries in Australia have never been well tolerated. The worse possible indictment of a young footballer is that he plays like a 'sheila'. In the case of male schizophrenics they lose their maleness when they fail to enter into the same life trajectory as their peers. This does not mean that they become female but that they lose the possibility of being successfully male, achieving control of their circumstances. Females similarly experience a disjuncture with their peers but it takes a very different form. At the end of disabling periods they move into domestic space where they are able to achieve a degree of competence that is not unlike that achieved by the majority of Australian women.<sup>14</sup> While female sufferers may experience more difficulties in their personal relationships and even in achieving within the domestic domain, they do not have the same disruption of expectation with regard to control as men have.

The most explicit expression about the loss of, and reconstruction of self came from sufferers. When they came to the drop-in centre, considered a transition point between being ill and well, a great deal of discussion took place about what they are and what they want to be. The possibilities ranged from 'wanting to come together in my head'.....a neat variation on 'getting my head together'!.....to providing a whole plan of action to reinvest themselves with the dignity of being a *proper* person. The first part of the exercise involved the ability

to make plans that would be acceptable to the professionals caring for the schizophrenic, carefully choosing 'rational' steps to improve her/his life. It is at this point that Deleuze and Guattari's thesis about the narrow perspectives that are offered to people under capitalism become clear. A healthy self in fact involves the lessening of human possibilities to the presentation of a functioning unitary self. Whether female or male this is the primary need for the schizophrenic but the rational unitary self is different for female and male.

One young man had quite detailed plans with regard to reestablishing himself as a proper person. He used the drop-in centre as a step to making contacts with other people and institutions in order to retrain and get a job. At the same time as he was planning a re-entry to the workforce I found him leafing through Fuller-Torrey's (1986) book Surviving Schizophrenia saying 'that's what I am, a paranoid schizophrenic'. This despite Fuller-Torrey's refusal to call people schizophrenics!

Further conversation revealed that he did not consider himself a proper person at this point. Not only was he not a proper person but he lived with uncertainty with regard to his position as a not-proper person. Hence his delight in finding some of his symptoms listed and classified by Fuller-Torrey. He was definable if not proper. His plan for reconstructing both life and self was to rid himself of his bad thoughts and to reorganise his life using all of the agencies set up by the state for that purpose. As a model for reconstruction he used his life prior to his first

psychotic episode and his brother's seemingly successful life as a good sport who had wife, home, car and a job.

While males were not considered to be effeminate they were considered to have abrogated aspects of self that are necessary for being in control. The father of a sufferer put it that the uncertainty facing schizophrenics reduced them to inaction or, in the case of his son selling his property for far below its value, a tendency to make rash decisions. A propensity to complete apathy or rash action means that the rational decision making that is a male characteristic was foregone by the 'sick' male.

When a male made a decision that was not the approved one it was seen as an aspect of his sickness. Even the acquisition of a blueberry bush as a gift for his parents by one sufferer was seen as problematic. It is interesting that while the women sufferers displayed the same bouts of impetuosity or apathy it was not considered as aberrant in them.

The characteristic that did show anomaly in women was their sex lives which were said to indicate that they were bordering on nymphomania. This analysis was based on two factors. The first was the observation that when the young women sufferers who visited the drop-in centre went to pubs they were likely to pick up a male. The second factor is that texts about schizophrenia cite as one of the differential aspects of presentation in schizophrenia is that women have an increased libido during psychotic episodes while the libido of men is lessened. According to Goldstein and Link, citing Sommers :

Schizophrenic women were found to be more explosive, overtly hostile, physically active and dominating, seductive, sexually delusional, displaying more acting-out behaviour, agitation, and more affective symptoms in general. Schizophrenic men were found to be less exhibitionistic, less hostile, less impulsive, more withdrawn, passive and isolated, symptoms that are now associated with a so-called negative symptom picture (Goldstein and Link 1988:142).

This encoding of a "norm" with regard to sexual expression is a difficult one to fathom given the complexities of understandings unless account is taken of feminist interpretations of madness and the control of female sexuality.

Jill Julius Matthews in her work on the cultural construction of women devotes a chapter to the way in which female sexuality is defined and monitored (Matthews 1984:111-147). The factor she mentions which is important for this thesis is that female sexuality is seen to need control not only in psychotic phases but outside of them. Volunteers at the Fellowship gave reasons for such control which were not critical of promiscuity per se but of the possibility of pregnancy.<sup>15</sup> Ultimately though as far as female schizophrenics were concerned, unless they had had children prior to their first psychotic episodes, there was always the possibility of control of fecundity through abortion.

While the sexuality of females was considered potentially out of control, their instinct for homemaking was not. Women who came to the Fellowship tended to live by themselves or with others but away from the natal home. A male volunteer told me that you could tell when women lived in one of the houses supplied by the Fellowship because even sufferers,

while they might not be as adept as other women, were better homemakers than males. The note of empirical evidence could be taken from the fact that the most successful of the houses provided by the Fellowship had always had at least one woman in residence. If there was to be a visitor to a house it was likely that the woman would try to tidy it up. This quality of femaleness was seen to be natural while the expressions of sexuality were seen to be aberrant.

The expressed need for males to go looking for females at discos and pubs over the weekend was also seen to be natural. In fact when a young male reported difficulties in either attracting females or maintaining a relationship it was always considered that the female lacked the necessary compassion to deal with the male sufferer. Male sexual expression did not need the same controls as female.

One young man who attended the fellowship helped his mother at home and was considered effeminate. His attention to the details of housework gave him in the conversations he held at the Fellowship an almost fully female audience. There was no particular effort made by males to avoid him yet invariably his companions at the drop-in centre were female. This specificity of interest was evident in conversations at the centre. Male conversations dealt with their actions in regard to work, general news topics and their exploits with regard to women.

Males in Australia generally are likely to leave the natal home at a later age than females and this carries through into those with schizophrenia. While they remain in that home though there is the possibility that the male parent

may leave. If Australian males need to be looked after they need to be looked after as central to the female head of household. In one case where a female stayed in the natal home she did the housekeeping for her widowed father and elder brother. Where the males were in a domestic situation they relied on a female to provide for their needs. On the home front then Australians divide into carers and receptors of care. Whether this is a form of dominance or not it makes roles explicit.

The notion of self as it is evident in schizophrenia reveals understandings of what constitute the "self". In this chapter I have explored the ways in which those understandings differ for females and males in Australia. I have also pointed out that blame is a necessary component of Australian egalitarianism. In the next chapter, where I examine relatedness, the location of blame and responsibility and the ramifications this has for gender relations in Australia are explored.

## Footnotes to Chapter I

1. Dumont (1980) for example is able to trace the notion of the individual from the inception of mercantile capitalism to industrial capitalism through the discourse contained in the economic analyses of each economic period. Such an analysis is impossible without a tradition within which the notion of self, in whichever of its guises, is reflected upon.

2. During my fieldwork it was evident that ideas about labelling had taken hold as far as the volunteers were concerned. They carefully avoided the word *schizophrenic* and I was told not to use it by the mother of a sufferer. The sufferers, on the other hand, except when they disagreed with the diagnosis, invariably referred to themselves and others as schizophrenics.

3. Bateson (1973:179-184) specifically blamed the mother for the development of schizophrenia when he described the double binding involved in the schizophrenic/ mother relationship to which he imputed aetiological importance.

4. Deinstitutionalisation is taking place in Australia at the same time that the critique of overseas experiments are emerging. The tendency at the Fellowship has been to accept those criticisms which suggest that deinstitutionalisation is catastrophic (such as Fuller-Torrey 1986) for the schizophrenic there are more considered commentaries available which address deinstitutionalisation as a sociological phenomenon which requires more complex understandings (see particularly Morrissey 1980).

5. Whatever their understanding of the phenomena under study those involved in establishment psychiatry are working to alleviate the suffering of schizophrenics. I am not imputing motive but pointing out that they are caught within a particular paradigm which endows them with the power to assess and categorise schizophrenia and its sufferers.

6. This is not to deny the symbolic nature of "physical illness" except in so far as in western thought there is a dichotomy between physical and mental illness.

7. One of the aims in compiling the DSMIII was to provide a set of symptoms which concretised schizophrenia. This is useful within the legal system. One psychiatrist told me that the lawyers knew the symptomology better than he did.

8. Even into the eighties those who critique the underpinnings of schizophrenia are rebutted by the 'truth' of the disease. A good example is Shirley Turkle's response to Deleuze and Guattari when she writes in reply to their thesis that only those who do not directly deal with schizophrenics could see joy in schizophrenia (Turkle 1980:154). This response reflects her inability to accept that it may be the cultural construction of the phenomenon which imposes the misery that is Deleuze and Guattari's thesis.

9. Christopher Lasch (1979) provides an analysis of the narcissism which characterises the individual in capitalist states during this century.

10. *Proper person* was the phrase used by schizophrenics when discussing what is generally referred to as a normal person.

11. The Guardianship Board is a statutory body which ultimately makes decisions regarding a person's ability to conduct her/his own affairs.

12. Department of Community Welfare is the South Australian Government Department responsible for the care and protection of minors.

13. While Deleuze and Guattari's argument about schizophrenia being located in the structure of capitalism (much as Taussig locates terrorism in the structure of colonialism) is convincing it is difficult to assess the value of an analysis that requires an eclectic and non systematic interpretation of the schizophrenic being (Deleuze and Guattari 1983).

14. In one respect women's condition does not change as radically as does men's during their psychotic illness. As Jill Julius Matthews points out:

To be a woman is thus necessarily to carry a sense of failure (Matthews 1984:8)

The sense of failure endured by male schizophrenics is in response to a sense of completion as males when they are well. The sense of failure of female schizophrenics is endemic to the female condition in Australia.

15. The pregnancy of female sufferers has long term ramifications for their families: particularly their mothers.

## Chapter Two

The word family is so plain, the kind of reality to which it refers is so close to daily experience that one may expect to be confronted in this chapter with a simple situation.

(Levi-Strauss 1960:261)

The Family is an important component of the understandings of schizophrenia in the west generally and in Australia particularly. Notions about the family are evident in everything from the aetiology of the phenomenon to the expected recurrence of psychotic episodes. Given the family's centrality to schizophrenia, its complexities as it presents in the Australian context can be analysed with respect to the latter phenomenon. The family also provides a setting within which conceptualisations of gender are embedded. These conceptualisations are such that they are being continually reproduced within the everyday of Australians. This chapter is devoted to examining some of the understandings of gender and their reproduction through an analysis of the family as it is found in the cultural construction of schizophrenia.

### ANTHROPOLOGY, FAMILY AND RELATEDNESS

Psychoanalytic anthropology irons out the differences between peoples when analysing families. Approaches such as Mead's for example assume that 'families, whatever their constitution exist in every culture'(Mead 1965:77). While this enables her to proceed with some remarkable comparative material as in Growing Up in New Guinea (Mead 1968) it also allows generalisations about what it is to be, for example, male and female in different societies using a western model for reference rather than working within the

people's understandings of what constitutes relatedness or for that matter what it is to be male and female. Nancy Chodorow has provided a similar understanding of the family using material which she analysed to elicit aspects of femaleness and maleness which are reproduced psychologically in socialisation according to her analysis (Chodorow 1978). This approach does not explain the nature of relatedness nor in fact aspects of femaleness and maleness that are contained within conceptions of relatedness. To analyse the conceptions within such works would be to reveal the ideological underpinnings of the author, an exercise that the textualists have embarked upon with varying degrees of success during the eighties (Marcus and Fischer 1986, Geertz 1988, Deleuze and Guattari 1983 ,1987).

Anthropology generally has a large body of material on the constitution of the family and its place with regard to social structure. While this includes much material from the western notion of the family and explores the society under examination from the ideological stance of the anthropologist there are also within traditional anthropology those studies which examine the constitution of relatedness within specific contexts thus making problematic the commonly held tenets of the west. Two eminent anthropologists in Meyer Fortes (1949) and Evans-Pritchard (1940) with their studies of the Tallensi and the Nuer respectively are able to work within a framework, which for all its problems, takes into account relatedness that is not based on twentieth century understandings of the family in industrialised societies. The notions of relatedness that are embedded within the notions of the family are the

subject of this chapter.

Levi-Strauss in Man, Culture and Society does a comparative analysis of the family which points to the difficulties one runs into if the family is considered a known entity which is a constant in every society (Levi-Strauss 1960: 261-285). In fact he even renders problematic the notion that the concept of the family is a central aspect of social life, writing:

And society can no more be said to consist of families than a journey is made up of the stopovers which break it down into discontinuous stages (Levi-Strauss 1960:285).

Nevertheless I argue that within a particular historical context that the family is central to our understandings of society. The family therefore needs analysis not merely as a functional aspect of social life but also with regard to the meanings in a specific context which enable it to be used as an aspect of ideology.

#### FAMILY, IDEOLOGY AND GENDER ANALYSIS IN AUSTRALIA

With regard to the family in western industrialised countries Levi-Strauss, in the article mentioned above, refers to the diverse nature of the constitution of the restricted family and its tenuousness within society. He wrote also that:

Society belongs to the realm of culture while the family is the emanation, on the social level, of those natural requirements without which there could be no society, and indeed no mankind (Levi-Strauss 1969:284).

Relatedness for Levi-Strauss is ultimately based in biological necessity. This structural analysis rests on the

nature:culture dichotomy and, fails to account for the specific social and cultural milieu within which any phenomenon is found.

A very different analysis with the same problem as that offered by Levi-Strauss is David Schneider's account of the American family in American Kinship, arguably the single most important work with regard to the family in a western industrialised country (Schneider 1968). By providing a symbolic analysis based on American kin terminology Schneider provides an examination of relatedness that makes problematic and, at the same time, gives meaning to the family in America. While later Schneider was to write a book critical of the use of kinship as a general analytical tool his own use in providing this analysis is masterly (Schneider 1985). In the manner of such symbolic analyses his analysis of American kinship lacks an examination of the political arena within which it occurs and the possibilities for the family as an aspect of ideology are lost.

As Marshall Sahlins wrote:

..... the efforts of Geertz or Schneider each in their own way, have likewise turned on a specific limitation of the symbolic as is built into the distinction between action and ideology, society and culture (Sahlins 1976:106).

By providing a distinction between the phenomena cited by Sahlins Geertz and Schneider ignore the connections between them and their grounding in a political context. It is interesting to note that Ricoeur perceived that this aspect of Geertz's work on ideology provided a paradigm for understanding the complexities of ideology. He stated, with reference to Geertz's paper on ideology, that by

introducing the notion of function to symbolic analysis. Geertz has allowed for the autonomy of symbolic systems which allow them to be incorporated into ideology in either the perjorative sense of the Marxian analysis or in the notion that ideology is a mapping out of ideas which transcend or prescribe action but lacks a political basis (Ricoeur 1986:254-256).

At this point Ricoeur's observation that dominant groups do not need to completely obfuscate relations to maintain dominance should be reiterated. He wrote with regard to ideology:

Ideology enters here because no system of leadership, even the most brutal, rules only by force, by domination. Every system of leadership wants its rule to rest not merely on domination, then; it also wants its power to be granted because its authority is legitimate. It is ideology's role to legitimate this authority. More exactly, while ideology serves, as I have already said, as the code of interpretation that secures integration, it does by justifying the present system of authority (Ricoeur 1986:13).

Understandings about the family resonate within both dominant and dominated groups in Australian society. The people using the Fellowship's amenities are able to comment on aspects of their domination yet there is a 'pool' of shared understandings about the family with regard to schizophrenia. Whatever viewpoint is taken the *family* remains central to understandings of both the volunteers and sufferers about schizophrenia. This is reinforced by the way in which schizophrenia and recovery are defined in the Australian context.<sup>1</sup> It is the unproblematic assumptions (or in Bourdieu's terms *dispositions*) about the family and schizophrenia that enable an analysis of gender.

It is also worth repeating here Bourdieu's account of the

reproduction of underlying principles being firmly held in the unconscious and hidden within everyday acts. As Schneider also points out, cultures need to be learned, and Bourdieu's concept of habitus allows for that learning to be as "unproblematic" as our understanding of that very unproblematic structure, the family.

In Australia the family is a crucial aspect of gender ideology and vice-versa. The concepts surrounding the family can be shown to be used successfully by the dominant class. More directly germane to this thesis, female domination by males is worked out to a large degree in our understandings of the family. Two of the most notable analyses of gender domination in Australia are Claire William's Open Cut (1981) and R.Connell's Gender & Power (1987). William's book is an often insightful analysis of the female plight under male domination in the mining town where she did her fieldwork. Connell, as an academic involved in analysing gender, tends to reflect the anxieties of the time and 'appropriates' feminist perspectives somewhat to his own ends. Julie Marcus writes in a review of Connell:

But influential and established male academics must begin the difficult process of examining the bases of their privilege and the relation of their political position within a hierarchical gender structure to their work (Marcus 1988:104).

This is not to say that Connell does not appreciate some of the dilemmas facing Australian women relative to males. What he does do in relation to feminist theory is fall very heavily on the side of male theorists although women are making statements about their condition and, more specifically, about the way that males have appropriated

their work. In Gender and Power given the choice between male and female theorists, even if they are saying the same thing, Connell frequently cites male theorists which unwittingly proves the point about gender & power (Connell 1987).

