Communicating madness: social order and mental illness in Galicia, Spain

Abstract:

Pepe has suffered a bipolar illness during the last forty years. He is compensated on *lithium* since a biomedical doctor made a diagnosis of his illness twenty years ago after a long pilgrimage through different specialists. *Manuela* has been married to a man with periodical "mental crisis" for the last twenty years. They have three kids and have lived a "normal" life for the last fifteen years after he obtained a proper formal diagnosis that they still don't understand. *Roberto* has been a psychiatrist in a General Hospital with a twenty beds wind for mental crisis during the last ten years. They three live in Galicia, a northwest region of Spain where I live and I have researched for my future Ph.D. dissertation. In this article, we follow his biographies to communicate "madness", to communicate the local meaning of "madness".

There are three main socially defined groups from where madness is communicated: first, the *medical oriented professionals* related to madness; second, the *families* of the mentally ill, and finally, the *mentally ill* themselves. A. The *medical group* includes the biomedical psychiatrists, all the professionals associated to the biomedical psychiatric hospital and biomedical psychiatric units (nurses, social welfare workers, psychologists, etc.) and the non-biomedical professionals. B. The "*familiar group*" are those socially defined as related by kinship or friendship to someone with a mental illness. C. The *mentally ill*, those who live "personally" a mental illness. Through the examples of *Pepe, Manuela* and *Roberto* I outline in this article the conclusions of an ongoing investigation. I communicate the local meaning of "Galician madness".

I. Three biographies out of my interviews.

I. A. Pepe, mentally ill and psychiatrist (bipolar disease and psychiatrist in Galicia).

Pepe has been married with Carmen during the last 39 years. They have one daughter and two sons whose only Tomás, single and 30 years old, still lives with them at their apartment in A Coruña. Pepe is a pensioner since he obtained invalidity four years before his 65 birthday. He obtained it five years before we meet. Pepe is now 66 years old and has been suffering a bipolar disease at least during the past 40 years and a Parkinson disease for the last ten. He worked as a psychiatrist at the Public Health System in Galicia after coming from ten years in Guinea (Africa) first and the Canary Islands later, working sometimes as a psychiatrist, sometimes as a family doctor. Let's follow now his biography built out of our three long interviews.

Pepe is born in 1938 in A Coruña. His father is quantity surveyor in Coruña but he is originally from a fishermen family of Porto do Son, a small coastal village south of A Coruña. His mother is from Cuba. Pepe does his primary school, as is normal in middle and high class families during the Franco's National Catholicism Dictatorship, at a Roman Catholic Private School run by a men religious order: the *Escolapios*. He finishes his secondary school and the exams to enter university at another Catholic school near Madrid: *El Escorial*. These are times just after Civil War (1936-1939) in Spain, when any journey requires a signed pass by a religious or military authority. He starts his medical education at the University of Santiago de Compostela. Pepe recognizes in our interwiews that during this three first years in Santiago he has a great time going out with his friends but "almost doesn't open a book". He ironically calls his accommodation "Liberty Bed and Breakfast" ("*Pension Libertad*"). After these three years of freedom and a wild chat with his paying father, he transferees his studies to the University of Valladolid (near Madrid) and starts three years of hard study: "I move to escape from the atmosphere of happy fiesta of my old fellows. I realized that I needed to study". He recalls those three years as times of books and exams. After them, he takes a summer break in London, and transferees again to Santiago. Then, he ends his degree in Medicine and becomes a certificated doctor with the same class partners that he had started to study with six years before.

Being a doctor without experience, he accepts a summer substitution in a rural parish in Cambre, near A Coruña. It is the beginning of the sixties, with Franco still at the government. He reminds his first medical real practice, without the help of his masters at the General Hospital, with a romantic mixture of ingenuity and personal courage. He commutes from his parents' each morning using a friends' motorbike. He

remembers going out of the different patients' houses he visit to look up books of general medicine, or reading a pharmacy index sitting at the back of his bike.

Pepe moves again to Madrid in order to make a specialization in Psychiatry at the beginning of the sixties. He studies at the Provincial Hospital with the head and well-known psychiatrics of the Franco´s times: López Ibor, Vallejo Najera, etc. He finishes his psychiatric internship years and moves back to Galicia, first to Santiago and then to Vigo where he works at the private practice of Doctor Villamil. Pepe speaks of Villamil with the respect of who is talking about his master; full of admiration and gratitude.

Pepe heads then to Africa hired as desk's doctor at a ferry. His brother in law gets him this job through out relative who works on the ferry's company. Pepe works on the ferry during three months and decides to land in Guinea (a Spanish colony at that time) to establish there a practice. He now recalls with grief how he decides to set his practice in Guinea, he feels specially sad now that his Parkinson disease has sit down him on a wheelchair. Pepe takes care of thirty consultation rooms in thirty tribes settlements in his weekly trip using a four wheels land rover in Guinea. He looks back at those times as the times of adventure, times of freedom. His eyes shine just with these memories.

Pepe gets tired of working and travelling around Guinea after two years and a half. He decides to come back to A Coruna. Pepe obtains a new contract with a tourist firm in The Canary Islands after being a few months at his parents'. He works in different family doctor's jobs (as a rural doctor, as a pharmacy products agent…) until he discovered an area, "*La Isleta*", in Gran Canaria (Capital City of the Canary Islands) where there is not doctor working. The population of these area is poor, mainly fishermen and marines. No doctor wants to work there because poverty and a high criminality record. Pepe opens a general family practice there and a bit latter he is hired

thanks to a friend at the "*Casa del Mar*" as a psychiatrist ("House of the See", a special health social security facility for the workers of the see).

