

'THE MAD' SPOTTED?
POLITICS OF MAD IDENTITY THROUGH DISCURSIVE
THEMES ON *MAHALLENİN DELİSİ* (THE MAD OF THE NEIGHBORHOOD)

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Mahallenin Delisi (The Mad of the Neighborhood)

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Thesis Abstract

Aysu Arican, “‘The Mad’ Spotted? Politics of Mad Identity through Discursive

Themes on *Mahallenin Delisi* (The Mad of the Neighborhood)”

This study primarily deals with the politics of mad identity, and specifically, it aims to explore the discursive construction of *mahallenin delisi* (the mad of the neighborhood), a disappearing public figure, as a social identity in the accounts of non-professional people. In this direction, the construction of the prominent characteristics of the mad of the neighborhood, and the mode of social relations with this figure in terms of particular emotions, social values, social roles and functions that are attached with this identity are examined. In addition, the relation of the mad of the neighborhood identity to the mental patient identity, and the particular aspects psychiatric discourse operates in the constructions of mad identity are explored through discursive themes on *mahallenin delisi*.

Five semi-structured focus group interviews including thirty-three middle-aged adults were conducted in İstanbul, Antalya and Afyonkarahisar to collect personal experiences and views on the mad of the neighborhood. The participants were mostly the natives of the city the session was held, and their age ranged from thirty-five to sixty-five. Focus group sessions were audio and video recorded, and the mean duration of the sessions was ninety-eight minutes.

The study demonstrates that the mad of the neighborhood is constructed as a public identity whereas the mental patient is constructed as a medical and institutional identity, albeit both terms refer to the mad. The differences in the respective constructions of the two identities further influence the mode of social relations with the mad and the perspectives on the confinement of the mad. Whereas the mad of the neighborhood was embraced among the neighborhood community through infantilization and could lead a life in public space, the social exclusion and the confinement of the mental patient is legitimized through their criminalization. Moreover, the ongoing spatial and social transformations of public space in terms of the neoliberalization of the cities are argued to produce new modes of social control, regulation, and exclusion in the neighborhoods through the dramatization of crime and violence. The public spaces are redeveloped and transformed in ways to limit social encounters with the mad and other marginalized groups, which further reinforces the social exclusion of the mad. In sum, modern psychiatry and neoliberal urbanism both contribute to the disappearance of the mad of the neighborhood as a public identity through their legitimization of social exclusion of the mad in their own particular discourses on public safety and through their respective mechanisms of social control and regulation.

Tez Özeti

Aysu Arıcan, “‘Deli’ Görüldü? *Mahallenin Delisi* Üzerine

Söylemsel İzlekler ve Deli Kimliği Politikaları”

Bu çalışma öncelikli olarak deli kimliği politikalarını ele almaktadır ve özellikle de kaybolmakta olan bir kamusal figür olan *mahallenin delisinin* sosyal bir kimlik olarak söylemsel kurgulanış biçimlerini incelemeyi amaçlamaktadır. Bu doğrultuda, mahallenin delisinin belirgin özelliklerinin kurgulanış biçimleri ve bu kimlikle bağdaştırılan belirli duygular, sosyal değerler, sosyal rol ve işlevler çerçevesinde bu figürle sosyal ilişkilene biçimleri incelenmektedir. Ayrıca, mahallenin delisi kimliğinin akıl hastası kimliği ile nasıl ilişkilendirildiği ve psikiyatrik söylemin deli kimliğinin kurgulanmasında hangi açılardan etkin olduğu gibi konular mahallenin delisi üzerine söylemsel izlekler aracılığıyla değerlendirilmektedir.

Mahallenin delisi ile ilgili bireysel deneyim ve görüşleri alabilmek amacıyla, İstanbul, Antalya ve Afyonkarahisar şehirlerinde, toplamda otuz-üç orta yaşlı kişinin katıldığı beş farklı yarı yapılandırılmış odak grup görüşmesi yapılmıştır. Katılımcılar çoğunlukla şehirlerin yerlilerinden seçilmiş ve yaş aralığı otuz-beş ile altmış-beş olarak belirlenmiştir. Odak grup oturumlarının görüntü ve ses kaydı alınmıştır ve oturumlar ortalama olarak doksan-sekiz dakika sürmüştür.