Claire Williams, while she gives a more considered analysis of women's plight, relies heavily on the Gramscian notion of hegemony which allows no room for those dominated to analyse effectively the conditions of their domination, nor room for subversion (Williams 1981). In the event neither Williams nor Connell (for all his posturing) allow that the women under study are equipped to comment upon and analyse their condition. The people using the Fellowship's amenities are not only equipped but do analytically reflect upon their situation sharing with other Australians concepts of family.

#### RELATEDNESS IN AUSTRALIA

The family in Australia seems to be a self explanatory phenomenon. It is generally considered to consist of parents who are in an enduring union with offspring who, at maturation, leave the natal home firstly, to gain their independence and then to form another, different, family. There is, within this understanding, a biogenetic and a social understanding of relatedness.

The biogenetic consists of the relatedness by blood. That is the mother and offspring and the father and offspring combinations are blood related. The mother and father are, if related at all, affines not consanguines, and there are laws of incest which prevent those considered close

consanguines from marrying. In addition any combination of parent and offspring takes on a qualifier. That is one parent with offspring is considered a single parent family whether the other biological parent is in evidence or not. That the parent offspring relationship is also a social phenomenon is evident in the fact that a "step" child or parent situation develops when affinal ties are changed through marriage.

In the Australian context there is a level at which relatedness is experienced as a complex phenomenon yet denied by our expressed understandings of family. One event which gives some indication of the narrowness with which family, and hence relatedness, is understood was the debate surrounding the release of the report of the Fitzgerald Inquiry into Immigration. This document recommended that:

The current immigration categories are somewhat complicated and cumbersome and could benefit from rationalisation into two basic categories economic and non-economic immigration (1988:1.8:61).

This recommendation was controversial because it reduced the importance of family immigration, giving priority to economic factors. The release of the report was followed by a debate about the degrees of relatedness that should be considered in family immigration. The interesting factor was that a large part of the debate was based on the Australian understanding that other cultures, particularly Asian and South Asian, have different notions of relatedness and that a greater number of kinship ties needed to be recognised by Immigration policies with regard to these people. At no time was it suggested during the debate that Australian kinship ties are complex and do extend beyond the

three generational and consanguineal span of grandparents, parents and offspring.<sup>2</sup> Australian siblingship was restricted, in terms of the debate, to that time of socialisation, childhood and adolescence.

The complexity in the Australian situation arises from the degree of consanguinity being allied with a notion that to some extent relationships can be chosen. This was a point David Schneider made about the American situation where he had a woman informant who denied siblingship because she did not have anything at all to do with her sister (Schneider 1980:70 ). During my fieldwork a young woman diagnosed as schizophrenic found it important to impress her auntie and cousins on visiting them because she needed their acceptance while her behaviour with her parents and sibling demonstrated the attitude that you have to wear it because I'm your daughter/sister. When her brother set up house for himself her attitude toward him became more circumspect. Whether this was due to the lessening of contact or not, it was obvious that the sibling tie, on maturation, can become greatly attenuated, if not completely severed. This indicates that even for close consanguines, other than parents and children, relatedness is a matter for negotiation.

This, of course, does bear out the understanding of relatedness that followed the release of the recommendations on immigration. Australians are in the position of being able to sever kinship ties even consanguinal ones. Nevertheless it is unusual for Australians not to know their mother's and father's siblings and what their general

condition in life is. The choice to associate or to even acknowledge is based on other factors in addition to shared ancestry. This is different from the relatedness through cognates and affines that one finds in many other cultures.

For example in Australia there are no laws regarding marriage which ensure a persons relatedness to their marriage partner such as is evident in marriage prescriptions in other cultural contexts. The situation that Dumont (1983) describes for South India where relatedness becomes the very basis of marriage could not contrast more greatly to the Australian situation where, apart from the injunctions against parent/child and sibling incest there is supposedly a choice with regard to affines. Consanguineal and affinal ties are, in fact, collapsed into differentiation by gender and generation. Matrilineality and patrilineality are by and large inconsequential.<sup>3</sup> Cousins are a general category which now do not even have to be considered in degree when thinking of marriage although the tendency is to consider the children of your mother or father's siblings as cousins and leave it at that. Cousins are the only terms without gender differentiation.

The combination of biogenetic and social ties while complementary in the Australian context is not a balanced dichotomy. "Blood is thicker than water" was the not uncommon phrase used by one woman when describing the situation when both she and her brother were diagnosed as suffering from schizophrenia. As it happened she and the brother were the two siblings in contact and when their sisters found out about the diagnosis they spent what she

considered an inordinate amount of time and money consulting psychologists to ensure that they had no trace of the disease.

While then the discussion following the Fitzgerald Report on Immigration did show some understanding of relatedness in Australia it did not illustrate the complexities involved in that relatedness. It also reduced very different and complex ways of relating people that occurs in other cultures to the single, simple notion of extended family.

#### THE EXTENDED FAMILY

The notion of extended family is interesting in that it becomes a panacea for the ills of the world especially in turns out for some people interested in schizophrenia, or the cross cultural study of mental illness. Meyer Fortes when studying the Tallensi found that the incidence of psychosis rose among young men when they left their "traditional" villages to work in industrialised areas and that the prognosis was greatly improved if they were returned to their villages (Fortes 1969). In fact there is a greater cure rate for perceived psychoses in the less fully industrialised countries than in industrialised ones.<sup>4</sup> This has been attributed to the more supportive networks of kin available within a village context. This rather simplistic view of both the incidence of psychosis and the notions surrounding relatedness became the basis of a study of the incidence of psychosis and the value of relatedness in Israel. The researchers' hypothesis was that the supportive nature of the kibbutz would provide a

context within which psychosis would be less in evidence and the recovery rate better than in Tel Aviv. The situation was found to be the reverse (Mirsky et. al. 1985).<sup>5</sup> The hypothesis failed to take into account that the meaning of relatedness differs and that the ties assumed by western observers have different value within the specific cultural contexts within which they occur.

### The Family In Australia

If the differing metaphors surrounding relatedness in different cultures are even briefly examined, the degree to which meanings of relatedness diverge become obvious. Fernandez describes Fang, for example, as conceptualizing kin as part of the body. He wrote:

A more culturally ingrained image which appeared when discussing matters of lineage and kin was that of the chest, arm, hand, and extended fingers. This was a frequently encountered metaphor of social structure (Fernandez 1982:88).

This, despite the fact that Fang adopted the french term en famille as a convenient phrase, because of its vagueness, in describing relatedness to others(1982:94). The Fang metaphor of the social system and relatedness being inscribed in the body is unthinkable in Australian terms. This is not to say that there is not a rich metaphorical language for relatedness in the American or Australian contexts. In Schneider's symbolic analysis American kinship is shown to be about sexual intercourse, love and loyalty.

A similar perspective to the one Schneider describes for an American setting can be developed if the metaphors that surround Australian notions of the family are carefully examined. The tabloid press are able, for instance, to

provide a name for an unknown, but seemingly powerful, group of male homosexuals who indulge in all types of unseemly behaviour and at times murder young men brutally. They call it The Family. Besides the overtones of mafia-like criminal power there is the substance that these men involve themselves by their homosexual activities in a family like relationship which involves not only, nor even primarily, a sexual relationship but also loyalty. The notions surrounding family are such that they are reflected accurately even in descriptions of perversity uncharacteristic of "true" families.

In the Australian context the underlying difference between our notions of relatedness and those of the 'other' are to a great extent inscribed in our understandings of the family. 'Otherness' may refer to the way different ethnic groups conceptualise relatedness or the way in which Australian males and Australian females conceive of, and experience, relatedness. The egalitarian logic described by Kapferer can be elicited in the ideas about choice and the early severing of kinship ties if they are not upheld by social proximity. Within the egalitarian logic the individual is not destined at birth for particular possible marriages. However the egalitarian nature of Australian society with its inherent individualism does not account for the experience of the family nor the differences of femaleness and maleness found in that phenomenon. If the egalitarian logic is analysed it reveals the relations of the dominant group i.e. males. Conceptualisations of autonomy and individualism are not shown to be different phenomena from the female perspective nor do structural explanations reflect upon how the family

is constituted and experienced by its members.

Understandings of the family are enmeshed in the understandings of schizophrenia. The consanguineal and affinal bonds can be delineated to show the way in which femaleness and maleness within the family are, as relative or sufferer, constructed differently. The family is important from aetiology to the likelihood of recurrence of psychotic episodes and the ultimate prognosis. As I pointed out in Chapter One members of the family, particularly the mother, are integral to the debates surrounding schizophrenia and its causation. Further to this, the progress and ultimate prognosis of the sufferer is also connected to the family in current understandings of schizophrenia. For example Vaughn, Leff et.al are involved in studies which measure the degree of 'expressed emotion' in families and correlate this measurement with progress of the patient (1976, 1981).

Initially the differential aspects of diagnosis need to be taken into account for there is an established difference between females and males which place them at very different times in their lives with different presenting symptomology. Females tend to present with the symptoms of schizophrenia later than males. By the time they are diagnosed they are possibly in, or have been in a long term sexual relationship and they have also had experience in paid employment. In presenting later women are more likely to have had children. When a genetic link to schizophrenia is claimed it is not a neutral statement.<sup>6</sup> One confident male said categorically that his thirteen year old son was 'in trouble', that is

'probably a schizophrenic', because his biological mother was a schizophrenic and had always been a problem. The fact that the boy had been in his custody for a number of years evidently had no bearing on the situation. This valuing of consanguinity over social bonds is a recurring factor in the literature on schizophrenia in the west. The parent/child bond is the one which is continually being investigated and the mother:child bond is repeatedly reinforced.

Males maintain consanguinal rather than affinal bonds as they are usually younger when they present with the disease, between early adolescence and twenty five years of age. They do not have time to be established in the paid workforce nor in long term sexual relationships. Young men generally do not have access to 'wives' nor responsibility for children in the same way as women have access to husbands and responsibilities to others. Most of the male sufferers at the Fellowship did maintain strong links with their mothers whether living with them or not.<sup>7</sup>

#### The Domestic Is Female

Whether the female is the sufferer or the most significant relative of the sufferer, she is likely to bear responsibility for the domestic arena. In the Australian family, the division of labour by gender is quite explicit. Even when the woman supports herself, or supplements a family wage, the domestic sphere remains her responsibility. In the case of the adult female schizophrenic she is able to state her problem as:

I like to go out.....when I'm sick I go out  
all the time.....that means the work doesn't

get done....the children don't get looked after properly.

This woman's words reveal the expectations that she and others have of her. It has become a symptom of illness for her to go out and enjoy herself rather than attending to the needs of her husband and children. The male sufferer, on the other hand, expects that others will take care of his domestic situation whatever form that takes. When male sufferers leave the domestic sphere whether it be to attend clinics, the drop-in centre or sheltered workshops they are able to leave responsibility for that sphere behind them. A tendency to go out leaving the domestic sphere to sort itself out would not be considered symptomatic of 'being sick' in the male.

There is quite a large literature on Australian life which suggests that the male is peripheral to the domestic situation (Dixson 1976, Williams 1981, Stivens 1985, Schaffer 1988 etc.). In a recent article Susan Baggett Barham suggests that the differentiation of spheres into male and female could be attributed to egalitarian aspects of Australian society and that this could be a playing out of female autonomy (1988; 500). While there is no doubt that the egalitarianism in Australian society correlates with the differentiation of female and male arenas, female arenas tend to be defined with regard to the males. Hence female responsibility for the domestic arena indicates an asymmetric power relation rather than female autonomy. The relegation of females to the domestic does not mean that they are not answerable to males within that sphere.

Females are the ones who are left to look after the sufferer if there is a need for constant attention. When they are left alone to care for a sufferer the father of the child, whatever his status with regard to the mother, is able to comment upon the mother's treatment of their child. For example when a husband left home after a child was diagnosed as schizophrenic the volunteers at the Fellowship considered it a normal thing to do. There are two reasons given for this: first the husband was no longer the centre of household arrangements and second, in removing himself from the household he had no need to accommodate to the day to day needs of the sufferer. This, however, did not remove his right to call whenever he wished to ask after the sufferer nor his right to comment on the effectiveness of the mother's handling of the situation.

The removed male may take a positive or negative attitude to the mother. For example one male, whom his ex-wife considered supportive, had remarried yet called her regularly to talk about their son. The woman considered it her duty to stay with the son although he monitored her every waking moment and insisted on sleeping on a mattress in her bedroom. When asked if she didn't think that her former husband should care for her son for a time she said that she had thought of it but did not want to alienate the ex-husband. Despite being separated from this man for many years this woman considered it necessary to provide for their child in a way that he approved.

The practical situation is not in fact much different for the woman who has a relationship of hatred with her ex-

husband. In taking the responsibility for the child and at times being forced to hospitalise the child for its, or for her own, safety; she is likely be attacked by the male who has left. One woman pointed out the irony was that the sufferer had indeed been threatening the father rather than herself when she had first called the police to intervene during one of their sons psychotic episodes, thereby incurring the father's heavy criticism.

This is not imply that these men were uncaring with regard to their offspring but that, in conflict with Barham's argument, their expressions of caring were ones which rightfully intruded into the domestic sphere as assessors of the situation. The female although associated with a different sphere, is not autonomous within that sphere with regard to the male.<sup>8</sup>

The place of females with regard to the males can be seen if one looks at the composition and distribution of duties within the drop-in centre. Some thirty volunteers helped at the centre with varying degrees of participation. All but two in the period I attended were female. They were, except for one woman, not sufferers but mothers of sufferers. The governing body of the Fellowship was predominately male but other than attending group meetings these men tended to keep their activities outside of those gatherings where mixing with sufferers was necessary. That is, the day to day running of the drop-in centre was conducted by women.

The drop-in centre was administered by one woman who organised the volunteers and the program for the centre. The liaison officer during my fieldwork also spent quite a bit

of time at the centre despite being heavily engaged in duties outside the centre. Both of these women were employed on a part-time basis yet worked considerably more hours than they were hired for. Their work came under the scrutiny of the president who was a retired man who also worked tirelessly for the Fellowship and attended the drop-in centre regularly but, given his job description, did not come into contact with the sufferers and the volunteers as much as the two employed women.

The volunteers provided some interesting insights into what it is to be a mother in Australia. Besides those who were left totally on their own to rear their children there were those in a married situation who still considered that they were more responsible than their husbands for the wellbeing of their offspring on a daily basis as well as for the inception and course of the disease. One woman who would spend most of time in the office seemed to look down on the sufferers until she managed to express her misgivings to the liaison officer and the liaison officer replied:

Just because we failed with our own....doesn't mean we fail with everybody's

As I wrote in Chapter One the necessity for blame is a component in the egalitarian logic which gives rise to a search for causality and accountability. No amount of verbiage from "experts" on the phenomenon is going to convince, either the sufferers, their relatives or the public at large that "someone" is not to blame. In the case of schizophrenia, given the day to day management of the situation, the blame is likely to fall on the mother not only for aspects of the day to day management that go awry

but also as a causal factor in producing schizophrenia.

### Male Authority

While the domestic sphere gave women a greater understanding of what was happening to their children on a day to day basis it was not a particularly safe place for them with regard to their children. If decisions were made that had impact on the sufferer's lives regardless of the number of people involved in the decision it was the mother who took responsibility in the eyes of the sufferer. This was emphatically the case in those instances where the sufferer had had an abortion. While the parents considered that they, in consultation with the psychiatrist and the sufferer, had made the decision the young women I spoke to were convinced that their mothers had engineered the abortions out of resentment and saw it as a rejection of themselves and of their unborn children.

Male sufferers had no trouble in describing their mother's actions nor in criticising them. Everything from domestic organisation to the way the mother handled relationships was open for comment. Criticism of fathers tended to be generalisations removed from the everyday but those of the mother could be presented in detail and discussed critically. In this situation it seems that "Mum's" opinion is indeed important but her decisions are also challengeable at every level.

While the mother represented a questioned authority at a domestic level fatherhood was bestowed with a mystique that allowed unquestioned authority. Undoubtedly this authority

was due in part to the appropriate roles that males were seen to have in spheres other than the domestic: as well as their right to comment upon and offer criticism with regard to domestic matters. The male sufferers at the Fellowship, remembering that the drop-in centre catered for those in between the net of the hospital and the real world, viewed themselves as at least potentially having the autonomy of other Australian males. Their plans centred on getting jobs, or of living out their lives on the dole, depending on the limits they saw placed upon them by their diagnosis. They did not envisage taking domestic responsibility for themselves and the two males who had dependent children expected that their wife and mother respectively would take on the day to day management of the children. Nevertheless they considered that those domestic arrangements should be responsive to their needs regardless of their presence or absence. This is in contrast to the situation of the female sufferer who either responds to the household she is in or, in living by herself takes care of her own domestic arrangements.

