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“I cannot make you understand. I cannot make anyone understand what is happening inside of me. I cannot even explain it to myself.” – Franz Kafka, *The Metamorphosis*

“The symbol of madness will henceforth be that mirror which, without reflecting anything real, will secretly offer the man who observes himself in it the dream of his own presumption. Madness deals not so much with truth and the world, as with whatever truth about himself he is able to perceive.” – Michel Foucault, *Madness and Civilization*

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“How is your screenplay coming?” A question, a joke, overheard in conversations around Los Angeles. Screenplays—actualized and aspirational—haunt discussions of the future, frame events, edit histories. Anxious, excited and mundane talk of screenplays mark LA as a land of entertainment production, fertile, frantic, and fantastic.

Most days, when I visit the LA Mental Health Court (MHC), I can expect Dr. Allen[1] to ask me for updates on my own “screenplay,” the ethnography he has watched me research over the four years we’ve known each other. With a sly side-eye, he observes me as I scribble notes. I am not writing an ethnography, he insists, I am writing a screenplay. At least, I should be writing a screenplay.

Dr. Allen has been working as a psychologist in Los Angeles for decades, during which he has observed—always with dry wit and a sense of irony—the seeming petrification of mental health law, the decay of mental health facilities, and the confusion of legal and medical concepts of illness as they play out in one court case after another, day after day. We met in 2014. I was just a few days into my research on the ethical entanglements of law and medicine in public psychiatric care. Dr.

Allen helped me find my footing. Though stingy with the phrase “Kafkaesque,” he asserted I was—in fact—observing a Kafkaesque drama. One that could not be merely written but must also be enacted.

Surely, Dr. Allen was referring to the mountains of paperwork, the twisting hallways, the illogic of bureaucratic logic. The “Kafkaesque” here also speaks to the slippery quality of mental healthcare as it is enacted between institutions—legal and medical. It speaks to the excess of mental illness, the residual which cannot be returned to one institution—one category—or another. American film and media is overpopulated with images of mental illness and yet the actual systems of healthcare and the patients themselves remain largely invisible, dispersed, ungraspable.



What non-fiction images exist remain largely faceless spectacles. And so, like Kafka’s Gregor Samsa, my interlocutors describe moments of finding themselves or others suddenly incomprehensible to themselves and to public. This could never be on TV, one court representative told me at the end of a case. No one would believe it.

When I began my research, I understood Dr. Allen’s insistence that I was writing a screenplay a signal that I—as anthropologist—and my writing—as ethnography—remained obscure. Ethnography was too marginal a genre, Dr. Allen seemed to say. This may be part of the equation, but more importantly these references to screenplay can provide insight into how mental illness and the mental healthcare system presents itself to the people invested. From this perspective, we may see articulations of the screenplay potential or impossibility of an event as the beginning of a phenomenology of mental healthcare. What then?

Following Susan Sontag, I have considered the ways gesture toward screenplays indexed what she called the “unassimilability” of an experience and the ubiquity of visually mediated representation. Instead of “it was like a dream,” we may say “it was like a movie.”[2] In the surreal/hyperreal landscape of LA mental healthcare, screenplay becomes a common resource for my interlocutors to draw on as they work toward making themselves comprehensible. Dr. Allen becomes a character, the anti-hero. The mental healthcare system becomes a dark comedy.

Jean Comaroff and John Comaroff (2004) offer a more engaged approach for considering the call for dramatic enactment of the psychiatric system. In their analysis of mediated representations of

crime and punishment in South Africa, they point out that the ritual and routine of theatrical performance have served in the staging of state power. The state performs itself for itself and engages the public in a “reciprocal fantasy” of law and order. [3] Calls for screenplay in this case, then, index the desire for a comprehensive, authoritative, communicable articulation of state power over mental healthcare. Yet, according to my interlocutors there are no television shows, no documentaries, no mediated representations which have successfully represented their work or, necessarily, the complications of patient experience. This should be a screenplay, but it is not yet.

As ethnographer, can I make such a screenplay real? Should I? Is it possible for ethnography to dwell in the incomprehensible? What kind of writing may allow Foucault’s mirror—the symbol of madness—to present itself? From my position as observer, I can only reflect some small aspects of my experience. In writing, I risk losing the object of madness to the interpretations of the audience. I am reminded of another work by Kafka. One of his reflections in *Konundrum*: “As soon as I say something it immediately and irretrievably loses its significance, when I write it down it also always loses it, but sometimes attains new significance.”

[1] Name changed in accordance with research protocol to protect the anonymity and privacy of my ethnographic interlocutors.

[2] Susan Sontag (2003) *Regarding the Pain of Others*. New York: Picador. Pp, 22.

[3] Jean Comaroff and John Comaroff (2004) “Criminal Obsessions, after Foucault: Postcoloniality, Policing, and the Metaphysics of Disorder.” *Critical Inquiry* 30, pp 800-824.