

Women, madness, witchcraft and the evil subjective

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Abstract

In the past 25 years feminist theory has opened up the debate about the relationship between gender, mental disorder and the mental health services in ways that have never been examined before. Historically mental disorder has had a gendered bias and authors, such as Phyllis Chesler (2001), Jane Ussher (1991) and Susie Orbach (2009) among others, have enlightened our views on women and mental disorder. In framing women's madness, consideration has to be given to the discourses of madness which have a long history and in framing women as evil consideration has to be given to ways of managing 'mad' women over the centuries where 'witchcraft' and 'lewd' have been replaced by terms like 'mad' or 'disordered'. Social norms are culturally orientated and madness and evil as signifiers position women within the social order in whichever culture they are from.

The portrait of predominance of female madness is viewed in the historical trajectory of ways of managing 'mad' women over the centuries, 16th century madhouses, through the 17th century special wards reserved for prostitutes, unmarried pregnant women and poor women to the modern view of the help-seeking role of women where the uptake of mental health services and people admitted to psychiatric hospitals is predominantly female gendered.

"The general theory that guided doctors' practice as well as their public pronouncements was that women were by nature weak, dependent and diseased. Thus, women were portrayed as not strong, not competent help-givers but patients." (Ehrenreich and English, 1979).

This paper seeks to explore the woman as the 'other' through the deconstruction of madness and evil from a historical and cultural lens. It also compares and contrasts belief systems and their imprint on existing and diaspora settler communities in terms of current trends and events. This is important as such views concerning magic and witchcraft are not static but vary across cultures and communities, and are subject to modifications and even intensification in new contexts and over time as illustrated by amalgamations of both religion and witchcraft regarded as compatible in many societies. In so doing, the paper explores how the notion of normality varies across different societies and cultures. It traces the impact of multicultural communities in terms of the transfer of attitudes, beliefs and norms to Western societies from countries of origin. It also leads to disturbing questions not only of the labelling and mistreatment of women, in both settler communities in the West and their countries of origin, but also the extent to which certain beliefs become normalised and indoctrinated. Thus, they can be imbibed and even perpetuated by women themselves against other women behind the veil of community and culture, and the belief in occult forces as deeply held, in spite of the education, religion and social class of the individuals (Kohnert, 1996). The argument is made that the continued use of these beliefs in magic, witchcraft and madness, and their explicit and often negative association with women, is symptomatic of exertions of power in the subjugation of women in ensuring a preservation of generally patriarchal structures of social control and dominance.

Key words

Women, Madness, Evil, Culture, Power, Patriarchy

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Introduction

Taking a combined historical and cultural lens, we explore the varieties of ways in which women have been positioned as the 'other', whether as 'mad' or 'evil', or as 'witches'. We first explore those studies which focus on Western history and Western views of women's 'madness', and then 'badness', before examining certain social anthropological studies which examine different cultural views of witchcraft and spirit possession, especially in terms of women, from a social diversity perspective.

The historical studies cited first develop the view that in different periods of time, as with the diverse locations espoused by social and cultural anthropologists (Stewart and Strathern, 2004), definitions of appropriate femininity or masculinity, especially in relation to behaviour and positioning in marriage and within the family, are closely aligned with definitions of healing, witchcraft and madness. Thus Hacking (1999), for example, reminds us that rules are relatively firmly set within every generation as to what is appropriate behaviour for the person defined as 'crazy'. As such, in modern times, not adhering to recognised social norms has led to individuals being labelled as 'abnormal' and stigmatised as 'deviant', 'bad', 'sad' or 'mad' (Goffman, 1963; Appignanesi, 2008). Indeed, the attributes particularly associated with madness such as passivity, emotionality, irrationality, dependency, the need for support and lack of initiative match stereotypical models of modern femininity. This is a point which is overtly made by Phyllis Chesler (1972) who proposed that madness has a profile that threatens and controls all women, not just a troubled minority.

In Western societies, the past persecution of individual women as witches and their trials, torture and killing is still remembered as a part of women's 'deep' history. Similarly, in more recent times, for those who were deemed to be mentally ill, or simply socially unacceptable, the more usual treatment was to be dispatched to luxury villas, if they were rich, or crowded asylums, if they were not. In 'total institutions' such as the latter social conformity was demanded and inmates had to learn the new rules of appropriate behaviour and the new role assigned to them (Goffman, 1961). In these 'asylums' patients underwent traumatic treatments such as insulin coma, electric shock, lobotomy, prolonged bed rest and forced feeding (Sakel, 1994, Abrams, 1984). Under such a regime Virginia Woolf gained 3 stones (19kg) in weight in just one year (Szasz, 2006).