While males generally are not involved in the dailiness of the domestic sphere and their authority remains largely unquestioned fatherhood in these circumstances is not necessarily a comfortable experience. The metaphors that are used by sufferers show that fathers have not only removed power but potentially destructive power. One man was unable to touch his daughter in any way because if he laid a finger on her she saw him as a large vulture ripping away at her flesh. Another was seen as a demon trying to possess his

daughter while a third's son considered him essentially evil and trying to destroy his career through manipulating the sufferer's thoughts. The responsibility from the sufferer's point of view was located not in the father but in the illness.<sup>9</sup>

Deleuze and Guattari (1983, 1987) among others, see in these delusions a critique of capitalism and patriarchy however they simplify the family by reducing relatedness to patriarchy. To argue this without regard for the experience of all the family members involved does little justice to the complexity of the situation. For not only is the father a part of a patriarchal society, he is also bound by the notions of love and loyalty that surround the family in the Australian context. In the above situations the removal of the male emotionally, if not physically causes tremendous upheavals for everybody concerned. This does of course throw the onus for the everyday care of the sufferer back on the mother. The responsibility for the delusion both in occurrence and content is not seen as the father's but as symptomatic of the illness. Quite often the content of delusions and hallucinations is tied in with visual representations of violence in the media and art forms of the day.

Male authority becomes even more apparent when one considers the situation of the married older sufferers who, as I mentioned earlier, were likely to be female. In the context of a marriage the female who is diagnosed as schizophrenic can be seen to break a number of accepted rules. She is likely to be seen to have become aggressive, sexually

uninhibited, incapable of carrying out her domestic duties and incapable of continuing in paid employment in addition to having delusions. The marriages that have survived and are evident in the Fellowship show that husband will take the responsibility for the woman but the first area over which she is able to regain control is the domestic. If a married pair were present it was very difficult to get the wife to speak of her experiences as a schizophrenic without her husband providing some of the details: even stating that she was misremembering. The husband becomes the expert on his wife's condition.

This is a stark contrast to the wife's position with regard to the male sufferer. None of the volunteers at the Fellowship nor at the meetings I attended were wives or partners of sufferers unless they were sufferers also. Those male sufferers who were married came to the drop-in centre alone, as well as attended public meetings alone. This is not unusual in the Australian context where females and children do not generally enter male arenas except in specific circumstances.

That females and males present differently other than the delusional states they are in is interesting in that it reveals a bias on the part of psychiatric practise generally. Femaleness and maleness are viewed as being dichotomous with traits that are seen essentially as symptomatic of psychiatric illness if found in the wrong sex. Consequently, if the gender specific characteristics I listed above are considered, it is not surprising that the woman who feels that she wants to stay out rather than go

home views herself as "starting to get sick". When males present with schizophrenia besides being in delusional states they are seen to be withdrawn, isolated and have a lowered libido. Their ability to cope is with an outside world which demands sociability and competence of a different order to the domestic but involves a responsibility for the self unmediated by responsibility to others. Both the woman mentioned and the young man who slept on the settee at the drop-in centre instead of going to the pub with his mates and thought that he "might have to go to Hillcrest"<sup>10</sup> had become involved in self diagnosis located in notions of femaleness and maleness in Australia.

#### Siblingship

While mothers and fathers, sons and daughters and husbands and wives all abound in the situation at the fellowship that other integral part of the nuclear family seems to be missing. The tendency was for siblings to divorce themselves from the situation by ignoring the sufferer altogether or seeing them only at family social events. All of the volunteers who had a son or daughter as sufferer said that their siblings had at some stage or other "given up on them" and what is more advised the parents to do similarly. While there was at times reconciliation it seemed that the main object of the non-sufferer sibling was to separate itself from identification with the sufferer and at the same time maintain ties with the parents.

Identification was problematic of course because it is siblings who share not only genetic material but also the area of socialisation. The two areas within which current

theories of causation of schizophrenia are located are shared by siblings and this is the cause of some anxiety for the siblings. This attitude was understood to be the case by the sufferer who lived at home with her father and brother and said:

x is worried because I'm schizophrenic and he thinks I'm mad. Because he's my brother you know.. But I'm not ... he's mad...I'm schizophrenic, he's mad.

Siblings are those who are intimately connected to the sufferer yet are the ones who through withdrawing social proximity are able to sever the relationship with the sufferer. Siblings when they do this are "not real" brothers or sisters.

"Real" brothers and sisters are being continually negotiated with by the sufferers I encountered. The severing of ties is not a one-sided affair and it was often the case that the schizophrenic would choose to sever the sibling tie and renegotiate it she/he needed money or goods. Concomitantly sufferers would be angry if they were excluded from family social gatherings (especially public ones: excursions to parks, restaurants etc.) on the basis of previous disruptive behaviour. The distancing of siblings from the sufferer did not absolve them from responsibility for the wellbeing of the schizophrenic from the sufferers' point of view.

In these situations it was the parent/s who were called upon to mediate and, as organisers of family occasions (see Stivens 1985), it was the mother who bore the responsibility for the amount of care and attention each member of a group of siblings received.<sup>11</sup>

Family in the Australian context then involves a number of understandings about maleness and femaleness. While males have a responsibility to the outside world females inhabit a domestic sphere within which their autonomy is mediated by male authority. I argue that it is the dailiness of the decisions made by the females which obscures the fact that at any time they may be called upon to answer for those decisions. This is evident in the material about schizophrenia yet also in the material is the implicit understanding that the State has a role in their definition as schizophrenics as well as utilising notions of femaleness and maleness to denote the wellbeing of its population.

## Footnotes to Chapter II

1. The importance of the family is recognised by the Fellowship and the booklet written by Vaughan Carr and available from the Fellowship has a section devoted to the role of the family and family therapy.(n.d. 45-48)
2. The debate, carried out in Australian print and film media in the weeks following the release of the report, did not even acknowledge that parent's siblings and sibling's children do have a particular terminology in Australia.
3. Matri- and patri-filiation do have significance 'on the ground' where for reasons of inheritance, either of material wealth or disposition to disease, consanguinal ties and their path through mother or father may need to be known.
4. One industrialised country that shows a higher cure rate for schizophrenia than western industrialised countries is the USSR. However, as Bloch and Reddaway (1984) point out the situation in Russia is dependent on party political decisions rather than being an issue of personal pathology.
5. Further interpretation of the results obtained in this study was offered. The family however remained the focus of study. Marcus, in a later article summed up the hypothesis that arose from the experiment thus:  
Mirsky et. al (1985) speculated that the small closed nature of the kibbutz community would make it difficult, if not impossible to escape one's family history and proved stressful to the high risk children(1987:428).
6. Falloon (1984:140)makes the point that in genetic research the reseachers usually find the connections they are looking for!
7. While the males who visited the drop-in centre were close to their mothers and, much less commonly, their fathers a number of volunteers were women whose children had left home leaving no trace of their whereabouts.
8. It is also the case that male workers are part of an egalitarian context and are considered to have autonomy. However male workers also are part of the patriarchal structure that allows them to assess women across class boundaries.
9. In the one instance that I heard a father 'blamed' for any aspect of a sufferer's illness the son considered that the father had not adequately prepared him for relationships with females. A facet of his 'neurosis' which he considered a lesser illness than his

psychosis.

10. Hillcrest is one of the two major state institutions for the care and control of the insane in South Australia. The other is Glenside.

11. The care and attention due to father vis-a-vis children is explored in Thomas Ernst's paper (forthcoming) *Mates, Wives and Children*.

### Chapter Three

While there are a number of approaches which examine Australia the state, none of them including Kapferer's, accounts for the way in which the state influences the constitution of groups in society. State penetration into the lives of schizophrenics and their families involves not only definition and control by agents of the state but also the reproduction of social relations contained in the family. For schizophrenics and their families the point at which their interaction with the state is most likely to diverge from that of other Australians is at the first psychotic episode when the possibility of a diagnosis of schizophrenia is mooted. Other groups have specialised interaction with the state and this, for the individual, begins when she/he is defined as belonging to a section of the community that needs active support or suppression.

This chapter is an examination of the interaction of the state, through its agencies, with those diagnosed as schizophrenic and their families. Henrietta Moore wrote:

Administrative, legal, and coercive systems are the main means through which the state structures relationships between society and the state, and they are also involved in the structuring and restructuring of many crucial relationships within society as well (Moore 1988:135).

The 'crucial social relationships' examined in the case of this thesis are those pertaining to a marginalised group and, subsequently, family and gender relations in Australia. However the three systems delineated by Moore are not as easily delineated as her work seems to suggest. The

interaction between state and society is complex and involves meaning.

The meanings surrounding madness involve society and the state in relations which differ within specific historical and cultural contexts. The meanings are not merely contingent on state definition and control but are also constitutive of that definition and control. Consequently the three facets of the state that are part of Moore's analytic device are themselves at times coterminants and at others seem to be contradictory.

The success or otherwise of ideas generated through the state apparatus seems to lie in the acceptance of those ideas at another level, at that of the people. This is not to say that the state, and its forms, are not involved in the construction of "the people" and their ideational world but that the people or society, are guided by a somewhat more complex relationship with the state.

There are other aspects of the state that are involved in the structuring and restructuring of social relationships. The need for legitimacy involves society acknowledging the state in its role of enforcer of rules. In order to do this there must be some point at which understandings of the need for ordering is agreed upon. Ideologically, society is deemed to need the protection of the state from disruptive elements. By examining some of the fears that are held about the mentally ill, and other marginalised groups, aspects of the structuring of relationships by (the agency of) the state apparatus should reveal how the state plays on deeply held notions of mental illness and the appropriate method for

dealing with those considered insane and thus for protecting society against the actions of those deemed mad.

### Some Characteristics of the Capitalist State

Baudrillard (1988), among others, maintains that the continuation of the capitalist state requires the people to be engaged in a never ending search for needs. As Deleuze and Guattari (1983,1987) point out the necessity for consumption also necessitates the working out in the individual of the nature of desire. They also point out that in the western world this has meant the prescription of the individual as being rooted in the Oedipal triangle and that the apparatus of the state works towards the imposition of this upon the individual. This necessary repression of the available configurations and relationships for the continuation of capitalism has its greatest protectors in Freudian psychotherapy where patients are forced to accept notions of relatedness which are acceptable and necessary for the continuation of the capitalist state (Deleuze and Guattari 1983:155-184). To not accept the "truth" of oedipus is to present with some sort of psychopathology. In Deleuze and Guattari's analysis, as with this study, it is schizophrenics who are distanced from the relatedness inscribed by capitalism in that their understandings are viewed as subverting patriarchal authority and endangering the capitalist state.

This is not to belie the importance of analyses of definition and control by the state. Both schizophrenics and those in close contact with them are engaged in critiques of the state particularly at those very levels.

These critiques, however, are not a form of resistance nor are the aims of those making them directed at changing the the nature of the state in Australia. The tendency is if anything, reformist, relying on putting across the message about schizophrenia so that schizophrenics become acceptable within society. The Fellowship is involved in the education programs which are aimed at emphasising the more palatable "facts" about schizophrenia especially during the annual Schizophrenia Awareness week.<sup>1</sup>

#### Western Capitalism and The Study of Mental Illness

In so far as Australia is a western nation state it has a shared history in the conceptualisation and political engagement of mental illness. There are a number of approaches which have been used to give understandings of madness generally, and schizophrenia particularly, which have been useful in analysing the incidence and treatment of the insane in the west. Their analyses require some consideration because they provide paradigms for analysing the situation in Australia. Historians and philosophers as well as social scientists have played a major role in the establishment of a body of work which describes the position of the state *vis a vis* the mentally ill.

Andrew Scull's work effectively puts into a historical perspective the growth of the asylum in Britain as a mechanism for treating mental illness and the separation of mental illness from other marginal positions in the social structure. By the time that notions of madness had taken hold and the medicalisation process was under way the indigent and wayfarers were removed from mental asylums

(Scull 1982). This categorisation of marginalised people allowed for the further construction of mental illnesses and their treatment and other historians (Digby 1986, Morissey et.al.1980, Treacher and Baruch 1980, Showalter 1986 ) as well as Scull have documented the treatment of the insane as it developed throughout the latter part of the nineteenth and early twentieth centuries.

The type of analysis that Scull carries out fails to take adequate account of the social and political context in which the psychiatric profession emerged as Treacher and Baruch note (1980:131). In order to investigate the power of the state in defining and confining madness other types of analyses need to be considered. Two of the foremost analysts with regard to state control of everyday life are Donzelot and Foucault. Donzelot (1979) in The Policing of Families provides understanding of how the state defines and controls deviance by the setting up of a particular type of welfare state. The general perspective developed by Donzelot could be used to analyse the specific nature of control and the mentally ill. Further understanding of the nature of the relations between state agencies and the people can be gained by examining Foucault's (1979, 1982, 1986) works where he describes the assumption of control by different facets of the state apparatus.

Foucault's work Madness and Civilisation is more directly concerned with madness. He examines the growth within the capitalist state of an industry of madness. While almost certainly, this results in control of those perceived as mentally ill it also provides a discourse within which the

deviant can be discussed. Foucault's great legacy to the study of madness is that his analysis allows for changing perceptions of madness within different historical periods (Foucault 1982). The problem that Foucault never addresses is that the power relations he analysed ensured that were a disproportionate number of females, to males represented in the ascription of mental instability in the periods that he was writing about. Elaine Showalter wrote:

While he brilliantly exposed the repressive ideologies that lay behind the reform of the asylum, Foucault did not explore the possibility that the irrationality and difference the asylum silenced and confined is also the feminine (Showalter 1986:6).

Some studies locate the production of madness in the capitalist state once again overlooking the differential experiences of females and males. An example of this is Richard Warner's work Recovery From Schizophrenia which ties unemployment to schizophrenia as a causal mechanism. Warner takes the reality of schizophrenia as defined by the DSMIII and treats it epidemiologically (Warner 1985). By using the culturally specific definition as he does he creates a tautology. In this type of analysis the capitalist state is pathological with regard to schizophrenia as it is from capitalist state that the definition of schizophrenia is derived. A more sophisticated analysis is found in The Psychiatric Society where Castel et.al. examine the relations between the state and psychiatry in the U.S.A. (Castel et al. 1982).<sup>2</sup> Such studies, while locating mental illness in the capitalist state nevertheless use the definition of mental illness generated within that very phenomenon.

This totalising nature of western understandings in discussing schizophrenia is evident in the way in which the people at the Fellowship understand the putative cross cultural incidence of the "disease". One woman actively engaged in the education of the public about schizophrenia told me that it was not confined to any particular nationality but that "everybody has it, even tribes". Works such as Fuller-Torrey's Doctors, Witches and Warlocks develop this perspective. Arthur Kleinman says of this type of analysis:

Bias is found in the misuse of cross-cultural comparisons, such as purposefully naive raids into ethnography to debunk psychiatrists with a vulgar tendentious view of priests, shamans and witch doctors (Kleinman 1980:33).

Not all such analyses are as unsubtle as Fuller-Torrey's but even the more erudite authors such as Julian Leff, while maintaining there is cultural specificity and bias in western understandings of mental illness insists on the universality of schizophrenia (Leff 1986:77).

This totalising aspect of the definition and treatment of madness generally, and schizophrenia particularly, comes under attack from two perspectives. First the cultural imperialism of the west is criticised by such authors as Arthur Kleinman, Francis Hsu and Suk Choo Chang. Ultimately Kleinman embarks on an analysis that shows the existence of both depression and schizophrenia in cross cultural contexts arguing more for a greater plurality of treatment rather than enhancing the specificity of cultural understandings (Kleinman 1980). Francis Hsu and Suk Choo Chang, while differentiating between Eastern and Western thought

establish that dichotomy as significant, consequently falling into the same analytic problems of those they critique: they establish that dichotomy in the face of very real differences within different cultures loosely designated as being eastern or western (Hsu 1985, Suk Choo Chang 1988).

Second, the existence of psychiatry as an aspect of control within the capitalist state and the subsequent "rubberiness" of definitions of mental pathology have been subjects of study from the early part of this century to the present time. Psychiatry is seen by some analysts as a mechanism which defines and monitors deviance. This type of analysis is effective in that it locates the power of the state as it is reflected through psychiatry (in its broadest sense). However the tendency in this type of analysis is not to view psychiatry with all its appurtenances as being ideological but as a part of the social structure which merely facilitates the control of the mentally ill. Psychiatry rather than madness is examined as one of the definitive aspects within social life in this type of analysis. The failure of these writers to take into account the meanings surrounding madness and psychiatry leads them to studies which view methods of control as purely functional, enabling social structures to endure without allowing the mechanism for their reproduction. It also leads into the type of analysis prevalent in the book edited by Peter Miller The Power Of Psychiatry which ultimately "blames" psychiatry for upholding the power of the state and exonerates its practitioners as being altruistically interested in helping a marginalised group (see particularly the introduction Miller 1986).