Pepe meets Carmen at this point of his life. He insists in outlining that his girlfriend forces him to establish and "sit his head" ("*sentar la cabeza*"). Carmen and Pepe get finally married after five years of courtship ("*noviazgo*"). Carmen is a native born in the Canary Island. She is now 62 years old, and she is now who takes care of Pepe on his wheelchair. They have their first son in 1971; living now in A Coruna in an apartment Pepe inherited from his father like each one of his three sisters who have also inherited an apartment at the same building.

Pepe recalls his early years before marring as his "gold times". They have other two kids, a daughter first and then another son. Pepe feels now he is the head of a family and has to earn enough money to maintain the house. He has to make sure that they had everything they could need. Pepe then passes a civil exam and obtains a position as a Psychiatrist at the "Casa del Mar". He opens also a private practice as a psychiatrist. He recalls these years as times of worries. He must maintain a profitable practice, something that is really difficult for him because he becomes easily a friend to his patients and is not always able to ask them money. It is at this point of his biography that he first starts to speak of his mental illness. He refers how he has periods of "flashed madness", periods in which he is able to work for days without sleeping, starting several different projects at the same time. His eyes shine with happiness when he speaks of those times. Pepe recalls those flashed madness periods as "his real life times". His wife and the stress of the three kids make him to become a "civil servant, a civil slave". He implies clearly that the pressure Carmen makes on him is decisive, both to make him obtain positions with a regular salary, and to stay calm and so-to-call happy with his family life stile.

Pepe then starts to speak of how difficult is to be a real psychiatrist on the public "Casa del Mar" practice where he has to make a diagnosis on a ten minutes visit. He is not able to maintain his private practice for too long because it costed him more money that he earns. He would have to close his private practice any way because, Pepe tells me, a new law of the Socialist government of the 80's comes and prohibits any public social security doctor to work at the same time on a private practice. Public hired doctors must work in an exclusivity basis for the state (this law would be in use in Spain only for a few years). The best memories of these times are about working as a volunteer for the local See Red Cross. He makes lot of friends and spends weekends fishing with them.

Pepe remembers that his body starts to fail ten years ago, four years before the official edge for retirement. He is diagnosed of a Parkinson disease. He first thinks that his Parkinson is a disease induced after years of taking lithium for his maniac depressive illness. While he has been member of the medical tribunals for retirement as part of his job as psychiatrist of the "Casa del Mar", he decides to apply for invalidity retirement pension with his full salary. He obtains it in a few months, being free again to do whatever he wants. Pepe starts to work as crazy one his is no more a "civil slave". He starts a Non Government Association of Parkinson ill (This NGA Galician Parkinson Assotiation has now more than 500 associates, lots of public money out of state subventions and a down town open local where we meet for our interviews). He works for the association during his five years, until his motor skills starts to fail more and more.

Now, he lives almost without going out. Carmen takes care of his daily needs. Two of his best friends take him to a bar to play cards twice a week. Pepe speaks now with some difficulties, to follow his discourse one has to get used. Pepe can only walk

alone with help. During his seasonal maniac periods he sleeps less and continually tries to get out of bed. Pepe spends his days in from of the TV set, sitting on his wheelchair. His eyes become happy with any visit he receives.

Pepe has not even pronounced the name of his mental illness during the three times we have met for our interviews. I get to know the name of his mental disease because I also interview Carmen, his wife. She tells me that one of Pepe's former professors diagnosed Pepe a maniac depressive illness forty years ago (official label of those times, now bipolar disease following the last DSM of the AAP). The same professor sets Pepe on lithium as treatment. Carmen tells me a different story from the one I obtain out of Pepe. Carmen's biography is the biography of a woman who has been taking care of a great successful man with a fortuneless illness. She tells me about countless nights without sleeping first because Pepe is out during maniac periods and, now countless nights without sleeping full of worries of Pepe falling down of his bed without being able to stand up on his own due to his Parkinson disease.

The biography that Pepe and me has built in our interviews is a biography full of resignation; resignation in the name of family. Pepe has worked as a civil slave for the state and his family: a great life full of lights with dark periods with he would prefer to forget. One the other hand Camen's biography is also a biography of resignation, but she her resignation is in name of love, love for her family. She has been taking care of Pepe during the last 30 years and will take of Pepe until his death or her own death. Resignation is the main theme in both biographies, Pepe's with a negative male feeling of liberty lost, Carmen's with a positive female feeling of family happiness.

I. B. Manuela, wife of a mentally ill.

Manuel is 72 years old. She is born A Coruna, but due that her father dies being Manuela just 5 years old she spends most of his youth living all around Spain with her

mother's sisters. Manuela's mother has at that point 3 sons and 2 daughters, and she is not able to maintain all with her. Manuela's two brothers immigrated to Argentina when Manuela is still a teenager and they have never returned. Her other brother died a few years after his father. Her other sister lives near Seville after getting married there. Manuel spend his youth living first in Madrid, then in Malaga, Seville and finally again in Madrid, always with her aunts and their families. Once her mother is alone after her sister's marriage, she lives a while in Seville and Cordoba with her, to finally live together again in A Coruna. In Seville, Manuela has a boyfriend that she left after realizing that he is not serious, meaning that he doesn't want to get married with her.

Once in Coruna living with her mother at a cousin apartment, Manuela meets Juan. They start to go out together, first with a group of friends, then alone, and after a few months of relationship they decide to get married soon. Juan is the youngest son of a middle high class well-know family in A Coruna and has travelled a bit (Brasil, London, Europe…) during the early 60's (an era of economic depression in Spain). Juan moves then to the Canary Islands where he starts a small business of import / exportation. His idea is to get enough money and a future to marry Manuela. After a few months he calls Manuela and hurry her up to come and marry him. Manuela agrees but she wants to get married in Coruna in front of all her family. Since she was a kid one of her aunt has promised the money for her wedding. Manuela wants to pay her wedding as the tradition says and she wants to get Juan to know her manners. Manuela is ready to start a new life with Juan, but he has to recognize her ways.

