

Revolution and Madness

On my fourth day in Zanzibar, McGruder walked me through a maze of narrow alleys in Stone Town to the house of one of the three families she studied. It was a low white building facing a small public square, in the center of which stood a large shade tree. The house was not much to look at: a single-story cement structure with four square columns supporting the roof over a small porch. The windows were shuttered behind steel bars. The family had moved a few years ago and the house was empty. A message in red spray paint read in Kiswahili, "This house is not for sale." This, McGruder told me, was where Hemed and his daughter Kimwana, both diagnosed with schizophrenia, had lived with their family.* The head of the household was Amina, Hemed's ex-wife and Kimwana's mother.

As with most Zanzibari families, these three did not live as a nuclear family unit. During the year McGruder spent visiting the family, the household included Amina's mother; her two married daughters and their children; one unmarried daughter, who was sometimes away at college; one unmarried son, who was studying at the local Islamic teacher's college; Hemed's half-brother, who was a deaf-mute; plus his adopted sister and her children. At night the 600-square-foot, eight-room structure slept as many as ten adults and ten children.

As we sat on a low brick wall at the edge of the square nearest the house, I asked McGruder if her memory of the place was of rooms constantly packed with people. "No, my impression of the place was of traffic; constant streams coming and going," she told me. She described how women would converse and do chores indoors or in

*All the names of the African families mentioned in this chapter are pseudonymous.

the small walled courtyard. Men and children would be outside on the covered *baraza*, the cement bench that ran along the front of the house. The kitchen would be in constant use, as household members cared for and fed each other in a bustle of steady activity. One of McGruder's favorite words in Kiswahili is onomatopoeic for such managed chaos: *zogozogo*.

The sheer number of people in the household posed a challenge to her research. She had hoped to tell the history and take the emotional temperature of the family, but even a rough sketch of the family tree of this pulsing kinship group proved complicated. Amina, the mother, seemed the obvious focal point for her study. The swirl of activity in the household revolved around her. She was the rock.

Like many Zanzibaris, Amina was of mixed Swahili and Arab descent. She was married at 18 in an arranged union to Hemed, the older son of the plantation owner for whom her father worked. Like many Arab families who had immigrated from the Middle East over the centuries, Hemed's father owned a clove plantation and traded in the spice business. During their courtship in 1960 and the months after their marriage that year, Amina remembered, Hemed was lighthearted and charming. Sadly, it was less than a year after their marriage that he experienced his first psychotic episode.

The period in which Hemed began to experience symptoms of schizophrenia was, not coincidentally, a time of political upheaval on the island. After years of being a British colony, Zanzibar embarked on the uncertain path to self-governance. There were three political parties, twenty-two trade unions, and sixteen partisan newspapers stirring up anger and resentment on all sides. Hemed's first experience of derangement, McGruder believes, was sparked by the social upheaval of the time.

As Amina remembered, Hemed loved to talk politics, and he would often come back from political meetings so wound up that

he couldn't sleep. He would talk all night about the various faction leaders and the ever-changing alliances. Over the months, these ramblings became tinged with fear of political persecution. His worries were not mere paranoia, given the ethnic and political killings that were to come.

Soon Hemed's political monologues transformed into fretful discussions with unseen interlocutors. He began to frighten his new wife with his unpredictable behavior.

Such an onset of schizophrenia can be explained by the stress-diathesis model, the theory that biological factors make one vulnerable to schizophrenia, but stress in one's environment may set off the illness. Stress may come from any number of sources, but researchers have paid particular attention to conflict within a person's social world. Given what was going on in that moment in the history of Zanzibar, the amount of stress felt by Hemed must have been intense. He was a middle-class man from a high-profile Arab minority at a time of growing racial and class distrust. His curly dark hair and facial features made him identifiably Arab. There seemed to be no safe political refuge. Even the political party he belonged to, the Zanzibar Nationalist Party, was internally split between those who considered themselves African and those of Arab heritage. No one knew whom to trust.

At the end of the year Hemed broke down. Soon after his first son was born, in September, he was admitted to the local mental hospital after beating his great-aunt during a delusional episode. Early the next year he was certified as a person of unsound mind. His medical charts reported that he had a "shallowness of emotion, visual hallucinations and aggressiveness, tend[ed] to lose temper, ha[d] delusions."

The New Year brought no relief from the political turmoil. Violent riots followed the elections, prompting the British to send in soldiers from the mainland and declare a state of emergency. Doz-

ens of foreign-born Arabs were murdered and more than a thousand people were arrested. During this time Hemed returned to the mental hospital and stayed there for six months. He was released around the time his daughter Kimwana was born.