Whip-aw  
A  
example  
to back  
each of your  
assertions?

not too

The ability of the state to confine those it considers dangerous to its hegemony is of course not merely a characteristic of the western capitalist state. Other cultures not based in western capitalism have methods of control which use incarceration and definition of mental pathology as an aspect of that control. David Cohen's book The Forgotten Millions describes in vivid detail the position of those designated as mentally ill in widely diverging cultures and the liberal tendencies of some western style democracies seem to provide an almost benign treatment of the insane in contrast to Japan or to the middle eastern countries (Cohen 1988). However there has not been substantial ethnographic work carried out with regard to the specific cultural characteristics of the groups of symptoms designated as schizophrenia. The debate has tended to be located in views of ethnocentrism, colonialism and cultural imperialism rather than in studies which have as their locus the phenomena designated as madness.

#### The Australian State and Madness

The salient aspect of Australian capitalism is that in espousing a particular individualistic philosophy it can obscure, not the fact of control of marginalised groups, but the social relations which that control necessitates and the means by which these social relations are reproduced. As Kapferer writes with regard to Australians and the state they are in "a relation of distrust and potential opposition" (Kapferer 1988:147). This means that the state must establish means by which the potential for subversion is contained. With regard to the mentally ill,

*drop-in paper on marginalisation*

especially schizophrenics; this involves ensuring that if they do not accept the meanings encoded by the state they be isolated from the community at large.<sup>3</sup> The agencies of the Australian state are the major conduits through which the control and definition, not only of schizophrenics, but also of their families may be analysed. The control of marginal groups through bureaucratic measures, with recourse to direct, and sometimes violent, intervention is aided by Australian perceptions of what it is to be mentally unstable and by understandings of the role of the state in providing a particular kind of order.

The lack of intersubjectivity marginalises the sufferer from others more completely than other social circumstances though, as I will show, the sufferers by definition fall into other marginal categories which further complicates their position and entrenches them in no win situations (which makes the successes of those who function in Australian society more remarkable!). When intersubjectivity is lost there is a breakdown in interaction of the understandings of equality which underlie aspects of Australian sociality. In these instances the hierarchical and class nature of Australian society may become evident. A set of situations can arise in which each participant in any interaction can be seen by the other not to be meeting their responsibilities and therefore to blame for errors and lack of success in particular areas.

By the time sufferers were visiting the Fellowship drop-in centre they had been subject to definition by agents of the state and, were living lives which were subject to

intervention by the state apparatus to a larger degree than most Australians. While there were a number of people visiting the Fellowship who did not accept the diagnosis of schizophrenia for themselves or for their kin the majority did. Some even welcomed it as it offered possibility of relief from the symptoms that were plaguing them. The "rubberiness" or otherwise of the diagnosis does not seem problematic for sufferers or their families if the possibility of symptomatic relief is seen.

*Using the medical metaphorical model of "disease"*  
A psychiatrist who worked in a large institution told me that in some cases the relatives or the presumed sufferer did not want to "let go" of the diagnosis. The case she most frequently cited was that of a young man who at age 15 had experienced what seemed to be a psychotic episode. His diagnosis was confirmed as schizophrenia and chemical intervention was instituted. He continued with a medication regime for ten years until a doctor intervened and a brain scan revealed the presence of a tumour. On the surgical removal of the tumour the parents were unable to accept that the need for medication had gone and a number of months passed before they were convinced that the initial diagnosis was a mistake. There are two issues that are pertinent in this example to this thesis: the first is that it was psychiatrists, acting as agents of the state, who made the first diagnosis and <sup>are you sure?</sup> psychiatrists also acting as agents of the state who removed it. An examination of the case and the narrator's response reveals understandings about the nature of blame and responsibility in Australian culture as they are engaged by the agents of the state.

The psychiatrist who related the tale to me was very upset that the parents had questioned the removal of medication and saw them as being ultra conservative when in fact they had had ten years of authoritative misinformation about their son's condition. It is not surprising that in the face of this they were reluctant to allow withdrawal of medication which they had been told was preventing further psychotic episodes. In essence the young man had initially been consigned to a life on medication so that for ten years his life virtually stood still. Once he was considered no longer problematic for society-at-large the parents were to somehow reintroduce him to a "normal" life. This brings us to the issue of responsibility and blame.

*DEFINITION OF SCH*

The fact is that the relation between the state and the parents was firmly defined during both diagnostic periods. The parents in this instance were considered to want their son to have schizophrenia. They had made the adjustment to having a son with schizophrenia and the life that entailed for themselves and their son for ten years.<sup>4</sup> When the diagnosis was changed they were viewed as defective parents because they did not immediately accept the changed circumstances. In fact once the diagnosis had been changed there were people who wondered why the parents had accepted the diagnosis and treatment in the first instance. The assignment of blame moves in the same way in this situation as it does within the family, from those who are able to define areas of responsibility to those who are affected by their decisions. The later representation and the criticism levelled at the parents indicate that to a large degree the responsibility for their son's care was perceived as

theirs whilst the parents lacked any effective say in the continuing care of the son. One family member discussed the movement of blame as follows:

You're in a Catch 22 situation when you're a close relation of a schizophrenic: if you go along to doctors and insist on explanations, you're interfering...if you don't go...you don't care...whichever way it goes, the family is to blame.

The interaction which took place between individuals was in fact the penetration of state authority into the relationship between not only the psychiatrists, neurologist etc. and the family involved but also between the parents and the child.

#### Blame and the Functioning Individual

One of the characteristics of the functioning individual in Australia is that she/he is able to shoulder blame. A number of diagnosed sufferers pointedly remarked that they were not in psychotic phases and were seeing their psychiatrists for neurotic rather than schizophreniform pathology: indicating that they were more in control of themselves when attending the drop-in centre. When speaking of the onset of the phenomenon and hospitalisation the sufferers were all able to recall not only the actions of themselves and their relatives but also of hospital staff. It was interesting to note that not one of the government institutions available for the treatment of mental illness in Adelaide was preferred over the others but that horror stories of nurses and "shrinks" abounded.<sup>5</sup>

These stories tended to concentrate on the lack of understanding shown by the staff in the management of

sufferers when they were "sick". A large number of them included the words "I wasn't to blame" while describing their sometimes bizarre actions, which would have been quite unsettling for the nursing or medical staff. In these instances the sufferers did not see themselves as bearing responsibility for any of the interaction because their definition as psychotic meant that their identity as a functioning individual was lost. This did not stop sufferers from blaming and holding responsible for their actions those considered functioning individuals. As I pointed out in Chapter One the notion that the individual be functioning is an important aspect of the egalitarian logic in Australia.

Another aspect of the egalitarian logic that is implicit here is that there are shared understandings with regard to sociality. To the degree that people in psychotic episodes do not participate in those understandings, they are treated at best, with puzzlement, and at worst with fear and hostility. To the degree that those in contact with the sufferer at this point do not respond to the "patient's" needs, they fail from the point of view of the sufferer to meet the requirements of sociality. One man put his seeming recalcitrance<sup>6</sup> on an emergency admission to a large general hospital down to the fact that the medical officer on duty had spoken sharply to him and had asked him what he was "on". This accusation was agreed by all present at the discussion to be out of line and typical of the insensitivity with which people in psychotic episodes are treated. To labour a point, while the medical officer was able to blame the sufferer if he had been an illegal drug user, the sufferers would be able to blame the resident for

two things: the first was a gap in the medical officer's professional knowledge and the second was the operation of an insensitive response to "sick" people.

Ultimately the power was with the functioning individual who was also a state functionary. Whereas the blame directed at the medical officer no doubt ended in no more than embarrassment when the patient's previous history was revealed, the sufferer was shackled to allow him to go through withdrawal without causing damage to himself or to others. While the need for intersubjectivity is conferred upon the "healthy", schizophrenics feel that they should have allowances despite the difficulty the healthy have in communicating with people experiencing psychotic episodes. By assessing the patient as being an illegal drug user and therefore having decided to harm himself the resident used physical restraint of a kind that has supposedly left South Australian institutions. The restraint also delayed treatment with a psychotropic drug which would have been the treatment of choice had the sufferer been able to communicate with the medical officer.

As the administrative and coercive nature of the state came to the fore in the application of physical restraint the legal aspect was probably breached.<sup>7</sup> This, in fact, happens because the legal aspects of any situation necessarily lag behind custom as each case needs to be extracted from customary practice and then returned to society enshrined as law (see Bohannan 1975 for his treatment of "double institutionalization").<sup>8</sup> The interaction between the three aspects of the state that Moore (1989) delineates directly

and indirectly leads to contradiction between the experience of people, in this case those diagnosed as schizophrenics, and Australian egalitarianism. Built into the law are assumptions about the integrity of the individual which provide that persons who are sick should not be physically restrained. However, administratively it may be necessary for the state to remove particular individuals from society at large and within the coercive structures of the state, people are not treated as individuals with respect, and in the case of shackling, even with dignity. The access to rights is for those individuals who have achieved (whether by birthright or merit) a level of competence which puts them above the common weal.

#### When Shared Understanding is Lost

One of the places where the lack of intersubjectivity gave rise to such situations as they were described by the sufferers who came to the Fellowship was the work place. Most of the sufferers had at least started jobs or vocational training before their first psychotic episode. When discussing the difficulties that they had at work besides the pressure that they felt from having to perform to an imposed time scale, sufferers indicated that those in charge did not allow enough leeway with regard to different characteristics of individuals in the workforce. Some of the responses to a sufferer could be explained as a reaction to bizarre behaviour. An example of such behaviour was the sufferer who had worked as a trainee nurse prior to her first psychotic episode. She failed to appear for work without notifying the authorities and was fired. Six months

later, having had no contact at all with the hospital administration, she walked onto a ward one morning expecting to work. At other times though the sufferers perceived that their isolation from their workmates made their positions untenable and that not only were rules more strictly enforced where they were concerned but also that rules were changed to ensure that their behaviour was considered erratic. One young man who managed to get a job after his first hospitalisation found himself behind his workmates and worked through his morning tea break to be told by the foreman that 'it's against the rules' for the forklift to be used during tea breaks. He lost the job for the ostensible reason that he could not perform quickly enough. The rules in the workplace come not only from management but from fellow workers and the necessity to conform or at least only differ within prescribed limits is one of the stresses that schizophrenics at the Fellowship emphasise most strongly.

Within particular settings the blame that is attached by the sufferers is to the group they perceive as being responsible for any specific situation. With regard to the first instance, general hospital management was held responsible, while in the second, the inability of most people to let others work at their own pace was the primary complaint. From the perspective of the employer and workmates, the workplace is rule governed with regard to a degree of personal interactions as well as to productivity. The young man who used a forklift during his tea break was not only demonstrating his inability to keep up his end but also his inability to socialise in the specified manner with

his workmates. By not taking his teabreak with the others he put himself outside of the egalitarian order of those working at the same level. In other words he may have been fired for not taking his teabreak. In both instances the position of both the employer and the employee is rendered individualistic with blame being apportioned by both sides but ultimately the effect of blame falls on the less powerful.

The sufferers also perceive the sheltered workshop as being a stressful situation particularly where the workshops are held in the environs of a mental institution and professional health care workers are present. One sufferer put it that they are a reminder of incarceration and that in some circumstances those in control are not loathe to point out to the workers the consequences of not pulling their weight or of responding inappropriately to direction. Despite the pitfalls of the workplace all of the men who visited the Fellowship viewed getting a job, and therefore not being involved at the Fellowship, as an important goal in their lives. Even those males who seemed to accept quite philosophically their position as unemployed maintained that by having paid employment they would become more acceptable people. As one young man put it:

Look at everybody here...they're not a very nice type of person, you know what I mean...I want to get a job. That's the way to get away from here, and them, even if I am a schizophrenic.

While there is no doubt that sufferers can attribute blame along with the rest of us they also ultimately blame themselves for not taking control of their own lives and will go to quite extraordinary lengths to gain control. It

was not unusual for forays into black magic and exorcism to be made along with appointments to a variety of mental health professionals in order to reestablish a "normal" life. In the case of the males at the Fellowship this meant being gainfully employed.

### Femaleness, Maleness and the Workforce

It is at the point of work that the construction of femaleness and maleness differs with regard to Australian schizophrenics. The young women did not have <sup>feel?</sup> nearly as much <sup>from where? whom?</sup> pressure on them to find paid employment. Competence in domestic duties, whether in their natal homes or by themselves, were considered to be an indication of their state of mind. Their attitude to being at the Fellowship for the various activities was one of active enjoyment. They did not consider that they could be more gainfully employed elsewhere and their attitude to the sheltered workshop situation was diametrically opposed to the males, who saw that they were being exploited without union protection. The females who went along to the workshops were "glad" of the structure that attending gave them. I should point out here that the practice of placing a sufferer on a contract<sup>9</sup> to perform particular tasks to ensure her/his participation in the rehabilitation program considered necessary by social workers and presumably psychiatrists engenders a great deal of resentment among male sufferers.

Male sufferers recognise that within the psychotic phases and during the time that they are recuperating they do not have the autonomy that is afforded other Australian males.

The fact that they need to report to a number of people with regard to their personal lives feminises them. That is they are no longer in the position to comment authoritatively on their own lives...."any little psyche nurse can tell you what to do". The females are more likely to appreciate that they are being "helped" and accept their position of being observed by professionals. The inability of male sufferers to have autonomy makes their identity as males problematic whereas females have no problem at this level, being already in the position of not achieving full autonomy in the Australian context. It may indeed be the case that "you men find it harder to be sick than we women" because the very differentiating factors of gender become at least shaky once a male is unable to establish and maintain his autonomy.

To hearken back to Deleuze and Guattari, the Oedipal structure which maintains the state is such that its patriarchal nature becomes obvious under these circumstances. The cure involves the acceptance of the authority of the state (the father) through its agencies (in this case mother) by the patient (child) (Deleuze and Guattari 1983:262-271). To achieve the authority necessary for manhood the male schizophrenic must cast off the authority of the state agencies while the female schizophrenic must merely make the step from child to the supporter of male authority. The in-between status of the schizophrenics at the Fellowship meetings and drop-in centre allowed them to articulate the problem of what it was they were on the way to becoming in "getting better".

Getting better involves a reconstitution of self and a

reestablishment of social relationships and the sufferers who attended the drop-in centre were well aware of this. This not only applied to the interpersonal relations that are established through the institutional process but also to their understanding of the state and their position in it, or rather on its margins. Similar situations to that described by Goffman in Asylums are described by the sufferers as they recount their reestablishment first within the institution and then in the outside world (Goffman 1982). However besides the critique that institutions do not exist in isolation, that can be effectively levelled at his work, Goffman also fails to account for the knowledge that sufferers have of their surroundings, not only prior to admission but throughout their institutionalisation.

#### The Limits of State Intervention

A critique of the system that incarcerates them is offered by the sufferers in retrospect. This critique involves not only the harsh words they have to say about the staff but also understanding that the "system" needed them "out of the way". In these circumstances the sufferers and their families find themselves in a sort of limbo where, unless the sufferer is doing something to upset the public domain, it is left to the family to deal with problems that arise from the sufferer's condition. In this sense hospitalisation is a last resort. One psychiatrist said to me that the problem was that while the apathetic aspect of schizophrenia was to the fore it was unlikely that official steps would be taken to help the sufferer or their family and yet the family would be held responsible at some level if the

sufferer came to harm.<sup>10</sup> The agencies of the state are able to refuse responsibility for the welfare of schizophrenics yet are able to define their social relationships as pathological and to allocate blame when schizophrenics reenter their psychotic phases.

In some respects it seems that in the case of schizophrenics the state is notable for its absence. This is particularly so when somebody within the family is in danger through the actions of the sufferer. Anne Deveson's account of her son's actions with regard to herself and the indifference she met at the level of bureaucracy from both the medical and police is not unusual in the South Australian context given the information I gathered from parents of sufferers (Deveson 1989:1-2). In one case a sufferer's mother told me that even her immediate family objected to her seeking protection from the sufferer indicating that, at the same time that they were not prepared to help, they considered her an inadequate mother. At that time her son was sleeping at the end of her bed and followed her everywhere, literally dogging her every footstep. When she had the temerity to lock herself in a room to gain privacy he broke the door down with an axe and threatened her. By the time the situation is under control in these circumstances it is too late for external intervention and usually the sufferer is regretting her/his actions and to those not threatened the terror is misunderstood as overreaction.

The apparent danger to persons close to the person who has, when "feeling bad", violent tendencies is an aspect that agents of the state have no interest in. Anne Deveson when

approaching the social worker was told to "love her son" (Deveson 1989:2). Her steadfast support for him through his difficulties was for this person not an adequate indication of her love and the agent of the state felt at liberty to comment on the relationship between mother and son. Whatever the motive for such a statement it nevertheless reflects the right of the state through its agents to comment upon and define individual relationships while at the same time refusing responsibility for those cases it deems hopeless.<sup>11</sup>

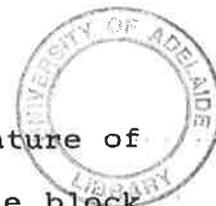
When relationships were in difficulty, or more importantly, when family members were endangered by the actions of schizophrenics the professionals tended to give priority to the perceived needs of the sufferer. This means that if the schizophrenic presented with a clinical picture that indicated institutionalisation was necessary then the patient would be admitted to hospital. However the evidence of the parents was not acceptable without examination of the sufferer. In practice this means that parents may be called upon at any time to meet the needs of the schizophrenic whatever the conflicting obligations they have. One working mother for instance needed to leave an important meeting because her adult daughter rang saying that she had sprained her ankle!<sup>12</sup> The insistence that the patient remain the primary focus became obvious in an exchange between a medical officer and a social worker where the social worker was pointing out the difficulties of deinstitutionalisation for the families of the disabled. The medical officer put it that it was all very well but ultimately the person to be concerned about was the "patient".