Manuela and Juan get married in A Coruna in 1965 in front of both families. They move to Gran Canaria, Capital of the Canary Islands. A year latter her first son is born, and two girls, 4 and 6 years later. Manuela's mother dies the same year her first daughter is born, taking the kid her mother's name, Maria. Manuela recalls that it is just

after her first son is born that Juan behaviour starts to change. She points out that may be there has been clues and hints out there, but she has not seen them.

Juan starts to get home late. He looks sometimes drunk, he speaks continuously without an end, knowing about any single subject that pups up. Juan speaks about businesses that he wants to start. He chain smokes and drinks liquids all day and night. He spends night after night awake working on his desk and making phone call after phone call. Manuela first thought is that Juan is on drugs. His misbehaviour can have only that explanation. Given that Manuela is alone, far from his or her family, Manuela tells all her worries to a couple of Galician next door neighbours. They has been out together with Juan and advice Manuela to be calm. Maybe it is just a period that will disappear soon. Things clarify when Manuela gets Juan phones her from Paris after a week of not knowing anything of him. Juan has started the business of his life in Paris with a friend from Honk Kong. They have opened a fish boat company. Manuela can not believe what she is hearing. She is calm and convinces him somehow to get a plane ticket home and speak once he gets back calmly everything. At this point, Manuela tells me that no matter how mad Juan could have been during the years, but Juan would has always paid closed attention to her advice.

After two days of distress and no new of Juan, Manuela picks up the phone to face a police officer to announce that Juan is on custodia after driving over a traffic light near their apartment completely drunk last night. Manuela gets with her next door neighbour to the police station to face Juan. The physical state of Juan is a disaster, dirty and somehow rare. He looks as a lion in a too small box. His eyes, Manuel remembers, are mad wild eyes. She points that she would meet again with those wild mad eyes many times in the future. Manuela decides at that very moment to get Juan in a mental asylum. She decides to do it against the advice of her neighbour. She decides to act with

or without the help or understanding of her friends or relatives. Manuela decides to take him in a private mental asylum inland Gran Canaria Island. Looking from his present experience, she recognizes she was naïve, but, she points, really pragmatic. She didn't want that wild mad man at home with her children.

Juan spends a month and a half in a rural private expensive mental hospital. Manuela manages to pay the bill with the help of her brother in law from Seville. She says that her family has never failed her: "my family has always been on my back". She outlines by sad contrast that Juan's family has never accepted his mental illness.

After this first crisis the story of Manuela and Juan has been surrounded by Juan's mental illness. She tells me how difficult is to get a proper diagnosis of what happens to Juan. They has tried any medical help available on the market during the first years: psychoanalytic therapies, all kinds of psychological therapies, group therapies, all kinds of miraculous drugs and pills, etc…; and of course a few mental hospital, private first and public mental hospitals later. Juan gets finally psychiatric diagnoses in the middle 70's. They heard of a well-know psychiatrist in Madrid: Vallejo Najera, a franquist writer and professor. Manuela and Juan visit him and Vallejo tells them that Juan has a maniac depressive illness and that he must start a treatment with lithium. Lithium has to be controlled by a periodical analysis only available in Madrid each 3 months to control body levels and not get poisoned. Juan has been on Lithium since then, although Manuela points that at the beginning he just takes the pills during his periods of depression. Lately, during the last 20 or 25 years he has been taking it regularly.

Manuela biographic account has been since then on the shadow of Juan's mental illness, with periods of "highs and downs". Juan spends periods of two to four months lying on bed depressed. Then, normally comes a time of four months of normal life and relax for Manuela. But madness doesn't allow a pause, she points, and it comes a crazy

period of maniac behaviour: “Juan is either alto or bajo”. Manuela points out that Juan mod moves like a clock during the years: down generally in winter and up high normally each spring or summer. A family meeting or when something important comes along can alter this timetable. Manuela tells me that she and her children are able to guest Juan mod just from hearing his breathing patter or the way Juan opens the front door.

In 1978 Juan closes his business in Gran Canaria and is hired as an insurance agent by his cousin after an extra long period of maniac crisis. They move then to A Coruna after a long period of more than 6 month of Juan’s depression, living first at Juan’s parents for a short while and then on their own rented apartment. Juan keeps his job as an insurance agent because it marries perfectly with his mod changes. His salaries depends on how much insurance policies he sells and during his maniac periods he sells enough policies to pay back his depression times of not selling at all. Manuela recalls with terror Juan mad maniac crisis, and speaks with sadness of his depression weeks lying on bed without standing even to eat. Manuela keeps the contact with all her kinship, during the winter on the phone, but each summer now that they are back in Galicia, her family meets at her grand-grandmother house in a village close to A Coruna. She recognizes that she can not have been able to survive those hard years without their help and support.

Manuela remembers me that during the 80’s a socialist governament sets plenty of new social policies. Juan then applies for a pension because his illness and after tow years of paper work Juan obtains a 100% invalidity retirement pension out of the state. Manuela tells me happy that they get also a insurance premium from a life insurance they have been paying during years, and with that money they pay back a deathly mortgage on the apartment they bought a few years earlier. Manuela says that buying

that apartment and paying that insurance have been the best things that they can be done ever.

Whenever Manuela speaks of Juan, Manuela repeats that it has been his illness, not Juan. His crazy mad behaviour has been due to his illness. Nothing can be related to Juan, his character or his personality. She tells me how educated and kind he has been with her and the kids all over these long years. Juan has never been rude or has hit her or her kids, never. She has had difficult times with him, but all due to his illness. Sometimes Manuela has to decide if to carry on with him or leave him, she tells me that this thought has come sometimes to her mind. When this point has appeared in our chats she has always told me simply: "Juan is my man", and that is the point. No doubts beyond that point. Manuela confess me that she goes to mass Sundays even when she thinks that the catholic priest is no one to tell what is right or wrong. She says that praying and getting to mass helps her. She has got use to do and keeps doing it. She is really proud of taking care of Juan now that his crisis are less extreme because he is old and has a Parkinson disease induced after years of Lithium. But her eyes become even more alive when she speaks of her children and the new two kids her eldest daughter has recently had. Family is always first for Manuel. Juan is her Family, her life.