Those who are weak in society are often simultaneously feared, and women who tend to occupy relatively weak and socially disempowered positions in society, such as in traditional African societies, are more likely to be feared as 'evil' and accused of employing witchcraft (Bleek, 1976; Geschiere, 1997). At the same time women have been defined as fascinating seductresses as well as witches, and Noddings (1998) reminds us, while exploring the link between women and evil, that people in general have always been fascinated by evil. However, she also notes that women themselves have remained relatively silent regarding evil until recently, largely due to the close associations that have been made between women and evil and witchcraft in the past. Thus the 'mad woman' and 'the witch' share analogous positions within oppressive discourses and can be viewed in the context of other oppressive practices that are used to control women. With the revival of feminism in the last half of the twentieth century, feminist academics such as Jane Ussher (1991) at last began to question these discourses and practices.

The terms 'witch' and 'madwoman', however, are culturally defined, not least within African diasporas in the West which affect the processes of labelling. These labels can sometimes even be welcomed, or at least tolerated, depending how far relevant traditional cultural beliefs and practices have been embraced (Boyce-Davies, 1995). However, we are also reminded by Ussher (1991) that every society has its 'other' and that in all patriarchal discourses women are recognised as 'the other'. But in terms of severe mental illness and witchcraft, women as 'the other' are often defined as doubly guilty.

Womens' madness and witchcraft

Throughout the ages, madness has had a volatile relationship with evil. Sometimes the two have been viewed as one and at other times they have stood as individual entities. This obviously had implications for those labelled and categorised as mad.

Women's mental health issues create intriguing connections and generate questions regarding the nature-nurture debate, the centuries-old history of oppression, the ability of the powerful to create language and define reality, the inequity in the distribution of resources, the unmistakable reality of

resulting despair and loss, and the human search for meaning (Bentley, 2005). Lisa Appignanesi's (2008) book *Mad, Bad and Sad* looks at the history of the study of the female mind over the past two centuries. It asks whether the contents of a woman's head need be regarded as any different to those of a man. Appignanesi (2008) does not see women as inherently mad, bad or sad but is fascinated as to why, over the years, we have continued to classify them in these categories far more often than we do men. Her account of the views of female patients throughout the 1800s is disturbing. Breast-feeding women were seen as having 'lactational insanity' (it was thought, quite literally, that they had milk on the brain). In 1825, in Paris came the first instance of a doctor testifying that if a patient insisted she was not mad, this proved that she must be. This was part of the extraordinary case of Henriette Cornier, a nursemaid who calmly sliced off the head of her 19-month-old charge and threw it out of the window because 'the idea presented itself'. She refused to accept the charge of insanity and was sentenced to hard labour 'in perpetuity'.

Along with the arrival of Christianity, particularly in the Middle Ages, the mind and its workings were considered to be under the province of the Church. Religious leaders conceptualised madness and evil as one and the same. Demonstrations of mental distress by women were viewed as the result of evil spirits having entered the body and those deemed 'mad' were categorised as witches and became outcasts in society. In the West, women were the primary victims of witch trials. A point noted by Ehrenreich and English (1973) in their feminist approach to the study of witches and midwives and nurses. Indeed, these women who were healers, nurturers and carers, often with the knowledge of traditional medicines and herbs were often accused of practising witchcraft. This period led to a social and cultural *zeitgeist* that fostered the accusations, the trials, the tortures and in many cases, the deaths of these women (Taylor, 1999). Prior to the repeal of the Witchcraft Act of 1735, a major tenet in the trials of women as witches also featured women's sexuality, which in itself was inextricably linked by their accusers and torturers to the women's so-called madness and evil (Ussher, 1991). Discourses of sexual inhibition, lewdness and desire were linked to women's fecundity, their supposed weakness and feeble mindedness.

The age of reason and the resurrection of science in the 1800s changed society's perception and treatment of those defined as 'mad' or 'insane' who were seen through the 'medical gaze' of the doctor backed by the institution (Foucault, 1965). The doctor's 'medical gaze' helped to medicalise women's sanity by returning to what was defined as the nature of the female to be seen as the root cause of women's 'madness'. The menarche, menstruation, childbirth and the menopause, with the womb as the main protagonist, were seen as sapping women of their mental stability and intellect and as the sources of this madness. Ussher (1991 p.64) reminds us that the image of the Victorian 'mad woman' "was the immediate foremother of the modern-day woman diagnosed as neurotic, phobic, anxious, depressed or schizophrenic." Women's mental health fell into a general category of hysteria at this time. This was a term conjured by Dr Frederick Hollick a Victorian Physician, in his book "Dearangement of the Functions of Female Organs" (1879), citing the first period, suppressed menstruation, late marriage, vicious habits and long standing constipation as precursors to the condition. The madwoman no longer has an identity as an individual, as an autonomous subject, she has disappeared under the label attached to her (Ussher, 1991, p.61).