The type of relationship between family members and the professionals who have such an input into the lives of schizophrenics becomes evident in many ways. An example occurred at an open meeting of the Fellowship where the difficulty of "talking to the experts" became very obvious. One male parent pointed out to the pharmacologist giving the lecture that the medication she had mentioned at an earlier meeting as being less problematic with regard to side effects and as effective in controlling psychotic episodes was not prescribed by the psychiatrist treating his son because the psychiatrist disclaimed having any knowledge of it. The pharmacologist then reiterated what she had been saying during the lecture...."talk to the people treating your son". She missed the point entirely. The difficulty was that the psychiatrist was refusing to acknowledge the expertise that the parent had gained during the years of coping with the son's psychotic episodes and that this was a major problem for parents under these circumstances. Being told to discuss things with another professional becomes the state of the art for parents and close relatives of sufferers when they are distressed.

The ability to ignore the pleas of parents, and indeed of sufferers themselves is an aspect of all levels of state agencies. One sufferer, on learning that I am a registered nurse, asked me:

are you a cold bitch.... do they teach you to remain as uncaring as nurses are...to push people around?

This question asked in the context of a discussion of what is wrong with South Australian Government institutions and receiving unqualified endorsement from the others present,



both sufferer and relative, indicates the removed nature of the so-called healing process for schizophrenics. The block in communication between health professionals and the people they are ostensibly serving cannot merely be answered by a class analysis. Anne Deveson and the parent questioning the pharmacologist are middle-class, as were the people they were dealing with. Understandings about schizophrenia are necessarily informed not only by clinical research but also by the experiences of sufferers. Without here giving priority to either set of understandings it is schizophrenics and their relatives who are in daily contact with the phenomenon and their frustration at the perspectives developed by professionals who have never been held at ransom by the delusions and destructive forces under which the others are labouring, often becomes obvious.

After a talk by a social worker who extolled the virtues of a contract system worked out at a large psychiatric institution in this state, one mother said:

He made it sound good.... but they lock them (the patients) out of their rooms....its awful to see them lolling about in the hallways...there's no place for them to put their heads down, and they're drugged.....it makes me angry not just sad to see xxx like that.

The loss of autonomy and dignity extends beyond the sufferer to family members which, if they want medical aid for their loved ones, are forced to accept indignities that they see as avoidable. The impertinence of the social worker who told Anne Deveson to love her son may have been initially a reaction to the pressures of knowing that she /he could offer no solace yet it demonstrates the extent to which agents of the state feel free to comment on the actions of

sufferers and their relatives. The relationship between people within the family becomes not only the subject of conversation but is acted upon by the health professionals to ensure that the understanding of relatedness is maintained. The contradiction as it exists in Australia is that family relatedness is privatised space and the health professionals are continually intruding. In effect the health professionals have authority over other people's relationships without responsibility to the people they are dealing with and the sufferers and their relatives have responsibility without authority.....even over their close relationships.

In the context of the Fellowship it was interesting to note that the police were held in higher regard by both relatives and sufferers than did the the professionals attached to the medical process. Legal incarceration, although a part of the coercive system of the state normally attributed to the law enforcement system, was seen to rest in the hands of the psychiatric establishment rather than the police. This aspect of psychiatric practice is one which Thomas Szasz is still campaigning against in the United States and about which he writes:

It is the very legitimacy of the psychiatrist's power- his moral and legal right to intimidate, much less coerce or imprison- that requires our scrutiny (Szasz 1989:869).

But it is not merely the fear of incarceration that leads to the trenchant criticism made of the professionals involved in treating schizophrenia. Criticism of those helping schizophrenics is engendered by the interference in their lives, the disruption caused, not only at the point of the

psychotic phase but at those levels which endow the individual with those ephemeral phenomena designated "rights" in Australia. The right to work, the right to control money, the right to decide about living arrangements, sexuality, whether to have a beer or not, medication and a host of other things are decided not by the individual but at the direction of experts.

The direction of experts has of course a conservative basis. The return to mental health involves a reestablishment of particular types of relationships. If these relationships were considered to be in some way faulty and thus producing mental illness then the health professionals work upon them to try to ensure that further psychotic episodes are avoided. Family therapy is perhaps the most obvious intrusion by the state into the realm of personal relatedness with various members of the family working at the direction of professionals to provide an *environment* within which the sufferer is perceived to be less at risk of further psychotic episodes. This environment is the perfect middle-class family where just enough praise and criticism are available to the sufferer (see particularly Falloon et.al.1984). The sufferer and relatives are continually taking part in a justification of their relatedness.

*older families with schizophrenia*

Reconstitution is Female or Male

This also means that the nature of the relationships both within the family and of schizophrenics and their families to the state take into account gender differences. The

agencies that are there for the rehabilitation of the schizophrenic work with a notion of maleness and femaleness. The presentation of males and females with schizophrenia is considered different once the primary symptoms are discounted.<sup>13</sup> Women presumably become more sexually active, more likely to abandon the domestic sphere and to enter into phases of hectic socialising while males become withdrawn, experience lack of libido and isolate themselves if possible. In other words there is a tendency to take on gender characteristics of the opposite sex and these need to be dealt with before "normality" is resumed.

This reestablishment of gender characteristics is not only an aspect of the sexual but also of other facets of everyday life. For example in looking for employment one woman was told that she was too assertive in her interview at the Commonwealth Employment Service and that she would need to wear a skirt for interviews. In contrast a gentle male sufferer was told that he needed to present more assertively. Both had worked in a sheltered situation for a time and were considered to be consistent and adequate workers. Yet this demand by the interviewers at the C.E.S. stripped them of their confidence and their invalid pensions became the crutch that many Australians seem to think pensions are. But this use of the pension as a crutch was retrospective, it occurred after the state deemed it had no use for these people! <sup>unqualified statement</sup> 14

The lack of control of money is not only in the pittance that they receive on pensions or in the sheltered workshops but also in the fact that the Guardianship Board is able to

take control of monies earned by schizophrenics. For those without control of their own money the situation beomes degrading as they are given money for cigarettes and amusements but larger purchases need to be authorised by the agent of the Guardianship Board. For the schizophrenic the relationship between producer and consumer is potentially interfered with by the state. The schizophrenics' status as consumer is limited to that of "nonessential items" while the decisions about food and lodging are taken by others. As Thomas Szasz points out:

Moreover, popular opinion - that is, the sentiment prevailing among lawyers, psychiatrists, journalists, and the general public - is swinging back towards re-embracing prolonged, even permanent, involuntary psychiatric incarceration as the proper remedy for social ills - especially homelessness and crime (Szasz1989:868).

This trend towards incarceration is based on horrors that confronted the long term mentally ill and their relatives during the period of deinstitutionalisation that has taken place in the U.S.A. over a period of thirty years and has taken off quite recently in Australia. However, as Szasz points out it is the homelessness and crime that are the problems and it is these that need to be addressed. Many of the people at the Fellowship are in the position of not only being excluded from the workforce of the capitalist state but also from active consumption.

Deinstitutionalisation, as one colleague put it, would not have happened if it were men who were expected to stay at home and look after the ill and the elderly. As I wrote in Chapter Two men are removed from the family which is seen as the female domain, or, as Miriam Dixson writes, men are

"curiously absent" (Dixson 1976:22). The state now expects that the family care for the sufferer once they are out of danger and do not represent a significant threat to society at large. The complete restructuring that may need to take place with regard to the sufferers immediate family is viewed as a private matter yet they are expected to comply with their responsibilities as decided upon by the state. As the female sufferer is likely to have a degree of domesticity as evidence of her return to normal whichever way you look at it is the expectation that there is a female available to take care of the domestic domain. The perceived failure, before it has really taken hold, of deinstitutionalisation may lie merely in the fact that Australian women are, by and large, employed, albeit part time, in the paid work force. However that is only one aspect of the situation one of the more potent others is the view of the mentally ill, especially schizophrenics, held by society at large.

In this chapter I have examined some of the facets of the state with regard to the constitution of a marginalised group in Australian society. I have pointed out the ways in which notions of femaleness and malesness are used by agencies of the state to restore "normality" to the relationships engaged in by those diagnosed as schizophrenics. I have also looked at the way that authority and responsibility are divided and maintained and that this division is based in notions of autonomy that are eroded when an individual is diagnosed as schizophrenic. That specific individuals are singled out for incarceration and/or restraint by chemical means demarcates those whom the

state considers to be normal Australians from the criminal, the disabled and the insane. It is the everyday operation of notions surrounding madness and gender through the agencies of that state that ensure the reproduction of Australian notions of femaleness, maleness and schizophrenia.

Footnotes to Chapter 111

1. Schizophrenia Awareness Week is a week devoted to teaching the Australian public about schizophrenia, the illness. It is usually held during May and is coordinated so that national media coverage occurs at the same time that each state body stages events in the capital city. Seminars, guest speakers, public meetings etc. are arranged to provide information to those outside of the Fellowship

2. Levi-Strauss' essay discusses how schizophrenia may be analysed corss-culturally without reducing culturally specific understandings to a western conceptualisation of what constitutes psychoses (Levi-Strauss 1984,177-186).

3. Isolation from the community is brought about with either drug therapy or incarceration.

4. Over a period of ten years this husband and wife watched as their son was medicated and the side effects this entailed. They visited their son in an institution where the authorities had informed them that he was well cared for. Their relationship with their son was during this time mediated by health professionals. The effect on their lives of the changed diagnosis was at least as substantial as the initial diagnosis.

5. Government institutions and employees were the ones most bitterly complained about. This not stop the evaluation of the private sector as being "friendlier" due to the increased amount of money and better working conditions within that sector. The sufferers also felt that they were able to control the interaction between themselves and private psychiatrists more effectively.

6. In his rendition of the story the sufferer did not hide the fact that he was hitting out at the nursing and medical staff. However he felt that if he had been approached with more "respect" that he would have calmed down more quickly.

7. The use of physical restraint during hospitalisation is popularly supposed to be illegal in South Australia. However I have worked in an institution where at times, for the perceived safety of the client and well as for the nursing staff, people have been physically restrained. The legality of the situation is not one that is canvassed widely.

8. According to Bohannan there are stages which need to take place before what is commonly held to be appropriate is enshrined in law. He maintains that custom is already enshrined as an aspect of institutional practice and then needs to be reinstitutionalised as an aspect of a legal system (Bohannan 1965).He fails to explore the difference

between belief about what customarily happens and what actually customarily happens. In the case of physical restraint there is no happy medium to be had.

9. Contracts are "worked out" between mental health professionals and the patient/client to include such things as attending particular therapy sessions and taking medication. They supposedly allow the schizophrenic, or other mentally ill person, to participate in structuring their own therapy.

10. The family is repeatedly examined as the phenomenon within which the continued mental health of the schizophrenic is decided. Studies into family relationships are embarked upon to assess whether the patient is returning to a suitable environment after experiencing psychotic episode. A large body of work now exists in establishment psychiatry in relation to the psychopathology of the family with regard to schizophrenia. Families however are responding to the work on the pathological aspects of their relationships. As Hatfield writes:

High EE is seen as a factor that maintains mental illness in a relative. Once more families feel hurt and alienated. Once more families feel negatively labeled, but not empathically understood (Hatfield 1987:221-226).

*(expressed emotion)  
in family of  
schizophrenic person*

11. While it is impossible to impute motive in an individual instance there is the possibility that the inability to provide adequate care forces health professionals into the easy platitudes such as the one described by Deveson.

12. Given the younger woman's relation to her body and the degree of "sickness" that this sort of complaint indicated to her mother the older woman had no choice but to go to her daughter and assess the situation. There is no support available to families that would enable somebody to go to the younger woman at the mother's request and make an educated assessment of the situation.

13. The differences between the symptomology and prognosis of female and male schizophrenics have been extensively studied. As I pointed out in chapter two it is these perceived differences that ensure differential experiences which can be analysed in terms of gender in the Australian context.

14. Shirley Estroff in her analysis of schizophrenia in an American situation explores the relationship between welfare recipient and the state. Her attitude to those who accept welfare and seemingly manipulate the system is one of limited support (Estroff 1981:144). She does

not analyse the situation in such a way as to reveal the constitution of the welfare recipient in the constitution of the capitalist state.

## Chapter Four

In this chapter I examine representations of schizophrenia as they are present in Australia. These representations are evident not only through discourse and aesthetic media, but also occur in everyday understandings of the phenomenon. I will examine some of the meanings that apply to schizophrenia as illness and explore the implications that these have for the conceptualisations of gender in Australia.

In significant ways this chapter will reflect upon some of the material from preceding chapters, i.e. in relation to the nature of self, relatedness and the state in Australia. By using data drawn from both the immediate fieldwork and from the large corpus of printed and aesthetic work available on schizophrenia, I hope to show how pervasive understandings about schizophrenia are in Australia. This allows some elaboration of conceptualisations of schizophrenia as part of general ideological underpinnings as well as the possibilities embedded within those understandings.

There are ample reasons, which arise from empirical observation, for cojoining an understanding of madness generally with an understanding of gender. A number of feminist scholars have looked at the notions that surround madness and have generally found larger concentrations of women in groups designated as insane. Further, as Hilary Allen points out:

The female is not the 'special' but the *normal* form of the psychiatric patient - throughout, when this book refers to

patients, it is predominantly referring to women. The same is, of course, true of the standard texts in psychiatry, even though there, as elsewhere, the convention is maintained of uniformly referring to the patient as male (Allen 1986:85).

Elaine Showalter uses another approach investigating not only the higher incidence of mental illness among women but also the representation of madness as a female illness. Both approaches are part of a large corpus of cultural studies of women's subordination by men and the ways in which, through intimations of insanity, women are controlled (Showalter 1985).

While schizophrenia in Australia is, in the words of one psychiatrist, a "democratic disease" (i.e. 50% diagnosed schizophrenics are male 50% are female) schizophrenia itself is a very different phenomenon either side of the gender boundary. As I have indicated in previous chapters it is this difference that enables us to elicit certain aspects of the constitution of gender in Australia.

Once again the problem is in some way to account for both the specificity of those representations in late capitalist Australia and the intransigence of meanings as they exist in this context. While capitalism has changed there is no doubt that there are continuing understandings of the way the world is in Australia i.e. a cosmology. Until now I have explored the paradox of change and continuity in terms of two notions of ideology which can be considered as addressing one or other aspect of the problem without recognising both. I have used Kapferer's rather structuralist and therefore atemporal notions about the egalitarian nature of Australian society, and Ricouer's

conception of how ideology provides a symbolic field from within which dominant groups are able to maintain their position. Both positions are pertinent in examining concepts of gender in this country.

Analysing meaning culturally involves providing a context and examining the available understandings within that context. Lakoff and Johnson have written that metaphor pervades all aspects of our lives and that to analyse even the everyday involves consideration of metaphor (Lakoff and Johnson 1980). *Schizophrenia* evokes a constellation of meanings in western life, and for examining some of these meanings, James Fernandez' discussion of metaphor and what it achieves is useful. He writes:

The elementary definition of metaphor (and metonym) from which one should work is the predication of a sign-image upon an inchoate subject. The first mission of metaphor is to provide identity for such subjects (Fernandez 1986:31).

Some caution is necessary when taking this approach because the apparent functions of metaphor do not necessarily enlighten for us the complexities of metaphor within a given society. Fernandez' perspective does, however, demonstrate the closeness of metaphor and metonym and therefore enables us to venture into cultural representation without becoming involved in discussions of a semantic nature which accompany discourse and linguistic analysis.

#### Schizophrenia As Divided Self

Before analysing conceptualisations of schizophrenia as an illness the metaphor that is most central to our understanding of the phenomenon needs to be addressed: the

conceptualisation of the schizophrenic as a divided self which lacks coherence. This is the metaphor central to all analyses of schizophrenia. It is also necessary to examine why it is that the analysis of this metaphor, and perhaps the suppression of particular other metaphors, is the basis for a cultural understanding of schizophrenia.

The most basic and significant factor which psychiatrists and social scientists alike take to be representative of schizophrenia is the lack of a "coherent self" during psychotic phases. As Mary Douglas states about people generally, "There is no person whose life does not need to unfold in a coherent symbolic system," (Douglas 1978:72). But this is only half the story because the coherent symbolic system through which the self unfolds needs to be, at some level, accessible to other people. In order to sustain a self the individual needs to share in the symbolic systems of those around her/him. The metaphoric possibilities available to the individual are those of the culture within which she/he is situated.