I. C. Roberto, psychiatrist in Galicia.

Roberto is 48 years old. He is the head of the psychiatric service in one of the main cities of Galicia, A Coruna.

Roberto is born in Madrid in 1957. He studies at the same catholic school until he attends a catholic university (one of the few working during the last Franco years that it continued during the coming years of democracy in Spain). He obtains his certificated as a doctor in 1980 and after a year passes an official exam (MIR) to specialize in Psychiatry while helping on the psychiatric unit of the Hospital Gregorio Maranon in

Madrid. At the same time, Roberto starts his education as family therapist and psychodrama therapist (a career that has token him all over the world taking courses first, and giving lectures later).

Once he passes the MIR, Roberto chooses Toen in Ourense to specialize in psychiatry. He points out that he choses Toen because he knows Cabaleiro Goas, and besides that it is far form Madrid and no one of his friends want that position. He is actually the first in select position out of a long list all over Spain. He takes Toen leaving Madrid or Barcelona, places that everyone else dreams to get. He then explains me who was Cabaleiro Goas. He was a psychiatrist during the times of Franco, retired at when Roberto starts in Toen. Cabaleiro defended a Ph. D. about Folk Galician Medicine in Madrid when Franco's regime persecuted any form of Galician culture. Cabaleiro dissertation cost him a long professional segregation out of franquist official psychiatry in Toen, where he established an eclectic practice of psychiatry. Roberto knows that Cabaleiro has created a nice open-minded Hospital where he would be able to learn more than on the unilateral hospitals that followed the official path. Roberto spend four years in Toen chewing madness. He decides to live in a small room over the interns cafeteria. Living there his room keepers and cleaners where the mentally ill. Roberto has breakfast each morning with the interns around. He plays table tennis every afternoon with the interns he is treating. His knowledge of madness is arriving thought out his skin. He tells me that he learns more there than in any book or lecture of psychiatry.

Roberto gets a sabbatical year in 1986 for working in Boston Hospital first, and then at the MIT taking some courses about systemic psychiatry. Out of the contacts he makes there, he will attend a yearly meeting where he gets information about the latest discoveries and advances in the fields (developments that he points would take years to

arrive to the general psychiatric public in Spain). He also points that he pays those courses, adding then that not like most of his fellow psychiatrists that get courses paid by the pharmacological firms, “psycho tourists” he calls them.

Coming back to Galicia, Roberto decides to stay in Ourense making a substitution of a psychiatrist during a year. He gets ready for a public exam he needs to pass for being hired at the Social Security Health System. Giving that another exam to become a psychiatrist of the Penitentiary System is coming, he goes to both exams and pass successfully both. Then, during the a year, he commutes daily from Monterroso (inland rural Ourense prison) each afternoon to Ourense where he has his apartment, wife and his public practice. The road of inland Galicia of the time get him exhausted, he says, and he then moves to Madrid working there for two years; staying a while in Paris with M. Riviere, a psychoanalyst who helped to set up one of the first community service of psychiatry of the 70’s. During these years he worked and defended his Ph.D. dissertation about a village in rural Ourense with a medical anthropological orientation.

Roberto gets a phone call from A Coruna offering him a position at the biggest and better know Hospital of Galicia: Juan Canalejo. He accepts and is hired as psychiatrist at the service of psychiatry the Hospital offers under the responsibility of the Nation Spanish Health Social Security. He explains to me that then, there were eight different official institutions with competences and responsibilities over the psychiatric service where he has been hired: Each institution with differences coverage offered to its patients and with different policies of hiring its personal. Some are on charity basis, some are part of the benefits that army offers to soldiers at a Military Hospital, etc… Given that he has plenty of free time, working only a few hours each morning he writes. He wins various literary awards in Galician and becomes a member of the Galician Academy of Language.

The management of the Hospital offers him in 1994 the position of coordinator of the whole psychiatric service of A Coruna. Roberto gets home and sits down with his wife. He tells me, and this is the only time in our interviews that he makes a personal point, that a son had recently died. He explains that he thinks is his medicine at this moment. He decides to takes the position even knowing that his main job would be to give order to that "institutional mess".

Roberto works hired as the head of the psychiatric service of Juan Canalejo during 1994 and 1995. His basic job is to organize that mess. After long diplomatic conversation and a year of meetings, he finally manages to open a unit of 26 beds of psychiatry inside the General Hospital, an achievement he is proud of. To conquer it he had to obtain the transference of the other seven official agencies working on psychiatry. He points that the biggest problems were not the official transferences, that were easy given that a Spanish law has compelled to do it a few years before. The biggest problem were the psychiatrists working on each one of the different services, they had got benefits and working schedules that they didn't leave without fighting. Roberto recalls how he has received phone call from the highest political positions in Galicia to make him change some decisions. He insists then that his job was more as a diplomatic than as a psychiatrist during that year. Roberto tells me that it is at that precise moment when the unit of 26 bed is open that real problems start. A public exam is open to obtain his position as head of the new unit, a process normal following Spanish law. Two candidatures are presented, his own candidature and another psychiatrist from Madrid. It is then when the problems start. He tells me that the other candidate doesn't agree with the decision of the medical tribunal of the exam and the unit has to wait during two years without an official head until the court decides to give Roberto the position of head of the unit he has created out of that mess. So, finally after