Over the next two decades Hemed was hospitalized eight times for various periods and twice given electroconvulsive treatments. As McGruder examined his hospital records, it became clear that the dates of his worst episodes were during or right after periods of political strife or family stress.

In 1970, when Hemed was hospitalized for nearly an entire year, Amina divorced him, employing an Islamic law that allows divorce for reasons of nonsupport. Still, Hemed eventually came back to live with the family, and he and Amina even had a sixth child together. Later he suffered a stroke that paralyzed one side of his body. In the end Amina saw Hemed's stroke as something of a blessing. Although it made him an invalid, she told McGruder, "it has broken the strength of his anger, his wanting to beat people."

Kimwana, their daughter, showed no signs of the illness during childhood. Amina remembers her daughter's early years with the compliment that she was "not a heavy load." She was a happy child even though her early years were turbulent times for the island. Her mother and classmates remember her as the brightest student in the class. Particularly skilled with numbers, she graduated from secondary school and took a job with the Ministry of Finance. This was 1983, a time of rapid change for women on the island. To fill in for the many educated men who had fled the political upheaval, women were beginning to enter the professional workforce by the thousands.

One Saturday night, just a few months after starting her new job, Kimwana was restless and couldn't sleep. Late in the evening she wandered outside the house and in a loud voice began asking for forgiveness. "Forgive me!" she yelled. "Oh God, what have I done

wrong!" When the family couldn't calm her, they assumed it was a case of spirit possession. The family debated two theories. Perhaps, they thought, she had been possessed by a spirit from a deceased ancestor who had not been acknowledged for watching over Kimwana, had not been shown the proper gratitude for all the success she had experienced up to that point. The other possibility was that a jealous coworker had sent the spirit with the use of witchcraft.

At 1 a.m. Kimwana's ranting hadn't yet subsided, and the family took her to the local hospital. Amina remembers that she was examined, given antimalaria pills, and admitted for four days.* At the end of the week, Amina recalls, Kimwana came back home, slept well, and was able to go to work again on Sunday.

She worked that week, but the following Monday again became upset and refused to go to work. This time Amina employed a traditional remedy. She burned a mixture of leaves, flowers, grasses, and seaweed, whose strong odor is believed to repel many types of weak spirits. Amina remembers taking her daughter to the hospital, where she again "became herself." But even with periods of remission, the delusions of hearing disembodied voices came back on a regular basis.

He Sees Me up to My Heart

Fifteen years later, when McGruder began to spend time with the family, her goal was not to show that Kimwana's or Hemed's men-

*When McGruder compared Amina's memory to the records in the hospital, there were considerable differences. The pills she had been given were not, according to the chart, antimalaria medication but an antispasm drug called trihexyphenidyl hydrochloride, used to counter facial muscle spasms that can be a side effect of a powerful antipsychotic called fluphenazine that had been given to Kimwana in an injection.

tal illness would have had a different course in a different cultural setting; that would be impossible to prove as there are no control groups in ethnographic scholarship. Rather, she set about trying to record how cultural beliefs and practices contributed to the family's understanding of the illness and to their treatment of Kimwana and Hemed.

McGruder first wanted to get an idea of what the experience of madness felt like. Hemed was so disabled by his schizophrenia and the stroke that it was not possible to get a sense of what was happening in his mind. Kimwana, however, had periods of relatively high functioning and could tell McGruder her impressions.

Kimwana told McGruder that the voices she heard in her head were usually male, and they spoke to her as if they could "see to my very soul." These voices told her variations on the theme of what a bad person she was. Sometimes she heard two or more men gossiping that she was a disloyal and disrespectful daughter and sister. The chorus could be relentless: "She doesn't love her mother," one voice would say to the other. "She doesn't love her brothers and sisters. She is not a person of God, just a useless person." Sometimes they would curse her in riddles or make negative but oblique statements such as "Abhorrent badness even to the soul."

Although Kimwana understood that her thoughts were unstable and disorganized, she often insisted the voices were of real people and not delusional. And although she sometimes believed that the voices came from outside the window, her subjective experience was that the person speaking was seeing into her thoughts and feelings. "I don't see him but he does [see me]," she told McGruder. "He really sees me a lot. Actually he sees me up to my heart, up to my mind. He has the ability to speak to me because he is able to see me because whatever I think about he sees it."