The degree of difficulty that others have in interpreting the diagnosed schizophrenic's life world reflects the degree of intersubjective participation required in maintaining interaction in our society. In the Australian context, the individual who exhibits a metaphoric system so radically different that it is indecipherable to those around her/him becomes the subject of medical intervention. One aim of this intervention is to rid the person of their potentially harmful symbolic systems and their manifestations in the form of delusions and hallucinations. Another significant

act is to decipher the individual's symbolic system so that it is rendered understandable within the cultural possibilities of those not diagnosed as schizophrenic. Once perceived understanding is achieved the schizophrenic no longer belongs to the realm of the unknown and becomes controllable.

A great deal has been written on the lack of coherence evident in the speech and actions of schizophrenics. Some people seek to find the coherence in "schizophrenic speech and actions" in order to help the sufferer establish her/his identity and to provide arenas of intersubjectivity between schizophrenics and other people. R.D. Laing (1971, 1984), Bateson (1973) and Cooper (1971) were involved in helping people to put their "selves" together. Essentially they did this by exploring the metaphors used by schizophrenics so that they, and hopefully others would provide situations in which schizophrenics were able to work through their disruption of self and emerge with an identifiable, acceptable self. In doing this they were involved in providing the construction of the unitary individual so necessary to western ideology.

One of the most dramatic episodes of this particular type of analysis was recorded by Mary Barnes and Joseph Berke in their story of Barnes' psychotic episodes at Kingsley Hall under Berke's care. Mary, in a series of incidents during her stay at Kingsley Hall connected all of the furniture, walls and pictures with a chalk line. She also bedaubed herself and other items with faeces. Needless to say other people at the house considered this as at least anti-social,

and restrictions were placed on Mary's movements about the house during parts of her psychotic phase. At what may now seem to be a common sense level Berke, as Mary's therapist, interpreted this as an attempt by Mary to connect everything and in this way, to structure her world (Barnes, Berke 1982:248-263). Whatever the value of that particular analysis it remains that Berke took a very concrete act and used it metaphorically to describe Mary's position, not only inside the household (at this point it was very tenuous), but also in the world generally. As the analyst Berke created the metaphoric possibility that was accepted by Mary and others. In his analysis Berke was providing this individual with an understandable symbolic system that suggested the possibility of an integrated self.<sup>1</sup>

Other interpretations of Mary's actions are not difficult to postulate. Rejection of the others or a response to rejection by others immediately come to mind as possibilities but they all involve what Fernandez describes as the movement within metaphor:

In general, the semantic movement accomplished by metaphor is from the abstract and inchoate in the subject to the more concrete, ostensive, and easily graspable in the metaphoric predicate (Fernandez 1986:38).

In the case of schizophrenia the concrete but inchoate is taken and rendered intelligible by placing it within symbolic systems which render it graspable by the analyst.

The symbolic system which has dominated western psychoanalysis from the time of Freud has been that of Oedipus. Deleuze and Guattari illustrate the imperviousness

of Freudian psychology to the interpretation by the individual under analysis:

The trap was set from the start: never will the Wolf-Man speak. Talk as he might about wolves, howl as he might like a wolf, Freud does not even listen; he glances at his dog and answers, "It's Daddy" (Deleuze and Guattari 1987:38).

(001)

The patient's rendition of his reality becomes subsumed by Freud's assumed greater understanding of the necessity of relatedness and the pathologies that arise from disjuncture of the self. The realities of the patient are caught in the interpretation of the analysts and reordered to render the patient's experiences intelligible. This appropriation of the individual is a necessary part of psychiatry in its attempt to subdue that which may be considered subversive of the capitalist state. Individuality which is expressed outside of the egalitarian understandings of sociality in Australia is contained by this appropriation of diverse realities.

#### Diversity and Egalitarianism

Individual expression, if not within the possibilities generally available in the Australian context, is potentially subversive of egalitarianism because it places people beyond the decipherable in terms of "we're all the same". In Australia, it is very difficult for people to live with different meaning systems, even if they do replicate in some form general cultural understandings. Even "having a good time" becomes an isolated arena within which there are prescriptive attitudes for its expression. One young woman

put it that the best she could hope for in social situations was that in silence she would be left alone because if she interacted with others they would not be sympathetic to her experience of the situation.

Deleuze and Guattari, in allowing schizophrenia not only as a metaphor but also as a multitude of possibilities, still involve themselves eventually in the postulate of a unity:

This time, natural reality is what aborts the principal root but the roots unity subsists, as past as yet to come, as possible (Deleuze and Guattari 1987:5).

It seems that in the very analysis of metaphor the provision of the possible world views are laid out. It is at this level that deconstructionism fails to meet its own radical claims for its own totalising perspective holds it within the western thought system that it chooses to criticise. Nevertheless, deconstructionism can be used effectively to describe phenomena such as capitalism, the state etc. by contextualising them in such a way as to examine further political implications. A good example of this is the volume Anti-Oedipus (Deleuze and Guattari 1983) with its revelations of the pervasiveness of the Oedipus myth as it is found in western thought, particularly its expression through psychiatry.

The triangular representation of mummy, daddy, me of the Oedipus myth, as I pointed out in the previous chapter, has implications for our construction of gender and the state. It also has far reaching implications for the schizophrenic in that, to return to normal, she/he must accept not only authority but that at some level the adult schizophrenic must be seen to "grow up". That is, potentially move into

the mummy/daddy role. Notions of gender can be explored through the necessity of the schizophrenic adult to be "grown up" because there are in Australia very different experiences for adult females and adult males.

A schizophrenic who still hears voices must learn to "ignore" them in order to affirm adulthood. A young woman who admitted to shoplifting and cited the voices as the reason for doing it was told by her mother that she was old enough to know that she did not need to obey the voices; she was being told to grow up. Even if she did hear the voices she was required to use her adult skills and reject the unacceptable. All of the sufferers at the drop-in centre who experienced auditory delusions described strategies for coping which involved using *adult* powers of discernment.<sup>2</sup>

One of the ways for women to grow up in Australia is to accept responsibility for the socialisation of children. This endows women with a particular set of characteristics. Julie Marcus in her analysis of Australia's most infamous criminal trial elaborates on how Lindy Chamberlain deviated from the normal mother and therefore was deemed guilty in popular opinion before her trial started (Marcus 1989). This characterisation of women as mothers is as important for schizophrenics as it is for the other Australian women in that it locates their return to *normal* within the domestic arena.

Given that women present later in life with schizophrenia the female sufferer is more likely to be married and to have children.<sup>3</sup> The responsibility marriage, and particularly children, entailed for women was seen by both

volunteers and sufferers at the Fellowship to ensure that women "had an easier time of it"(personal communication). One sufferer said that in being responsible for house, children etc. and given what is expected of married women "you are in the position of having to get better". The male, ever present as the authority to ensure that women meet their responsibilities, is there as husband, state or implicit within cultural expectations. Also in allowing that women 'had a better time of it' these informants were overlooking the circumstances of women caught not by their diagnosis but the diagnosis of their children because some women are trapped in the caring role of their children.

Subordination, it seems, is thought to be good for women for it is their relegation to, and responsibility for, the domestic arena with that male supervision which is understood to lessen the burden on women schizophrenics. By contrast males with no responsibilities are hampered in their struggle to get better by the requirement that they exhibit autonomy and control as adult males in social arenas. While females remain in a childlike and subordinate position the males who are designated schizophrenic are involved in reinstating their authority and regaining control of their own lives.

In taking control of the metaphors surrounding schizophrenia analysts and the community at large immediately introduce understandings of what it is to be a normal woman or man in Australia. These understandings are evident in the expectations of the male sufferers who attended the drop-in centre. The few married male sufferers who attended the

Fellowship expected that the domestic arena would be taken care of by their wives whether they were meeting the wives expectations or not. As married men they expected to comment upon and to be deferred to by their spouses reflecting the lack of autonomy that women actually have even within the domestic sphere. One unmarried young man who lived with his mother announced that one of the ways that their relationship was different from the norm was that he was more interested in domestic duties than his mother so that in some ways he was more of a woman than she. He saw his perceived relegation to the domestic as an impediment in that it prevented him from embarking on an active social life. These examples show the importance of males having control, not only of their own lives, but also of the domestic arena as well.

#### Schizophrenia As Illness

In examining works surrounding schizophrenia the aptness of Fernandez' definition of metaphor becomes more obvious. One of the ways in which an analysis of meaning takes place in psychiatry generally has been the concerted effort to define schizophrenia. This is achieved by establishing its aetiology and medicalising any involvement in assessment and treatment of the psyche. As the twentieth century comes to a close the number of syndromes associated with schizophrenia is increasing and subdivisions are proliferating. The continued exploration of metaphor as being about schizophrenics as well as about schizophrenia reverberates through all understandings. More particularly those involved in the so called "hard" sciences are embarked on enterprises

that endow the phenomenon with a metaphorical presence. The notion of a disease, with a biological aetiology, prognosis and a possible chemical cure is the simplest metaphor that is applied to schizophrenia. It is also the most common conceptualisation that I received from volunteers and sufferers at the Fellowship.

However, the "disease model" had different meaning for volunteer and sufferer. The volunteers offered this model not only as one of hope...it holds out the possibility of change in their lives and that of the sufferer.....but in repudiation of those theories that were seen to be "blaming" the family. Such a view derives from written work available on schizophrenia at the drop-in centre. A large body of the work available on schizophrenia seems to be hidden from the people at the Fellowship by the censorship of the "experts" of critical material available. The 'psychiatric establishment' takes it upon itself to interpret the works of critical philosophers, historians and social scientists and convey only the rebuttal of the critiques to those in their care. People such as J.K. Wing, Michael Shepherd, E. Fuller Torrey etc. take on the mantle of the "real experts" dealing as they do with the disease model rather than making problematic psychiatry's dealings with the sufferers and their families. In this case the psychiatric establishment, although a varied group within the discipline of psychiatry, is doing two things. It is tapping into the notions of real and unreal (see Chapter One) that are apparent in egalitarian ideology and it is also reaffirming the power of the state to interpret that which is problematic within its domain.

Susan Sontag supports the real/unreal dichotomy with regard to disease when she writes:

My point is that illness is not a metaphor, and that the most truthful way of regarding illness-and the healthiest way of being ill- is one of the most purified of, most resistant to, metaphoric thinking (Sontag 1987:8).

Written as it was in response to Sontag's own treatment when she had cancer Illness As Metaphor highlights the ideological uses of metaphor in the ascription of disease. However, ultimately her perspective denies the importance of metaphor for our very understandings of the nature of illness and the ways in which people experience their illnesses (Sontag 1987, 1989).

The sufferers, although they were as adept at describing the disease model as the volunteers, worked with a different meaning system for they expected that in some way the things they saw and heard needed to be dealt with. Interpretation was needed, not just of the reality or otherwise of their experiences but of the content regardless of the availability of the meanings of those experiences to other people. One young man divided his delusions into the categories real and unreal. He considered his transformations into insects as real because he experienced his skin hardening into an outer shell while there were other aspects of his experience that he was content to assign to the unreal and not to be acted upon. While this example lends itself to a semiotic analysis possibly like Kafka's Metamorphosis I am more interested here in showing that even to the so called schizophrenic the real/unreal dichotomy is significant. The search for verisimilitude has

involved some sufferers in forays into magic and shamanism. These ended, more often than not, in disappointment. No more disappointment, it should be pointed out, than they experienced at the hands of the medical establishment when they realised that medication and therapy did not necessarily provide them with *normality* and the characteristics associated with it. They lived with the paradoxes of an establishment that sought to contain them rather than understand them, or alternatively, to understand them in order to contain them.

The definition of schizophrenia as a disease is not merely a device by which psychiatry maintains its control over deviance, although this is certainly a factor. It reflects a general understanding of what needs to be controlled within Australian society. Schizophrenia as disease, locates the sufferer and their families within a set of complex relationships which enables the psychiatric establishment to define and refine their being. Moreover, in treating the patient as a neutral entity it "flattens out" the differences between the sexes. However, as I showed previously, there are a number of ways in which gender differentiation occurs in the so-called medical model. By ignoring these, psychiatry participates in the continued domination of one gender by the other. The understanding of schizophrenia involves not only the placement of females in a subordinate position *vis-a-vis* males but maintains the psychiatric establishment as a dominant guiding force with regard not only to treatment but also to understandings about schizophrenia. As a disease, schizophrenia is attended by a host of symptoms. The definitions are such

that a cohort of symptoms is needed to diagnose schizophreniform pathologies (DSM-III 1980:180). What is more these symptoms are graded with regard to their significance.

#### Delusion, Hallucination and Metaphor

The two most significant symptoms are delusion and hallucination because, in common sense terms, they differentiate the schizophrenic from the rest of us, is the occurrence of delusions and hallucinations. These, of course, are supposed to exist within particular time frames in order to provide a diagnosis of schizophrenia. I examine some specific delusions and hallucinations but it should be remembered only the cultural possibilities of meaning can be referred to. There is no guarantee that such analysis will have any resonance with the notions held by the schizophrenic.

A rather common delusion is that of the person being controlled by outside forces which enter the sufferer's mind and cause her/him to act out of character or respond to perceived rather than real threats. In one particular instance I was told by a sufferer that it was the media that was trying to control the person and that media and religion caused him to act the way he did. This not unintelligent young man was able to speak effectively about the monopolies involved in Australia's print and electronic media and the effects that religious fervour has on the susceptible. He spoke so cogently on the subject that the media seemed an unlikely factor in his diagnosis until he started to talk about a concrete presence in his head put there by the media

and religious bodies. After a number of discussions in which I heard about delusions and hallucinations I was forced to the conclusion that the images this group of sufferers were using were rather more concrete than I expected, or than what is generally expected in Australia. While I was more than willing to analyse media monopoly and to acknowledge the ideological aspects of religion and the media I was not able to accept the notion that an act of penetration at other than a metaphoric level had taken place.

The more concrete nature of representation that I noticed while talking to sufferers at the Fellowship is not an unusual phenomenon in schizophrenia. Anthony Wilden cites Goldstein from a 1932 study:

A word when used by a schizophrenic appears as PART of an object or situation, not as a representative of it (Goldstein cited in Wilden 1980:60).

Often I made *faux pas* when discussing paintings or written material with the author. I used a generalised notion of metaphor that included general understandings about colour or words. At one time I was cut off by the painter for saying that I thought that his use of blue on the upper half of the painting indicated, that opposed to the bottom half which was black, that the blue was the period when he was out of his psychotic phase. His anger was only a little less than my perplexity.

I had done something that I expect Lakoff and Johnson might have done: I used a general understanding about metaphor, figuring that I could talk about the painting in general terms which would allow me insight into the painting. While

this painting could be rendered intelligible by assuming an intersubjective understanding of the nature and content of metaphor, I had failed to take into account the specificity of the context. This painting was a very personal and concrete representation as far as this man was concerned. Without exegesis, the analysis of metaphor may become an act of appropriation by the analyst. The available possibilities within a culture can never be adequately categorised in the manner that Lakoff and Johnsons suggest because such denies the importance of context in the analysis of metaphor.<sup>4</sup> Blue for this particular man is the colour of his psychotic phase. For him, it indicated a state of being miserable as is concordant with the upper rather than the lower portion of the picture.

There are a number of possibilities with regard to metaphor. One important factor with regard to metaphor is that while there are no hard and fast rules with regard to sets of meanings available to us, there is a point where, in order to get along in this world, our meanings need to be available to others. When I mentioned the painting and the fact that blue represented the psychotic phase at a dinner party one of my friends said that the painter obviously liked his psychotic periods. Our everyday understanding of metaphoric possibilities are that they are "open" to everybody. The information from sufferers at the Fellowship certainly did nothing to dispel the notion that experiencing a psychotic episode is frightening for schizophrenics. The inchoate, spoken about by Fernandez, needs to be named in such a way as to provide metaphoric as well as concrete representation if the individual is to be understood by

those around her/him because our understandings are located not only in the concrete but also in the metaphoric possibilities that surround phenomena.

In the same way as Bateson provided sense for the man who said that he was an, "end-table made of manzanita wood", I have provided sense for this painting and yet at the same time I have moved the sense of the painting from the young man's experience to one which fits into, as an inversion, general understandings about psychotic episodes (Bateson cited in Wilden1980:59)In reestablishing the schizophrenic in the "real world" the psychiatric establishment must either analyse the hallucinations and delusions so that they become a part of an understandable set of meanings, or, by whatever means available (usually chemical) attempt to eliminate these symptoms.

At the Fellowship the "refusal" to get better was viewed with alarm by non sufferers. This is not surprising given that most of them were leading lives that were, to varying degrees, affected by the presence, or tragically, the absence of a relative diagnosed as schizophrenic. When discussing her son one woman said that she would be more content if she could be sure that in the advanced psychotic phase he was at least not suffering as much as he would suffer if he responded to treatment. This was unusual at the Fellowship as most of the non sufferers knew that the sufferers would be better off accepting treatment.<sup>5</sup>

The mission of metaphor, to use Fernandez' terminology, becomes one of integration. By taking the metaphors and rendering them intelligible schizophrenics are shown to

exist in the same social world as the "normal" or be understandable within it. Concomitantly the appropriation of the metaphor is the denial of the individuality of the sufferer. When a schizophrenic stays in a catatonic state ignoring the inducements of psychiatrists and social workers, the intransigence of the disease is lamented. Yet to be in the world requires that the sufferers lay themselves open to constant intrusion which ultimately involves the remaking of their meaning systems and the appropriation of these by others. Bergman's heroine in the film Through A Glass Darkly took the step of requesting that she not be returned to the normal world: this is not a request that would be acceptable in the Australian situation for the most part.