two year of impasse he is hired as the head of the unit of psychiatry in 1997 after 3 years of doing the job. Since then until the present he has being working in ordering that mess, waiting with patience until some contracts end, waiting until some psychiatrist got retired… patience and diplomacy are the pillars of his job. He has built a service of psychiatry in A Coruna following the philosophy of community psychiatry inspirited on the antipsychiatric movement of the 70's. A patients with a psychiatric diagnosis sees a psychiatrist every three months at his neighbourhood medical unit. Each area covers various neighbourhoods with a psychiatric team: psychiatrists, psychologist, psychiatric nurses and social workers. At the Juan Canalejo General Hospital there are there basic units of hospitalisation: a day or night hospital where patients spend days or nights, a unit for mental illness crises and a unit of rehabilitation with working rooms. Now he negotiates apartment for mentally ill in A Coruna. Roberto has built all these after hundreds of hours of diplomacy and meetings. Each single step has to be negotiated and explained once and again. Again, he points that having clear what to do is never the problem, the problem is to change years of institutional ways of working and the privileges that some get out of that. Roberto points then that he had to take this job of given order to that mess. He has to do it because, he says, Galicia was the last place of the western world where such a psychiatric service was going to be built. And he has had the chace to build out of nothing. He could not say no. He also explains that building that in Galicia during the late 90's would be like every thing else in Galicia. Anti-psychiatry and community psychiatry would arrive in Galicia when anywhere else in the western world both critic psychiatries has started to be forgotten.

As you can see during my record of Roberto's biography, he has never had a private practice as psychiatrist. Roberto has only worked at the public social security services in Galicia. He has nevertheless patients outside his public practice. He explains

to me that some fellow psychiatrists know that he enjoys treating anorexia teenagers, and when they "send me candies, I can not say no". He recognizes that some mental illnesses are easier for him to treat, ant he gets better record on them. He tells me that he receives them either at the hospital or at home.

II. Galicia in Spain: some basic data.

I have told you three Galician biographies of men and women touched somehow by madness.. Taking by granted that I have already selected and constructed part of the information given, I need now to give you some basic data about Galicia, the medical systems working there and my somehow ongoing research about madness in Galicia. I start with some cultural, geographical, historical and economical basic context. Then, I point out a short history of the official biomedical system in Spain and Galicia, outlining the main points regarding psychiatric care. I would end this presentation speaking about myself. Why? Because I do believe that in order to construct a good description of social realities the researcher himself has to outline his story and point of view. In doing so, I would as well summary the proposal of my hopefully future Ph. D. dissertation and end with what communicates my title: madness.

Let's start with some data about Galicia. Galicia is a modern complex society. Galicia is one of the seventeen Autonomous Communities which articulates politically Spain since 1981, after forty years of fascism during Franco's dictatorship. Galicia is situated in Europe; it is an old Middle Age Kingdom just above Portugal, with borders with the Atlantic Ocean to the west and north. It is divided into four administrative regions or provinces: *Lugo, Ourense, Pontevedra* and *A Coruña*. Galicia's landscape is hilly and relatively uniform (between 200 and 700 meters of altitude). Higher mountains ring the interior and have maintained Galicia traditionally isolated from both Spain and Portugal (the last two high ways built that connect Galicia to Spain are four years old).

Villages are ordinarily small and isolated, the parish being the common denominator among the widely dispersed villages of a locality. Annual precipitation is moderately high, exceeding the 1000 mm. in most places, but it is only of limited benefit, because the badly eroded soil retains little moisture. The terrain favours animal husbandry over cultivation, and the former is the premier agriculture activity; nonetheless, the farm population is large and fairly evenly dispersed, resulting in the subdivision of the countryside into small landholdings, or "*minifundios*". Families generally own and cultivate the "*minifundios*", and the inability of those farms to support a growing population has resulted in a higher than average migration from Galicia since the 18th century. Overseas emigration was higher (during) between 1920 and 1935, while emigration since World War II has been to the industrialized countries of Europe (mainly to Germany, Switzerland and France) but also to the Spanish areas of Madrid, the Basque Country, Catalonia, and more recently to the Canary Islands and the US. Rural population is lately getting older because of the migration from rural areas to the cities on the coast.

Primary production (agriculture, forestry and fishing) dominates the region's economy. Subsistence farming prevails among the "*minifundios*", with potatoes and corn among the leading crops and pigs among the leading livestock. Underemployment plagues the agricultural sector, and large numbers of migrant labourers periodically leave Galicia in search of seasonal work elsewhere in Spain. Galicia's industrial sector is not well developed, and most of it centres are on the processing of primary commodities. Fish processing is of particularly importance, and sawmills are widespread. The installation of a petroleum refinery in *A Coruña* has stimulated industrial development in that Province, while *Ferrol* and *Vigo* have major shipbuilding works. The mountains of the region produce considerable quantities of timber. Galicia's

economy remains underdeveloped, however, accounting for a disproportionately small percentage of Spain's gross domestic product.

Galicia's culture and distinctive language (Galician) have developed in relative isolation, showing Portuguese a great affinity with Galician by proximity, and with Celtic cultures because of former Celtic settlements. The cultural and political dominance of the old Kingdom of Galicia by the Kingdom of Castile has since submerged the literary uses of Galician. Franco's dictatorship (1939-1975) has persecuted Galicia's culture and Galician language in spite of the fact that Galician was the mother language of the majority of rural and a bit less common in urban inhabitants of Galicia. After 1975 and as far as today, Galician and Spanish are the official languages of the Autonomous Community of Galicia.

Galicia has been historically isolated from the rest of Europe. In the 21st century Galicia has a population of around four millions (of) inhabitants: a subsistence agriculture and a development industrial agricultural sector, a strong fishing sector in permanent crisis, a short industrialization concentrated in four coast towns, and a growing up services sector (with tourism as the main drive). Christian Roman Catholicism has been the main religious Church, being during the Franco's dictatorship the official and the only one allowed. As I have mentioned before *Galicia is thus a modern complex society*. Rural inland we can find a growing older population and a development of an industrial farming sector, with subsistence peasants sector side by side with modern agricultural factories. On the coasts and in major cities, we would find a Galicia starting its industrial development in more urban classic capitalism drive (growing migration from Africa like in the rest of Europe, bags of poverty, homeless people in the streets…).