Women's madness and 'evil'

According to the World Health Organisation (2008) gender is a critical determinant of mental health and mental illness and it determines the differential power and control men and women have over the socioeconomic determinants of their mental health and lives, their social position, status and treatment in society and their susceptibility and exposure to specific mental health risks.

"Women's health is inextricably linked to their status in society. It benefits from equality and suffers from discrimination today the status and well-being of millions of women world-wide remains tragically low." (WHO, 1998, p.6)

Pressures created by their multiple roles, gender discrimination and associated factors of poverty, hunger, malnutrition, overwork, domestic violence and sexual abuse combine to account for women's poor mental health. There is a positive relationship between the frequency and severity of such social factors and the frequency and severity of mental health problems in women. Severe life events that cause a sense of loss, inferiority, humiliation or entrapment can predict depression.

Academics have long tried to explain the probable circumstances around women and offending behaviour. Women in society are viewed as the caregivers and nurturers of the society. This view generates the question: To what extent women are different from men in offending behaviour? Lombroso and Ferrero's (1895) anthropological research on the topic looked at differences in women and men's skulls and bones. Thomson (1963) equated sexual deviancy with deviant behaviour, while Simpson (1989) and John Howard Society (2001) proposed the risk factors associated with women offenders to be unemployment, violence within the family, substance abuse, peer influence and psychological factors, all being equally valid as predictors. Moreover, Walker (1994) proposes that since women are considered more prone to violence, sexual or physical victimisation during childhood, they may be at greater risk of offending behaviour in later years.

Despite the strength of evidence to the contrary, the myth of the dangerous mental patient is difficult to dispel and many people remain convinced that violent criminals, child-molesters, spree-killers and terrorists must, necessarily, be mentally ill. As Dr Matt Muijen (1996, p.31) observed, "An ominous process is developing in many people's minds, linking evil and mental illness". While Naumeister (1996) argues that there is a common compelling image of 'evil' in our society, which depicts perpetrators of evil as sadistic, chaotic 'others'. This satisfies many by situating ourselves as good and 'the other' as evil.

Mason and Mercer (1998) remind us that attempts to define the boundaries of forensic psychiatry typically reify 'madness' and 'evil' as pivotal and polarised concepts. The term evil is very unlikely to escape religious and unscientific biases that reach back over the millennia and any attempt to study violent or deviant behaviour under this rubric is fraught with bias and moralistic judgments.

Women in secure forensic mental health care units in the UK are considered to be a minority group comprising of only 18% of the total population of 3723 in-patients in the UK in 2007. Though statistically small, perhaps this group represents both the dilemma and the challenge of forensic mental health care. Indeed it is proposed by Mason and Mercer (1998, p38) that "those working in areas of serious pathological behaviour - the forensic services - ought to address the subject matter of anthropology, mythology, folklore and demonology; focusing on that 'twilight territory which falls in the borderline between illness and evil'".

There is a view that embracing the term evil as though it were a legitimate scientific concept will contribute to the stigma of mental illness, diminish the credibility of forensic psychiatry, and corrupt forensic treatment efforts. Although an alternate to this view would be that in reality, the removal of 'evil' from professional vocabulary could be viewed as detrimental to the perpetrators and victims of abusive behaviour 'iconicised' by women killers. These include Myra Hyndley, who with her then partner Ian Brady horrendously tortured and killed two young children and buried their bodies in the Yorkshire moors, and later confessed to the murder of two more young people. Again, Rose West who with her husband Fred West brutally murdered 10 women and young girls, including her own daughter. Then again, Beverley Allit the 'Angel of the Death' one of the UK's most recent serial killers, murdered 4 children and injured 5 others. It has been noted that 'in primitive societies evil is attributed ultimately to monsters that cannot exist, whereas in our society it is attributed to monsters that do exist (Pocock, 1985).