When nobody is able to understand the intransigent nature of the psychotic episode in the Australian context, the sufferer is actually subject to more rather than less intrusion by others as the disordered psyche is understood as one which needs to be worked upon to restore its intelligibility. This intrusion takes place not only through hospitalisation, psychotherapy and medication but also through the changed relationship that the sufferer has with his immediate kin and acquaintances as well as with agents of the state. In order to restore the intelligibility to the psyche of the sufferer we are involved in making her/his reality intelligible to us; the sufferers already understand their own realities.

Given that sufferers who attended the Fellowship were at various levels of "mental health" there were of course times when paintings and written material could be used to tap

into understandings about schizophrenia and being schizophrenic. Exegesis by the man whose painting was of an industrial setting with pieces of a face superimposed did indeed lead to the explanation that this is what "our society" does to "people". Besides being an image of the schizophrenic experience as it is taught as well as experienced, the painting in the wider sense was one about alienation. The expectations of those dealing with schizophrenics, however, sometimes goes much further in analysing the sufferers' artistic products.

*Behaviour*  
Diagnosis Through Art

Not only was there evident at the Fellowship a belief that one could analyse a sufferer's condition by looking at her/his painting or writing, there was also a strong belief in the therapeutic value of these activities. I will examine these aspects of the production of meaning because they show most fully the degree to which an appropriation of the unintelligible takes place in the context of schizophrenia. There are two instances that particularly deserve mention.

The first occurred when I was discussing with a volunteer the paintings displayed around the walls of the Fellowship's common room. The paintings were largely those done the previous week during the art therapy session. After a cursory look at the paintings the volunteer said:

You can tell a lot about people when they paint, look, (indicating a painting) that one was obviously sick (indicating a second painting) he's a bit better

The paintings however were done by sufferers and non sufferers and the sex of the artist was not displayed. Before commenting further on this, I will relate another

instance.

Thursday, which was "art therapy" day, attracted quite a few younger people. Some came to paint, some to socialise. One young woman, on walking into the room, announced that she was not feeling good and was only there to talk. This particular woman is quite an accomplished painter and the art therapist talked to her, eventually cajoling her into doing two paintings. The paintings were of the flowers that the therapist had brought to provide a subject for those who desired direction of this sort. They were nicely executed paintings with a proper amount of innovation so that artistic rather photographic representation was obviously the aim of the artist. When the artist left, without commenting on how she felt, the therapist remarked about how much she liked to see "them" get better and how glad she was that the woman had done the paintings because they showed she felt better.

In both of these cases the reference was backward from the work to the state of the mind of the person executing it. It was as though the paintings allowed not only an appreciation of form and available images but an entrée into the psyche. Whereas analysts do this in consultation with their clients there is quite generally a feeling that the immediate wellbeing of the schizophrenic is available to anybody "with a bit of sensitivity".

This insistence that the production of metaphor provides a window on the inner life of schizophrenics is interesting because it shows the necessity for conformity within the social arena. At the same time, it is an acknowledgement

that to understand schizophrenia is to undertake a form of analysis that goes beyond the normal interactional channels and requires that their artistic work declare, as it were, their subjective emotional life. In the case of the volunteer, he analysed paintings that were done by other volunteers and the art therapist as though they were those of schizophrenics. Not only that, he ascribed gender to the artists. When I protested that one which he thought was painted by a female was actually painted by a male, he remained completely unfazed and designated the male as effeminate. The metaphoric possibilities available to Australians are encoded in such a way that they are seen to reflect gender as well as the degree of mental health of the individual.

*Generalization*

The analysis of metaphor is a reasonable way of trying to understand others. However when those others use the metaphors that we live with differently, it becomes an act of both domination and appropriation to subsume their meanings within our own understandings. It is one thing to analyse a painting of a grave with the words "Born Dead, Died Always" inscribed upon it as a reasonable interpretation of the human condition. It is quite another to suggest that the schizophrenic is conceiving this to be a personal statement of his particular condition without exegesis by the artist. It is yet another to suggest that, in the act of painting or writing, the schizophrenic gains a degree of "health".

The analysis of metaphor becomes a way of making intelligible that which is alien in the schizophrenic. There

is of course a long history of the psychiatric establishment looking to diagnose historical figures through their works. Van Gogh particularly received this sort of attention. One psychiatrist went a step further and did an analysis of films that had schizophrenics as their subject on the basis that the films were inadequate if they did not accurately portray schizophrenia according to the DSM-III definition (Hyler, 1988).<sup>6</sup> However it is not merely the existence of metaphor that allows for the interpretation of the schizophrenic's wellbeing; schizophrenics provide the wherewithal for interpretation.

#### The Meaning of Getting Better

The activities at the Fellowship come into the general category of "art forms". "Self expression" is the desired consequence for the sufferer. The volunteers are there to aid this and to provide information in particular areas if they are so required. By taking part in activities that help them to express themselves a situation akin to kindergarten is established. Even though the sufferers are adults they are infantilised in a world where to be an adult one takes control of ones own expression. This situation gives some insight into why young men tended to come to the Fellowship on Tuesday afternoons when nothing organised was planned. Games of table tennis, scrabble and cards predominated. These afternoons were also noisy and one volunteer changed her day to Wednesday to avoid the unstructured noisiness of Tuesday afternoons.

Wednesday was craft day and those who attended were primarily females of an older age group. Their ages ranged

from thirty to forty as opposed to the twenty to thirty age group that attended on Tuesday. On these day the few men who attended did not actively engage in craft work but would do odd jobs that people found for them or have a game of table tennis if the table was not being used for craft activities. The image of the female as quiet, industrious, self contained and amenable to the suggestions of people in authority as opposed to the raucous, unfettered male who defines his own activities was more than adequately substantiated on these two days. It is important to remember that the Fellowship caters for those sufferers who are "getting better".

Getting better involves the individual in the the production of meaning that is accessible to other people. In the case of schizophrenics those meanings need to be controlled and controllable and contained within activities that allow self expression through accepted forms. One day a rather large dishevelled man started roaming around the room saying "I don't feel good.....I'm paranoid". He was not making threats nor approaching other people but it became quickly obvious that this form of self expression was not acceptable. His girlfriend, also a sufferer, behaved much as the wife of a drunk at a party. Taking responsibility for the actions of her partner she left the group she was in, apologised by saying that he had not gone for his "shot" that week and cajoled him into leaving. Instead of the conversation that would have followed after a drunk had left a party there was complete silence and people regrouped ignoring the incident altogether. While this sufferer was ostensibly getting better he was also perilously close to

accepted images of schizophrenics in that he lacked self control necessary for Australian male. (adult)

The primary image of the schizophrenic in Australia is that of a person out of control. Kapferer explains the necessity for self control in Australian egalitarianism when he discusses drinking and drunkenness and the disgust that is displayed in the Australian context when somebody becomes drunk to the point of being out of (his) own control (Kapferer 1988:157). The man at the Fellowship became more discernible to everybody present as schizophrenic when he started roaming around. As this setting is one in which those aspects which isolate schizophrenics from the rest of the population are being modified to enable sufferers to resume "normal lives", or approximations thereof, this sufferer visibly upset the delicate balance between becoming ill and getting better. <sup>7</sup>

#### Normality & Schizophrenia are Gendered

Normality also involves living in the community and like all western nations Australia is having its flirtation with deinstitutionalisation. Deinstitutionalisation is being carried out here, as elsewhere, without the necessary backup in terms of accomodation and people to help sufferers through bad times. This has resulted in more noticeably out of control people in public places. In South Australia the media has helped to exacerbate peoples' perception of schizophrenics as being out of control when commenting on deinstitutionalisation. One particularly disturbing segment was shown on an evening current affairs program on ABC television. This segment showed a lodging house where

damage had been done by an unknown person. A schizophrenic was targeted as the culprit. Although in terms of the report there was no proof and the man continued to say he did not do the damage, he was picked up by the police and taken to a mental hospital. Although the damage had been done to the interior of the house the last image on the screen was that of a garden wall crumbling, and the suggestion that we should be putting the walls back up again.

Normality involves being either a female or male in the Australian context. Clifford Geertz points out that the west generally has difficulty accepting an intersexual being....not by reason necessarily of its appearance but because "it" has to know which sex it is if we are to live comfortably (Geertz 1983:83-84). There is a notion that schizophrenics are out of control and while the presence of delusions and hallucinations and their management by the psychiatric establishment may, in some circumstances, be considered neutral with regard to gender constitution, the reconstitution of self and the interpretative value of delusions and hallucinations is such that it provides gender identification.

As I stated in Chapter One, there are studies carried out which indicate the differences in symptomatic presentation in female and male schizophrenics. One of the first comments I heard from a volunteer at the Fellowship was that sexual activity became a differentiating factor between female and male schizophrenics: women become nymphomaniacs and men lose interest in sexual activity. In a society where females do not achieve autonomy female sexuality becomes a threat

if not under control, a point Jill Julius Matthews has made in her study of the construction of gender and its constitution with regard to madness (Matthews 1984:111-147). These understandings appeared widespread at the Fellowship and were reflected in the attitudes of sufferers and volunteers.

The young men at the Fellowship readily gave evidence of weekends spent drinking and socialising without any sign of disapproval about their sexual encounters from the volunteers present. Young women, on the other hand, were more reticent to talk about what seemed to be the usual Friday night at the pub. It was relatively late in my fieldwork that a mother of a female sufferer told me that if her daughter seemed to be taking too much interest in males it meant that she was "becoming ill".

The notion that schizophrenia is a disease also carries with it ideas about precursors of the illness. In Australian males this may at one level be a lessening of libido as well as lethargy. For females an increased libido and activity outside the domestic sphere indicate that a psychotic phase may be approaching. These points are very general of course and may be indications that the male may be getting the 'flu' and the female be starting a new love affair. The thing that sets them aside is that once diagnosed as schizophrenic their sexualities acquire a pathological aspect.

The diagnosis of schizophrenia heralds a new life for those so designated. As I have said before some people welcome the diagnosis as providing the possibility of help while others

see it as problematic and go to some lengths to deny its validity. One of the reasons for the denial in the Australian context is that the label schizophrenic besides encoding the notions of the divided self and a person out of control also denotes violence and hopelessness.

At the Fellowship the volunteers refer to the sufferers as "them" and the sufferers refer to the volunteers as "them". The sufferers, except for those who did not agree with the diagnosis, referred to themselves as schizophrenics. One volunteer told me not to use the word schizophrenic -despite the fact that I had been using it with the sufferers with no complaint from them -because it made *them* something they were not. In other words the label had a group of meanings that were not covered by the "official" definition of schizophrenia and to call somebody a schizophrenic was to insult them.

Much has been written (Scheff 1966, Szasz 1961) on the transformative power of the application of a label such as schizophrenia. A large part of critical psychiatry has been directed at removing nomenclature. This results in the label becoming obscene instead of ridding the phenomenon of its stigma. Sufferers still have the diagnosis that informs them that they differ from others and that they are "sick". One of the reasons that being ill becomes an acceptable metaphor for insanity generally, and schizophrenia particularly, is because it situates the individual in relation to the state and the psychiatric establishment. The metaphor of schizophrenia as illness is one that takes to itself the metaphors surrounding schizophrenia and allows

encroachment upon the individual who experiences psychotic episodes.

The notion of schizophrenia the disease, however, absolves the sufferer from blame when in psychotic phases. This idea of not being to blame was voiced by the sufferers in many discussions about their behaviour. The voices sometimes were assigned blame, while at others, bizarre behaviour was ascribed to being ill. As I wrote earlier, the voices were concrete entities for most of the sufferers with whom I talked. Within the periods of psychosis there is the concept that persons are not responsible for their actions.

#### Violence and Creativity

This notion of non responsibility was extended particularly to violent actions. One young man put it that:

We're not more violent than the rest of you....probably less....because we're scared a lot of the time....but when we get angry we go right off.

At various times it was put to me that the violence perceived in schizophrenics was the product of people not understanding the illness and that it was unfairly described by the media and in film and novels in an exercise of sensationalism. The fact is that schizophrenics are no more violent than the rest of us.<sup>8</sup> However through understandings of what it means to be out of control, an image is established of uncontained anger: in the same way that sexuality needs to be contained so too does anger.

While schizophrenia remains a phenomenon within which sufferers are not held responsible, it will continue to have attached to it the notions of unrestrained anger. In

Australian egalitarianism as I mentioned above it is necessary for the individual to have control. To be out of control indicates that the autonomous self has the potential for breaking down and producing violence. It is the lack of control that is potentially subversive of Australian individualism because lack of control indicates that people do differ in terms of power both at the individual and structural levels. The difference and the potential for violence perceived in schizophrenics endangers accepted understandings of what it is to be Australian. Other groups which display difference are portrayed in a similar manner to schizophrenics. During the fifties East European migrants were the subject of such portrayals. Presently there is considerable emphasis on violence within the Vietnamese community.

If the people at the Fellowship were unhappy with the ascription of violence, they were highly interested in, if not actively promoting and encouraging ideas about the creativity of schizophrenics. During Schizophrenia Awareness week the coordinator of the Mental Health Resource Centre was cited in the local newspaper as saying:

They have an incredible sensitivity, and there is a naivety about it which other people try to capture and these people seem to have automatically (cited in The Advertiser 14 Oct.1989).

This is the obverse of the situation with violence because it is endows schizophrenics with a sensitivity that allows them to use metaphor effectively as artists. In psychotic phases people are indeed visited by strange and bizarre visions but this in itself is not enough to ensure greater creativity aesthetically. Besides providing the content,

assuming for the moment the existence of the craftsmanship necessary in artistic endeavour, works of merit must also appeal in some way to the people they are directed at. Difference of a controlled and decipherable nature is to be encouraged. The metaphors that schizophrenics use, are of course, drawn from those available within the Australian cultural context and this does allow understanding of some of the possibilities available in metaphor.

I am not denying that there are talented schizophrenics: Antonin Artaud's poetry, and commentary on his condition should never be overlooked. I am saying that within understandings of schizophrenia in Australia violence and creativity can be seen as aspects of an ideology of egalitarianism that insists that the individual be in control and decipherable.

1. Elaine Showalter points out that:  
Berke also brought to his turbulent interaction with Mary Barnes a number of narrow psychoanalytic ideas about femininity and female sexuality (Showalter 1986:235).
  
2. These strategies ranged from making decisions about calling for help when besieged by delusions and/or hallucinations to avoiding contact with people. The option decided upon required an individual assessment of the situation by the adult schizophrenic.
  
3. A comparison may be made with the Danish case where it was found that even post diagnosis female schizophrenics are more likely to marry and procreate than male schizophrenics. It is considered that female sufferers because of later presentation with symptoms have already established behaviours that enable them to more effectively function in *normal* social situations (Saugstad:1989:14). An interesting study could be made in the Australian case of the expectations with regard to female and male maturity in adolescence.
  
4. Lakoff and Johnson (1980) have prescribed limits for their interpretation of metaphor but this is culturally specific. A geometric progression may be a better way of expressing the ramifications and contextual specificity of metaphor.
  
5. There was considerable emphasis on biomedical intervention for schizophrenia at the drop-in centre. One of the female employees commiserated with a man whose daughter was refusing medication but accepting psychotherapy and told me later that psychotherapy never worked because it went on forever. In a recent copy of the newsletter Dr. Paul Martin has written an open letter to the Fellowship about its emphasis and increasing reliance on the biomedical model (1990:25).
  
6. Hyler's faith in the DSM III is obvious in his abstract where he wrote:  
Films portraying types of mental disorder, from psychosis through personality disorders, are identified and examined in terms of DSM-III diagnostic criteria. It is concluded that although few generalizations can be made, a surprisingly large number of films are reasonably accurate in their representations of various disorders, and some may even be considered prototypical in their portrayal of the mentally ill (Hyler 1988:195).

7. It was usual rather than otherwise for there to be at least one sufferer who was not feeling well on the days that I attended the drop-in centre. However the atmosphere at the centre was not usually disturbed because the distressed sufferer would have long conversations with either the volunteer of the session or either of the two employees in the privacy of one of the offices.

8. The incidenc of violence may in fact be a little increased with regard to the normal population but I know of no study that compares violence in diagnosed groups with that displayed in other marginalised groups within the community. The flamboyance of the crimes committed by schizophrenics leads them to be dealt with extensively in the media perhaps lending credence to the notion that the schizophrenic is somebody to fear.

## Conclusions

In the course of this thesis I have examined femaleness and maleness as they are constituted and refracted in an Australian context. The study of schizophrenia, a phenomenon which defines and marginalises people, revealed conceptualisations of gender as they emerge in the everyday understandings of the "disease". The thesis itself has a structure which is based upon the concerns of those who are involved with schizophrenia and reflects important institutional processes in Australia. Notions surrounding self, family, state and metaphor are all integral to ways in which Australians live their lives, as women or men.