After this short introduction about Galicia, let's face the health system and the psychiatric care available during the last 50 years.

III. Health care history of medical care in Galicia.

A. SS mental health in Galicia: the SERGAS.

Franco's government established the first workers public heath care system: The National Social Security (SS). Franco's propaganda proclaimed universal coverage even at those times, but the reality was that psychiatry and other medical basic services where not covered on SS. Psychiatry was in Spain, like in many other countries part of the charity system (*Benficiencia*), with well-intentioned nuns or monks housing the mad in closed and secure out of the city limits asylums. In Galicia, there were mainly three: a big mental asylum in Conxo, near to Santiago de Compostela, ruled by nuns under the direction of a charity association since the 18th century that had taken interns from all over the north Spain; Toen, in Ourense also ruled by charity; and one more small hospital in Lugo also by nuns at its head. The *Diputaciones* (an official organism that integrates all the city councils of a province in Spain) got the official responsibility of these three hospitals during the second part of the 20th century, to transfer it finally during the last 20 years to the Autonomous Community Government after our Democracy era.

So, when Roberto said that eight different official institutions were responsible of his psychiatric service, he referred to a point, during the 90's, where some psychiatric beds in Coruna where still on charity, others under the responsibility of the Spanish SS, others on a Military Hospital set in Coruna just for army, others by the *Diputation of Coruna*, etc. If you looked to the map psychiatric service of that time, you would have needed a compass and an expert guide to get through. You just have to imaging not being a psychiatrist working there but being a patient and you can imaging how difficult

could have been to get a minimal good medical service. Roberto got the responsibility of unifing the psychiatric services in Coruna just when the Autonomous Community of Galicia Service of Public Health Care was created (SERGAS is its name). The SERGAS is our days the Galician Health Social Security Service under the responsibility of the Government of the Autonomous Community. Psychiatry is included in the health services provided by the SERGAS.

Outside the SERGAS there have always been private practices and mental hospitals. They have been concentrated in big urban areas, being Santiago de Compostela a traditional pilgrimage point in the search of medical advice. In mayor cities there have been at least one private expensive mental hospital: Coruna has two, Vigo two, Pontevedra one, Lugo one and Ourense one.

The normal practice profile of any psychiatrist in Galicia has been having two practices, one public on the SS, and another one private. The public practice would make him work during two or three hours per day, having ten to fifteen minutes for each patient. On his private practice, he would work the full afternoon and would have plenty of paid time to take care of his patients. An exception to this general rule would be the psychiatrist teaching and practicing at the University of Santiago de Compotela Hospital, or Roberto who has never had a private practice.

B. Laws about mental illness.

The SS Health law of Franco's times was valid until a new socialist government derogated it and wrote a new one in 1982. The law ruling most of the 20th century in Spain established that once you live and work in Spain, you would have the right to receive health care. This was the universal coverage policy of Franco's Health Service. But some health services were out of this SS care: one of them being the psychiatric care. There have psychiatrists, mostly neurologists, working at the health public service,

the worked on “bodily illnesses”. Outside this health care system law, there have been what was called the law of Beneficent Health Care, designed to cover for those that were not able to cover themselves. On this “side corner” of the law, Beneficent was the place where Mental Health Asylums come on the picture (a system perfectly described by Michel Foucault as part of the capitalist way of medically cleaning its hand dealing with the poor and outcaste under a rationalist medical way. If they were medically mad, they are mentally ill).

First in 1982 as a Spanish General Public Mental Health Law and, later in the 90’s as a Galician Autonomous Community Public Mental Health Law, the public Social Security Health Care System (SERGAS) has finally covered all psychiatric illnesses under its responsibility, including paying up to the 40% of the medicines for the normal insurance coverage and up to the 100 % for those in a retirement public pension. The process that Roberto described covered precisely the period between both laws.

On the Civil wing of the Law, the mad were contemplated in Spanish Civil Code in two different circumstances: first, when a mad had to be forced to enter a mental institution, and second, when a mad has to be declared unable. In both cases it had to be under the supervision of a judge and with psychiatric informs. The Law also established that being mad you couldn’t be guilty of a crime. In those cases Penal Law, has set that you would be inside a Mental Institution under psychiatric supervision until you would be suitable to re-enter society.

IV. Communicating madness in modern Galicia.

It is time to take down to earth all this information. We need to look at how someone and his or her close relatives in Galicia could face a mad behaviour. Having Manuela or Roberto in mind would help you to follow me in the description of the

process that takes to make some sense of madness and being able to communicate and live the experience of being mad or having someone mad in your close family relatives. I would also outline the lines a psychiatrist must follow to practice psychiatry in Galicia.

The first step has traditionally being denied the problem as a mental health problem. “My husband is on drugs”, Manuela recalls her first hints on Juan misbehaviour. At this point, the help of a mental health specialist is rarely required. The mad himself attributes his mod or humour to a lucky period. If they visit a doctor, that would be a family doctor, getting a diagnoses of something related to the body, or in our days, obtaining commonly something related to stress. But if the mad crisis remains there, or if the crises come and goe, they would have to eventually face a mental heath specialist. This is not an easy process and normally takes months if not years of outbreaks and weeks of not sleeping nights. Commonly, the families of the mentally ill themselves normally speak of a point at which everything got completely broken. Manuela received the call of a police agent but many others just had to face a mad behaviour of his love relative. Something happens that they remember themselves taking the difficult decision of asking for help. They generally decide pay a visit first to a “soft specialist”: a psychologist, but sooner or later they would have to pay a visit to a heavy mental health specialist: the psychiatrist. The relatives of a mentally ill normally take more than one advisers: friends, medically workers somehow related to them, family relatives, neighbours. Their advisers would eventually take them to visit a somehow related mental health practice. These advisers provide the relative of the mentally ill with a dark map of the public health services. Taking that advice in consideration, most of the first choices in my interviews have been private practices. On taking this first step, they usually stay two basic reasons: first, the so-called quality of

the health service they would get at private paid mental health services; and secondly and more important, the privacy they would expect to obtain, hiding out of public publicity this rare misbehaviour. After these first encounters with the mental health specialist, the relatives of the mentally ill and the mad themselves get some sense out of.