Women as Witches, Madwomen and the 'Other': From Africa to Europe

In terms of diverse cultures, social anthropologists have shown us, since the pioneering work of Evans-Pritchard (1937), how different cultures from those in the African continent (Evans-Pritchard, 1965; Gluckman, 1966; Sangree, 1969; 1982; 2008) to those in Europe, America and elsewhere (Stewart and Strathern, 2004), have displayed varied expressions and discourses around the concepts of witchcraft, madness, spirit possession and magical and other forms of healing (Maclean, 1971). These have been shown to have their own various logics in their attempts to explain what appears to members of the society to be inexplicable. Thus, in cultures such as those of sub-Saharan Africa, witchcraft was often traditionally seen as a reasonable way of explaining what we might now put down to mere accident. This would be the answer to people who might ask: Why did a particular child in a compound fall ill and not another?

In Azande society, Evans-Pritchard (1937) explored the logic and coherence of beliefs in witchcraft in terms of their relationships to both natural events and to the structure of society. However, when the

stability of society is threatened with change, misfortune and disruption in relationships, such as took place with the advent of colonialism, there was often fear and accusations of witchcraft with witch-hunts often taking place (Gluckman, 1966). Historically similar to what took place in European societies, these were often against women, and especially older women, as the most vulnerable members of the society and as often defined as the 'other', especially when women were 'strangers' in their husband's family compounds. The latter is the case in patrilocal and polygamous societies which are commonly the case in the majority of sub-Saharan African societies. In these societies, such as the Yoruba of southwestern Nigeria, accusations of witchcraft are rife among jealous co-wives in a man's compound. Indeed, many of these women leave the rural areas and villages just for that reason, suspecting evil and harm in the form of 'juju' or poisoning, from other women and especially co-wives at home. Even with their young children, they often go to seek work in the safer urban areas where they and their children are thought to be less susceptible to harm. However, this move to more modern areas involves other pressures which can cause them further role strain, depression and even quite frequently other relatively severe mental health problems in trying to cope with the parallel worlds of tradition and modernity (Di Domenico, 1982). Indeed, it is interesting that beliefs in witchcraft and women's roles as witches and evil-doers are even promulgated and so perpetuated by women themselves against other women. This belief in occult forces is very deeply held by many, a generalisation that can be made even in spite of the different educational backgrounds, religions and social classes of many of the individuals involved (Kohnert, 1996).

However, beliefs in magic and possession may also be seen in a positive light in many African societies. Besides being feared as evil-doers who dabble in witchcraft and poison, many women can be also be recognised as successful healers, carers and traditional birth attendants, and their 'magical' traditional cures are often recognised and successfully applied to many conditions which challenge Western medical practitioners, from those defined as having a physical source to those described as 'mental illness', for which traditional practitioners often have a higher rate of cure (Maclean, 1971).

Beliefs in magic, witchcraft and possession can be associated with the social and cultural systems of particular African societies, and especially the family and marriage structures prevalent within a society, and the corresponding positions of men and women therein (Evans-Pritchard, 1965; Sangree, 1969; 1982; 2008). Thus, in societies where polyandry exists alongside patrilocality and the multiple marriage of both men and women (polygyny), such as the Irigwe of Benue-Plateau State, Nigeria, women tend to experience frequent separation from their children and consequently severe separation depression. Spirit or demon possession involves nearly all mature Irigwe women and this allows them emotional catharsis and a means of social reintegration which compensates for the repeated separations which they experience and the social disjunctions in their lives that the Irigwe marriage system appears to produce (Sangree, 1969; 1982; 2008).

Women can be discriminated against by virtue not only of their gender but also because of their age, thus engendering a double bind by which they are prone to being socially 'othered', particularly within more explicitly patriarchal setups in which they wield limited autonomy. Myth and folklore surrounding the idea of witches and witchcraft tend to evoke imagery of the elderly female much more than any other. Such beliefs correspond to poverty and deprivation whereby, for example, in certain parts of Africa from Tanzania to Nigeria, typically old women living alone may be accused of being witches and may be subject to victimization and intimidation, and some cases even death. This stems from beliefs whereby they can be held responsible for tragic events and even the general hardship of the local community. Some are forced to flee to urban areas such as Lagos where they depend on community charity or are cared for by charitable religious institutions, such as 'The Little Sisters of Mercy' who have set up homes for the elderly. The latter have often been abandoned by their relatives after accusations of witchcraft. Such prejudice is often engendered or perpetuated by, for example among the Yoruba of southwestern Nigeria, 'babalawos' or male traditional healers who exert significant sway and may manipulate deeply held cultural superstitions regarding witchcraft to the detriment of such elderly women and other often other vulnerable individuals including children. Indeed, the power of such male spiritual healers or 'witchdoctors' is evidenced by the way in which they have effected related actions such as, for example, the killing of children, and particularly albinos, for their body parts which are thought to bring good luck. These nefarious practices have often emerged in recent years in postcolonial societies which have been subject to the forces of rapid change. They have been widely reported in the media, and continue to grow, despite being officially condemned by many African governments.