Using Kapferer's structuralist approach I have argued that blame and responsibility are integral to the individualism which is an aspect of the egalitarian ideology which underlies the Australian state. The assignation of blame and responsibility may be said to be an aspect of the cultures of all western capitalist states but they present differently in specific cultural contexts. In Chapter One I explored the way in which notions of the self are evident in our understandings of what it is to be a schizophrenic Australian and the importance this has for the reestablishment of the healthy self. The healthy self in the Australian context is a gendered self which defines not only the interiority of the person but also the arenas within which people operate and how they cooperate in them.

The family, for Australians, represents both a haven and a prison. In examining the ways in which notions of the family are embedded in understandings of schizophrenia I have

elicited conceptualisations of femaleness and maleness. The particular ramifications that these conceptualisations have for women and men are elaborated upon with the not surprising conclusion that women, particularly as mothers (which I would argue is integral to the construction of all types of women in Australia), They have their areas of responsibility defined by men and patriarchal institutions. The group that defines areas of responsibility is the one which is able to assign blame.

The family is an integral part of late capitalism, it is the centre for both production and consumption, and it is liable to intrusion by the state. The maintenance of the family requires that as a phenomenon the family is *healthy*. Families which give rise to perceived pathologies are examined in the light of those pathologies and its members categorised accordingly. In Chapter Three I dealt with the way in which the state, through its agents, appropriates the family and constitutes it through bureaucratic structures. The families of those diagnosed as schizophrenic are marginalised and reorganised according to an acceptable model.<sup>1</sup> Once again notions of femaleness and maleness are woven through the constitution of the family and are evident in the understandings surrounding schizophrenia. Blame and responsibility take a different path with the "families" bearing responsibility and the agents of the state assigning blame. Nevertheless it is the female as schizophrenic or healthy which is confined and constrained by the understandings of gender as they are reflected through state apparatuses.

The representation of ourselves implies that there is available knowledge for interpretation. In the Australian context that I have described representation and its interpretation requires that not only is the self of others decipherable but that it has the characteristics of all other selves.

*do they?*

When the schizophrenic provides metaphor it is the analyst who provides a "sense" which involves appropriating the metaphor by which somebody is interpreting the world. It is the analyst's interpretation that is finally the one accepted by the schizophrenic if she/he is to be considered well. The control of metaphor is one of the most important features of the oppression of marginalised groups in Australian society for it is through metaphor that people experience being a gendered individual. In exploring representations of schizophrenia in Chapter Four I elaborated not only on the aspects of gender construction that are evident in the understandings of schizophrenia as illness but also on the way in which schizophrenics, women and men, are dominated by the Australian insistence on a functional self which requires different characteristics for females and males.

#### A Discussion of Theory

Throughout the thesis I have tried to merge the understandings I have of Kapferer's analysis of Australian life with a perspective which makes aspects of that life problematic. The most immediate need was to provide a sense of the transient understandings of the phenomena under study. These are gender relations and schizophrenia, as well as those seemingly intransigent aspects of Australian

culture. To this end I examined those phenomena through different perspectives, elaborating particularly those facets of Australian social life which are oppressive.

Ricouer's approach to ideology, as I have suggested at various points in the thesis, becomes necessary part of understanding how oppression of schizophrenics and women can be understood. It is as an aspect of an ideology that is, in fact, to a large degree decipherable in the cultural understandings of those oppressed. Symbolic structures are untenable if they exist purely in the head of an analyst. Indeed, as ideological underpinnings, they need to be utilised in order to be reproduced and refracted throughout social life.

This aspect of the analysis of social life is dealt with in Kapferer when he locates reproduction in praxis as a reflection of Australian myth. My use of Bourdieu's ideas about the reproduction of meaning being located in the practices of everyday life has been different. I have tried to locate the reproduction of conceptualisations of gender in notions of schizophrenia which, while it seems exotic at one level, requires understandings of what it is to be Australian not only in unreflected praxis but also in reflected upon activity.

The egalitarian logic with its attendant individualism is a part of Australia in late capitalism. Its existence is evident in specific state forms. Nevertheless there is another specificity which underlies, or coexists, with ideology. It is this other specificity that Kapferer has called ontology. An examination of ontology should reveal

....the fundamental principles of a being in the world and the orientation of such a being toward the horizons of its experience (Kapferer 1988:79).

For Kapferer an examination of the fundamental principles revealed racism as a characteristic of Australian culture. In this thesis I have located important aspects of sexism, if not mysogyny, as a part of ontology in the Australian cultural context.

References cited

- Allen H.  
1986 "Psychiatry and the Construction of the Feminine", in Miller P. Rose N. (eds.) *The Power of Psychiatry* 75-111, Great Britain : Polity Press
- Adorno T.W.  
1982 *Against Epistemology*, translated from the German by Wills Domingo, Oxford :Basil Blackwell
- Austin-Broos D.J (ed.)  
1987 *Creating Culture*, Australia : Allen and Unwin
- Bateson G.  
1973 *Steps to an Ecology of Mind* Great Britain: Paladin
- Barnes M. Berke J.  
1982 *Mary Barnes: Two Accounts of A Journey Through Madness*, Great Britain :Pelican
- Baggett-Barham S.  
1988 "Women in Australian Egalitarian Thought", in *Comparative Studies in Society and History* Vol 30 No 3, 483-510
- Baudrillard J.  
1988 *Selected Writings*, M.Poster (ed.) Great Britain : Polity Press
- Binswanger L.  
1963 *Being In The World*, U.S.A.: Condor
- Bloch A. Reddaway M.  
1984 *Soviet Psychiatry*, Gollanz: London
- Bohannon P.  
1965 "The Differing Realms of Law", in *American Anthropologist*, Part 2 Vol.67 No.6, 33-42
- Bourdieu P.  
1977 *Outline of a Theory of Practice* Great Britain: Uni. of Cambridge Press
- Carr V.  
circa 1985 *Understandings Schizophrenia*, Northfield, South Australia : Graphic Services
- Castel P. et.al.  
1982 *The Psychiatric Society*, New York :Columbia Uni. Press
- Clifford J.  
1988 *The Predicament of Culture*, Cambridge, Mass.: Harvard Uni. Press

- Chodorow N.  
1978 *The Reproduction of Mothering*, U.S.A.: Uni. of California Press
- Cohen D.  
1988 *The Forgotten Millions*, Great Britain : Paladin
- Connell R.W.  
1987 *Gender & Power*, Australia: Allen and Unwin
- Cooper D.  
1971 *The Death of the Family*, London: Allen Lane
- de Lepervanche M.  
1989 "The 'naturalness' of inequality", in Bottomley G. de Lepervanche M. (eds.) *Ethnicity, Class and Gender in Australia*, Sydney: George Allen and Unwin 49-71
- Deleuze G. Guattari F.  
1983 *Anti-Oedipus*, U.S.A. : Uni. of Minnesota Press  
  
1987 *A Thousand Plateaus*, U.S.A.: Uni. of Minnesota Press
- Deveson A.  
1989 "Stop the Madness", in *Weekend, The Australian* May 21-22, 1-2
- Digby A.  
1986 *Madness, Morality and Medicine*, London : Cambridge Uni. Press:
- Dixson M.  
1976 *The Real Matilda*, Ringwood, Victoria: Penguin
- Donzelot J. *welfare state*  
1979 *The Policing of Families*, New York : Pantheon
- Douglas M.  
1978 *Natural Symbols*, Great Britain : Penguin
- DSM-III  
1980 3rd. Edition, Washington : American Psychiatric Association
- Dumont L.  
1980 *From Mandeville to Marx*, U.S.A.: Uni. of Chicago Press  
  
1983 *Homo Hierarchicus*, U.S.A. : Uni. of Chicago Press  
  
1983 *Affinity As Value*, Chicago : Uni. of Chicago
- Ernst T.  
forthcoming "Mates, Wives and Children", in *Social Analysis* No. 26

- Estroff S.  
1981 *Making It Crazy*, Berkeley : Uni. of California
- Evans-Pritchard E.  
1940 *The Nuer*, Great Britain: Oxford Uni. Press
- Falloon I. et al  
1984 *Family Care of Schizophrenia, U.S.A.* : The Guildford Press
- Fernandez J.  
1982 *Bwiti*, Princeton N.J. : Princeton Uni. Press  
1986 *Persuasions and Performances*, U.S.A.: Indiana University Press
- Fortes M.  
1949 *The Web of Kinship Among the Tallensi*, London : Oxford Uni. Press  
1969 "Psychosis and social change among the Tallensi of Northern Ghana." in Foulkes S.H. and Prince G.S. (eds.), *Psychiatry in a Changing Society*, London : Tavistock
- Fuller-Torrey E.  
1986 *Surviving Schizophrenia*, New York : Harper & Row
- Foucault M.  
1979 *The History of Sexuality*, translated from the French by Robert Huxley, London : Allen Lane  
1982 *Madness and Civilisation*, translated from the French by Richard Howard, Great Britain: Tavistock  
1986 *Discipline and Punish*, translated from the French by Alan Sheridan, Great Britain : Penguin
- Geertz C.  
1983 *Local Knowledge*, Great Britain: Uni. of Cambridge Press  
1988 *Works and Lives*, U.S.A.: Stanford Uni. Press
- Goffman E.  
1963 *Stigma*, U.S.A.: Prentice Hall Inc.  
1982 *Asylums*, Great Britain : The Chaucer Press
- Goldstein J. Link G.  
1988 "Gender and the Expression of Schizophrenia", in *Journal of Psychiatric Research*, Vol 22 No 2, 141-155
- Hatfield A. et al.  
1987 "Expressed Emotion : A Family Perspective", in *Schizophrenia Bulletin* Vol 13 No 2, 221-226

- Hsu F. et.al.  
1985 *Culture and Self*, Great Britain :Tavistock
- Hylar S.  
\* 1988 "DSM-III at the Cinema: Madness in the Movies,"  
in *Comprehensive Psychiatry* Vol 29 No 2,  
195-206
- Kapferer B.  
1988 *Legends of People:Myths of State*, Great  
Britain: Smithsonian  
1989 "The Anthropologist as Hero", in *critique of  
anthropology*, vol 8 no 2, 77-104
- Kleinman A.  
1980 *Patients and Healers in the Context of Culture*,  
Great Britain: Cambridge Uni. Press
- Laing R.  
1971 *Self and Others*, Great Britain : Penguin  
1984 *The Divided Self*, Great Britain : Penguin
- Laing R. Esterson A.  
1986 *Sanity, Madness and the Family*, Great Britain :  
Penguin
- Lakoff G. Johnson M.  
1980 *Metaphors We Live By*, U.S.A.: Uni. of Chicago
- Lasch C.  
1979 *The Culture of Narcissism*, U.S.A.: Warner  
Communications
- Leff J.  
1979 "Developments in family treatment of  
schizophrenia",in *Psychiatric Quarterly*  
51(3), 216-232  
1981 *Psychiatry Around The Globe*, New York : Dekker
- Leonard D.  
1884 Leaflet for the Schizophrenia Fellowship of  
Victoria
- Levi-Strauss C.  
1960 "The Family", in H. Shapiro (ed.) *Man, Culture  
and Society*, New York: Oxford Uni.Press,  
261-285  
1984 *View From Afar*, U.S.A.: Basic Books
- Maclean N.  
forthcoming "Maring Clan Clusters: Strategy,  
Disposition and Interest"

- Manderson L.(ed.)  
1985 *Australian Ways*, introduction, Australia :Allen and Unwin
- Marcus G.  
n.d. "Requirements for Ethnographies of Late Twentieth Century Modernity Worldwide"
- Marcus G. Fischer M.  
1986 *Anthropology as Cultural Critique*, U.S.A.: Chicago Uni. Press
- Marcus J.  
1988 "Australian Women and Feminist Men", in *Hecate* 14(2), 98-105
- 1989 "Prisoner of Discourse: the Dingo, the Dog and the Baby" in *Anthropology Today* Vol 5 No 3 15-19
- Marcus J. et.al.  
1987 "Review of the NIMH Israeli Kibbutz-City Study", in *Schizophrenia Bulletin* Vol 13 No 3:425-435
- Matthews J.J.  
1984 *Good and Mad Women*, Australia: George Allen and Unwin
- Mead M.  
1968 *Growing Up in New Guinea*, Harmondsworth, England : Penguin (orig. 1930)
- Miller P. Rose N.(ed.)  
1986 *The Power of Psychiatry*, Great Britain:Polity Press
- Miller D.  
1973 *Self, Language and the World*, Phoenix :Uni. of Chicago Press
- Mirsky A.F. et. al.  
1985 "Adult Outcomes of High Risk Children", in *Schizophrenia Bulletin*, Vol 11:150-154
- Morrissey J.P.et. al.  
1980 *The Enduring Asylum*, New York : Grune & Stratton
- Niebuhr R.  
1955 *Self and the Dramas of History*, New York: Charles Scribener's
- Ortner S.  
1982 "Is Female to Male as Nature is to Culture?", in Rosaldo M. Lamphere L. *Woman, Culture, and Society*, 67-89, U.S.A.:Stanford Uni. Press

- Ricoeur P.  
1986 *Lectures on Ideology and Utopia*, ed. George Taylor, New York : Columbia University Press
- Sahlins M.  
1976 *Culture and Practical Reason*, U.S.A.: University of Chicago Press
- 1987 *Islands of History*, U.S.A.: Uni. of Chicago Press
- Saugstad L.F.  
1989 "SocialClass, Marriage and Fertility in Schizophrenia", in *Schizophrenia Bulletin* Vol 15 No 1, 14-20
- Schaffer K.  
1988 *Women and the Bush*, Sydney : Cambridge Uni. Press
- Schneider D.  
1980 *American Kinship*, U.S.A.:University of Chicago Press
- 1985 *A Critique of the Study of Kinship*, U.S.A.:University of Michigan Press
- Scull A.  
1982 *Museums of Madness*, Great Britain : Penguin
- Shepherd M.(ed.)  
1982 *Psychiatrists on Psychiatry*, introduction, Great Britain : Cambridge Uni. Press
- Showalter E.  
1986 *The Female Malady*, U.S.A.:Pantheon Books 16
- Sontag S.  
1987 *Illness As Metaphor*, Great Britain:Penguin
- 1989 *Aids and Its Metaphors*, U.S.A.:Collins
- Spencer J.  
1989 "Anthropology as Writing", in *Man* (n.s.) 24, 145-164
- Stafford-Clarke D.  
1952 *Psychiatry Today*, Great Britain : Penguin
- Stivens M.  
1985 "The private life of the extended family", in Manderson L. *Australian Ways*, 15-32, Australia : Allen and Unwin
- Suk Choo Chang  
1988 "The Nature of Self: A Transcultural View", in *Transcultural Psychiatric Research Review* 25 169-198

- Szasz T.  
1963 *The Myth of Mental Illness*, New York: Hoeber  
Harper
- 1989 "Psychiatric Justice", in *British Journal of  
Psychiatry*, 154, 864- 869
- Taussig M.  
1986 *Shamanism, Colonialism and the Wild Man*,  
U.S.A.: University of Chicago Press
- 1987 "History as Commodity in Some Recent American  
(Anthropological) Literature" in *Food and Foodways*  
Vol 2, 151-169
- Treacher A. Baruch G.  
1980 "Towards a Critical History of the Psychiatric  
Profession", in D. Ingleby (ed.) Critical  
Psychiatry, U.S.A.: Pantheon, 120-149
- Turkle S.  
1980 "French Anti-Psychiatry", in D. Ingleby  
(ed.) Critical Psychiatry, U.S.A.: Pantheon,  
151, 183
- Valerii V.  
1985 *Kingship and Sacrifice*, U.S.A.: Chicago Uni.  
Press
- Varenne H.(ed.)  
1986 *Symbolising America*, U.S.A.: Uni. of Nebraska
- Vaughn C.E. Leff J.  
1976 "The measurement of expressed emotion in the  
families of psychiatric patients." in *British  
Journal of Social, Clinical Psychology* No 15  
157-165
- Warner R.  
1985 *Recovery From Schizophrenia*, Great Britain :  
Routledge and Kegan Paul
- Weiner A.  
1987 "Dominant Kings and Forgotten Queens" in  
*Oceania* Vol 58 No 2, 157-160
- Williams C.  
1981 *Open Cut*, Australia: George Allen and Unwin
- Wilden A.  
1980 *System and Structure*, Great Britain: Tavistock
- Wing J.  
1978 *Reasoning About Madness*, London New York :  
Academic Press Grune & Stratton

Other Sources:

1985 video *Barriers of the Mind* cat 607415  
available at 113 Tapleys Hill Road, Hendon  
South Australia 5014

1988 *The Report of the Committee to Advise on  
Australia's Immigration Policies* (otherwise known  
as The Fitzgerald Inquiry into Immigration).

1988 Item on Television Program 7.30 Report 7 Mar

1989 Article in *The Advertiser* 14 Oct p.32

*Complete  
ref.*