If the outbreak gets worst they would have to intern their relative on a forced basis or getting him or her to sign a voluntary form of ingress. In both cases, if the family can afford it, the mad would get a first visit to a so-called mental private health hospital. If the family cannot afford it, they must have gotten in the 60's through the process of getting a Beneficence ingress in one of the four public asylums available in Galicia. If this charity ingress happened before the later 80's high chaces would be that the mad would end in Conxo for a long stay or a live long stay if he had not relatives, the bigger Galician Asylum in Santiago. If that happened after the 90's, they must take their relative in any of the mayor Hospital that have been set around Galicia with psychiatric beds (like the one Roberto opened).

This first steps on a psychiatric career would generally end up with a psychiatric diagnose and some kind of treatment. If the outbreak gets worst, the mad has no family taking care of him, or we speak of the 70's or 80's, this first outbreak could end up in a permanent settlement in Conxo or Toen. If it was just a temporal condition, or if the family is worried and caring, or if we speak of a case in our days, then the mentally ill would get home with a profile and a case file to be on a psychiatric following up. At this point, the family and the mentally ill itself should start to accept and have a comprehension of his diagnosis. This comprehension is easier to be found on the relatives of a mentally ill than on the mentally ill itself. But, if after a while the misbehaviour disappears, and if normal life takes over and the happy forgiven times

arrive; then, everything is forgiven and forgotten, and they start to go on with their lives out of the madness.

But, mental illnesses sadly reappear nine out of ten times, and they would have to face a new crisis and a new beginning of the circle that I have just described. If they were not economical broken the first time, they would face again the private psychiatric care, but it is a common pattern to end up in the public psychiatric services. It could take one, two or ten crises but the pattern is to end up handling the mad within a public psychiatric service. This can take stays on public psychiatric beds during the crisis times, an ongoing psychiatric following up and the pills and treatment required in our days for both mild and hard so to speak mental illnesses. Back in the 70's or 80's the pilgrimage would include insulin and electro shocks for the maniac cases, long term stays at public asylums and periodical ongoing tries with the magic pill of the moment.

Taken a step back, there is a question that somehow everyone involved with mentally ill must face: is my loved relative completely mad? Is he or she mentally ill? Or taking the question from the patient point of view: am I mentally ill? Am I mad? Taken seriously after a crisis or two, it is really a hard question. There was a social relationship with the social specialist in the matter and the question can not longer be hidden. It seems a difficult question. Or even worst, when the answer is: "Yes, he is mentally ill" or "Yes, I am mentally ill", it takes a entire life to encounter, to understand or to accept consequences.

We can basically distinguish three periods in the biographies of the mentally ill and their relatives. First, it comes what we could call a history of normal times when madness had not yet appeared. Second, it comes a time when something goes wrong once and again. It comes then a time in search of meaning to make sense of what is going on. This period ends when a biomedical psychiatric diagnoses is obtained.

Finally, two paths could happen. If the diagnoses psychiatric label is accepted, a third period started that takes all the energy to live with the crises of the mental illness, its treatments and being at some level conscience of the mental illness their relative suffers, more compelling, being conscience of oneself mental illness. But we have another possibility after obtaining the diagnosis, when the psychiatric diagnoses label is not accepted. Then, the family of the mentally ill or the ill himself generally takes again through the second period we had outlined before.

The patients remember the times before their crises as normal times. They actually idealize those times. They were able to do things easily, on their own, without help or supervision. There were times with no sign of mental illness around. This feeling is so common in my interviews that practically all agree in identify their fights against madness as the fight to recover those golden times. Pepe for example identify his high maniac crisis as the ones that must recover to be happy again. Recovering means then to recover that mod, state of conscience and feelings that somehow they have lost. Pepe speaks of those times before getting married as his golden era.

A time of crises and looking for help and meaning comes then. The long process of making sense of the mad behaviour they live starts with an endless search of any treatment and medical practice available in Galicia. I have interviewed patients that have try anything you could thing in a raw: visiting a traditional folk medicine curandero, making a pilgrimage to a Romeria for the evil possessed, searching advice in the wide variety of the psychotherapies available on the market, reading any book they could find on mental health, visiting a psychoanalyst during years, travelling to cities and countries far away to visit a well-known doctor someone had named, visiting neurologist, etc. The pilgrimage generally ends when one of the specialists tried not only improves the behaviour of the mentally ill, but also helps to understand what is

happening and how would be the future. This second period ends with the acquisition of a biomedical psychiatric diagnosis label for the mentally ill.

The final step takes to live the mental illness. It also takes somehow an acceptance of the misbehaviour as a mental illness. I must point that only a few of the mentally ill themselves and almost all the relatives has completely given this last step. This implies that mental illness is not easily and commonly accepted. Psychiatrists and the psychiatric literature assume that the future of a mentally ill and his relatives has a better prognosis if the illness is accepted. The result of my research is that most of the mentally ill not have taken this third step, while their relatives have somehow accepted the illness. Wives, sons, daughters, friend of the mentally ill accept easier that they have someone close with a mental illness than the mentally ill do. Why? Why there is such a difference in the comprehension of a mental illness?