Much of the torment of having these male presences in her head related to Islamic rules of female modesty. While the voices were

with her, she felt she must respect the codes of conduct a were actually in the presence of a man. At such times she could bathe or undress and she tried not to go to the bathroom. Although she sometimes found it helpful to argue with the voices which became critical, her sense of decorum made it difficult for her to speak this out loud.

This sense of decorum also made Kimwana reluctant to name her tormentors, for it turned out that she recognized voices. They were, she admitted to McGruder, the voices of bicycle repairmen who worked in front of the house. This reality left McGruder in a quandary over Kimwana's perception. For most of the day and often into the evening the voices of bicycle repairmen could be heard quite clearly in the house, often difficult to tell to what extent Kimwana's delusion jumping off of actual conversations drifting through the window and to what extent they existed exclusively in her mind.

That Kimwana's delusions would come in the form of imaginary auditory hallucinations made sense given the location of the household. The rolling, pulsing sound that filled the square during day was remarkable for its volume, texture, and complexity. The square from the house was the Bakathir Muslim School for Girls, and directly to the right of the house was the Al-Nour Islamic School for Boys. At any given moment the undulating, overlapping choruses of hundreds of children chanting in Arabic could be heard. The noise that emanated from the schools created a hypnotic background sound, like breaking surf.

On top of that sound could be heard the single voices of individual children teasing and playing with each other or calling people in the courtyard. Then there were the voices and footsteps

*I've placed an audio recording of the sound of the square on www.likens.com if you'd like to listen to the soundscape Kimwana lived in.

adults heading across the square on their errands and the constant squawk of crows in the shade tree. In that cacophony of sounds reverberating and echoing off tin roofs and cement surfaces, the only discernable individual voices were those of the bicycle repairmen chatting among themselves or with their customers as they did their work.

Considering the additional commotion of the comings and goings of the members of the household, the noise must have been unrelenting. The many small children, though well behaved in the manner of most Zanzibari children, created a racket. Hemed, even though he could not walk or even bathe himself, could yell and often did for long stretches without ceasing. Several of the family members shared with McGruder their belief that the noise itself was exacerbating Kimwana's illness. Bimkubwa, the most Westernized of the siblings, told McGruder that Europeans have much smaller families and that their houses were much quieter. "There are too many of us and this place is too noisy," she said emphatically.

Kimwana often asserted that she felt better when she was alone. But given her auditory hallucinations and the general noisiness of her surroundings it was clear that she was talking not just about a desire for physical solitude but also for quiet. "I do like being on my own," she once told McGruder. "Being with people I feel like I am tangled with them. I feel like calming myself, just silently. Just quiet and silent." Unfortunately time alone was a scarce commodity in the packed household. And silence was all but unavailable.

The Emotional Temperature of the Household

It didn't take long for McGruder to sense that Amina's family displayed an amazing tolerance for the difficulties of having two severely mentally ill people (not to mention a deaf-mute) in their

household. It was a testament to the strength of this family unit that Hemed, even after the divorce for nonsupport and the years of violent psychotic episodes, was still taken care of by Amina and the family.

McGruder noted that the family took a remarkably relaxed stance toward Kimwana's illness in particular. When asked about Kimwana's symptoms, Amina gave matter-of-fact answers. When McGruder wanted to know what Amina thought of Kimwana's central delusion, all she could elicit was the simple declaration that her daughter felt that the "bicycle repairmen concern themselves with her affairs." Amina told McGruder that she did not share her daughter's belief, but there was no judgment or frustration attached to the delusions. To many questions Amina would only answer, "I am unable to know" or "I take it as one of God's mercies, one of God's wishes."

To try to give me a sense of the emotional tone in this house, McGruder recounted a day in late September after a particularly difficult few months for the household. Kimwana was recovering after taking an overdose of her medication, and a bad cold had sickened nearly everyone in the family. Amina had admitted to McGruder that they were too poor even to buy aspirin. Although each family member had mostly recovered from the illness, the family unit was still trying to regain its normal rhythm.

When McGruder arrived in midmorning she went right to work in the kitchen. She had found that participating in the daily chores was a much less intrusive way to observe the goings-on in the household than sitting in a corner with a notebook. Over the course of the morning she watched Amina prepare food for a dozen hungry mouths, negotiate the payment of school fees with a local official, send family members on a variety of errands, and deal with minor setbacks, including a large pot of ginger tea that had unexpectedly curdled. On top of this she did her best to keep the children (and