This cultural stereotyping is by no means restricted to examples in less developed African and other nations despite popular discourse and prolific press reporting. Belief in witchcraft and its strong association with women is found in various cultures worldwide. Indeed, it would be a disservice to portray witchcraft in a parochial or culturally-defined way or "...to let it seem that [the study of] witchcraft is the private obsession of Africanists only" (Douglas, 1970: xi). As Mary Douglas (1970) points out, historians and anthropologists share a common interest in the topic, whether it is rooted in the knowledge system of the society or interpreted as an attempt by individuals to support or break off social relationships. Of course, versions of the belief in witchcraft are historically rooted in both cultural practice and indeed ancient laws and acts of parliament in Europe penalizing those accused of its practice, and later to those pretending to practice it such as con artists or swindlers (e.g. the Witchcraft Act 1735 in England). In early modern Europe it was evoked as a conspiracy against Christianity. However, it is important to note that witchcraft is treated differently, and has differing meanings and epistemological foundations in different fields with which it is concerned such as social anthropology, history, and religion. It is interesting for instance, that the *Malleus Maleficarum* (a famous thesis written in 1486 by Heinrich Kramer and Jacob Sprenger, inquisitors of the Roman Catholic church) and used by Roman Catholics and Protestants alike, specifically sought to identify typical characteristics of a witch and argued that women were more likely to be witches, evil and thus required punishment, essentially vindicating witch-hunting and refuting any scepticism against their existence. The infamous 'Salem witch trials' carried out in Massachusetts, British North America (1692-1693) is illustrative of the widespread belief in witchcraft throughout the British colonies, and its cultural indoctrination and use in legal prosecutions of both men and women. However, despite its varied manifestations and articulations, the most dominant and prevailing image of the witch is that inherently bound to that of the often elderly but certainly female person.

With increasing global movements of people, the importation of cultural beliefs by those emigrating and settling in different countries has been the source of some controversy, discontent and ambiguity, not least when it comes to traditional beliefs and the issue of witchcraft. For instance, the condemnation of women as witches by minority [settler] communities within the United Kingdom presents a challenge in how best to deal with cultural attitudes that diverge from accepted doctrine without engendering discrimination, exclusion and barriers to further integration by some communities into the host culture. The ideal of 'cultural diversity' and 'multiculturalism' may therefore be particularly difficult to achieve. A particular challenge is how to deal with the combination of explicit religious values that foster support of beliefs in witchcraft that can be harmful to the position and safety of women. Another is to make doctors, psychiatrists and other health and social well-being practitioners and policy makers aware of the different beliefs and cultural diversity that abound in relation to witchcraft and particularly to women as witches so that women who seek help from minority ethnic communities are not faced with the double indignity and penalty of being defined as 'evil' and 'mad' and of being 'othered' not only as women, and in particular elderly women, but also as members of particular ethnic and religious minority groupings.

Conclusion

In conclusion, we have sought to analyse and explicate, through the adoption of a historical-cultural lens, the ways in which women have been 'othered', such as via discourses of madness, evil-doing or witchcraft. These are very powerful narratives that can dominate the ways in which society treats women and other vulnerable members of society at a given historical moment and within a particular socio-cultural context. We have shown this also through present-day examples of the prevailing beliefs about witchcraft in certain African countries, and the dominant associations with women, as well as the transfer of these beliefs with the African Diasporas, and subsequent double or triple bind for women which results in the new setting. It is also the case that although beliefs in witchcraft may be more historically situated, or at least confined within specific sub-cultural groupings, dominant discourses in other cultures may similarly subjugate and continue to position women as the 'other' via associations of madness and mental disorder. Thus, the gendered nature of articulations across the globe share the common manifestation of women as the 'other', despite specific variations in the belief systems and rationalisation logics proffered in any particular context. One can identify 'othering' practices that vary in articulation and indeed are not static but are subject to modification and even intensification. These continue to permeate historical and cultural contexts and moments, whether through religious, mythical, cultural beliefs or even medicalised world views, thus perpetuating and ensuring that wider societal acceptance and indoctrination in a more culturally-engrained othering of women is ensured.

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