The answer is not easy. Psychiatrist themselves explain this difference pointing to the illness itself. Schizophrenia affects the brain and social skills, so this no acceptance is itself a symptom of the mental illness. But I have a social science background, an anthropological and sociological education. I have been educated as a sociological observer. Mental illness is not only a biological condition. Mental illness is a sociological and cultural condition as well. Mad behaviour is only detected and named in social and cultural circumstances. The very assumption that something is a symptom of a mental illness is a social observation. A patient would not assume that he is mentally ill, unless his social and cultural context forces somehow him to communicate that he is mentally ill. A relative of a mentally ill assumes a outside, social perspective on his behaviour, a perspective that allows easier to accept someone else mental illness. The mentally ill himself could only assume his illness with an outside social perspective making sense for him. Madness, mental illness is social and culturally built.

Let's now look at the patterns I have found in the psychiatrist biographies. The role of the mental health specialist has been changing during this last sixty years, going along with the institutional changes. First, the psychiatrist worked as a required employed of a Beneficent institution. On this basis, I have interviewed various psychiatrists, which were two hours each morning on those public facilities and then worked "to make money" on their private practices. This pattern is still working, beside a parenthesis during a few years when the socialist law prohibited temporally both practices at the same time. In the all times, the psychiatrists recognize that they were basically sceptical speaking out of his patients at the asylums, generally with mayor long term mental illness labels, but they also point that they were less pessimistic about the patients they attended on their private practices twice each two or three months. In our days the stances of patients in mental hospitals are never longer than three or four weeks during crises of mad behaviour. Psychiatrist point that the difference between their public and private practices in our days is just in the time they have for each patient and on the more personal treat they give on their private practices.

The role of the specialist in psychiatry has changed with the changes on laws and mental institutions. A psychiatrist would today work on a mental health hospital or a public practice during the mornings, sometimes commuting each few days to different public practices in order to cover the sector community psychiatric model which Roberto outlined. His role would be more the role of an adviser, with an eclectic perspective on psychiatry and a specialization on some specific mental ill patients. For example, Roberto pointed more than once that he was more comfortable treating a hysterical teenager that nobody else wanted. He feels comfortable and has more success with the misbehaviour of anorexia young teenagers patients, precisely those that none

else wants. Roberto keeps receiving them on this practice at the public service he works. Other psychiatrists I have interviewed seem to follow a similar pattern.

The psychiatrists I have interviewed in Galicia agree in pointing a difference in between what they were though at the University and what they later found out were the "real patients". They agree pointing to that difference between education and practice to justify their present eclectic theoretical perspective over psychiatry but pragmatic clinic praxis with their patients. All them agree on this: pragmatic praxis and eclectic theory, but the difference among the psychiatrists lays on how old they are. While the eldest psychiatrist point out the Franquist psychiatric education they received at the University, the youngest psychiatrists point a biochemical education at the University. Both groups agree in pointing their years of clinic practice after the university to justify their present eclectic and sceptical theoretical perspective in contract with that they had received at the University. These years of clinic justify also their more pragmatic clinic: they use whatever works, even in the case what they use is not completely coherent with the biomedical predominant theoretical perspective. This means that their pragmatic clinic marries perfectly with an eclectic and sceptic theoretical perspective.

When there are asked to describer this sceptic-pragmatic praxis, they agree in given perfect definition of mental illness taken out a manual of psychiatry: a biochemical disorder that causes the misbehaviour. They then add, that that cause has not even been discovered for all mental illnesses, but it would be soon found.

I cannot avoid making a quote at this point. Lara was a journalist that visited almost all the Mental Asylums in Spain, including those in Galicia, during the late 60's. He collected his journal articles on those visits and published a book in 1972 under the title: *Mi viaje alrededor de la locura* (*My journey around madness*). Lara draws a sad and out of hope landscape of the psychiatric care of those times. Lara also interviewed

most of the psychiatrist he met at the asylums, and they all agree in one hope: they were strongly critic with the present health care system, really eclectic on their theoretical psychiatric perspectives, pragmatic on their daily life clinic, and in hope of a nearly happy future. They were all hoping of a new discovery or improvement that would solve things out. After relating his visits to the Spanish asylums, Lara concludes: " The mad does not exist. No one ever speaks openly of him, and when someone accidentally speaks openly of him the answer comes with a speechless gesture of resignation as when someone speaks of a criminal in the family or a relative who has become a prostitute" Lara 1972: 203.

Things seem to have changed in Galicia since the 60's, but there is something that certainly stays in the communication of mental illness between psychiatrists: psychiatrists openly make criticisms of the disaster of present psychiatric services where they have responsibilities, but all them have a somehow hopeful perspective of the future. It seems that no one wants to give a name to that hope, but somehow is always there on the interviews: when a biochemical cause of every single mental illness get isolated, the future would be easier for the mentally ill. Even those critic with the biomedical medicine, agree in having some kind of hope because when ever any mental illness specialist critics the health care system, this criticism comes along with a full light of hope pointing somehow to a better future, as Lara also pointed that happened in the late 60's.

Psychiatrists in Galicia agree in having a eclectic perspective, a pragmatic clinical praxis, a critic perspective of the health system of care and a full hope in a future discovery of a cause of mental illnesses. What all these can mean?

Again my answer is of a social scientist: psychiatrists practice a social science. I don't mean that there is not a biological basis for mental illness and the biomedical

education psychiatrists received at the university. I mean that the meaning of madness of mental illness is socially constructed. The meaning that psychiatrists can communicate (that hope for a future discovery of the biological cause of mental illness) is and only can be communicate if it is socially constructed. For this basic reason being mad would be denying a biological origin they treat every single day on a pragmatic, eclectic and sceptical basis but full of hope on being on the true path. Being mad is socially constructed as being a psychiatrist, no matter what biologically mental ill could be.