Bu çalışma, her ikisi de deliye atıfta bulunmak için kullanılsa da, mahallenin delisinin kamusal bir kimlik olarak, akıl hastasının ise tıbbi ve kurumsal bir kimlik olarak kurgulandığını göstermektedir. İki kimliğin kurgulanış biçimlerindeki ayrılıklar, deliyle kurulan sosyal ilişkilerin biçimini ve delinin kapatılması üzerine görüşleri de etkilemektedir. Mahallenin delisi, mahalle halkı tarafından çocuklaştırma yoluyla benimsenerek mahallede yaşamını sürdürebilirken, akıl hastası suçla ilişkilendirilerek dışlanması ve kapatılması meşrulaştırılmaktadır. Buna ek olarak, şehirlerin neoliberalleşme süreçlerine bağlı olarak kamusal alanda süregelen sosyal ve mekansal değişimlerin, suç ve şiddetin dramatize edilmesi üzerinden mahallelerde yeni toplumsal kontrol, düzenleme ve dışlama pratikleri ortaya çıkardığı tartışılmaktadır. Kamusal alanlar, deliyle ve ötekileştirilen diğer gruplarla sosyal karşılaşmaları sınırlandıran biçimlerde yeniden geliştirilmekte, dönüştürülmektedir ve bu durum delinin dışlanmasını pekiştirmektedir. Kısaca, modern psikiyatri ve neoliberal şehircilik anlayışı, kendilerine özgü kamusal güvenlik söylemleri ve toplumsal kontrol ve düzenleme mekanizmaları yoluyla delinin dışlanmasını meşrulaştırırken, kamusal bir kimlik olan mahallenin delisinin kaybolmasında bu iki egemen söylem birlikte etkili olmaktadır.

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Figure 1. The first edition of “Madmen Calendar of Malatya”, 2000.

CHAPTER I

INTRODUCTION

Why Politics of Mad Identity?

Alayalı Hasan, daima güler, herkesten para ve sigara ister, ‘Hasan bir oynayiver’ diyenlere, sokak ve caddelerde çiftetelli oyunları yapardı. Başını aşağı yukarı hafifçe titreterek konuşurdu. Mahallede ne zaman güzel bir bayan görse, hemen kendini küt diye yere atar; bayılırdı. Kadınların koşarak evden kolonya getirip, yumuşak elleri ile yüzüne sürmeleri, ona büyük bir zevk verirdi. Bu nedenle uzun süre ayılmayı istemezdi. Alanyalı [sic] Hasan mahalledeki çocuklar için de ayrıca bir eğlence kaynağı idi. Çocuklar ondan “Çekoslovakya” kelimesini tekrarlamasını isterler; o da bazı harfleri doğru telâffuz edemediği için yarı şaka “çek kapıyı kökle” diye cevap verirdi. Çocuklar ona “sirk” dedirtmeye çalışır; o da “r” harfini yuttuğu için, ağzından başka anlama gelen bir söz çıkardı. Mahallenin çocukları, genç bayanları buna katıla katıla buna gülerlerdi. Alayalı Hasan mahallede efendi efendi dolaşırdı. Kimseye bulaşmaz, kimseyi rahatsız etmezdi. Fakat, akıllılar onu hiç rahat bırakmazdı.

[...]

Bunlardan daha birçok vardı. Ahmet Zogo, Çık Pazardan, İngilizceci, Doktor, Dibek ve diğerleri. Şimdi şöyle etrafıma bakıyorum da; artık her mahallenin bir delisi yok. Çarşı da [sic], pazarda esnafın eğlencesi deliler, akıllılar ortalıkta görünmüyor. “Aaaa! Bizimki burada.” dediğimiz biri yok. Yoksa hepimiz birer deli olduk da, onlar bizden korkup bir kenara mı gizlendiler, bilemiyorum. Bildiğim şey “delisiz Antalya’nın” artık eskisi kadar eğlenceli olmadığı (Çimrin, 2006, p. 415-416).

Alayalı Hasan would always smile, ask for money and cigarettes from everyone, and dance *çiftetelli* (a kind of solo folk dance) on the streets and roads for the people who say ‘come on Hasan, dance a little bit’. He would talk by slightly vibrating his head up and down. Whenever he saw a beautiful lady in the neighborhood, he would instantly plump himself onto the ground; he would faint. It would give him a great pleasure that women rushing home would bring eau de cologne, and rub the cologne into his face with their soft hands. For this reason he would not want to come to himself for some time. Alanyalı [sic] Hasan was a source of amusement also for the children in the neighborhood. The children would want him to repeat the word “Çekoslovakya” (Czechoslovakia); he would respond by saying “pull the door step on” since he was not able to correctly pronounce some letters. The children would try to make him say “sirk” (circus); since he would swallow the letter “r”, a word with another meaning would come out of his mouth. The children of the neighborhood and the young ladies would shriek with laughter at this. Alayalı Hasan would wander in a well-behaved manner in the neighborhood. He would not fiddle with anyone, he would not disturb anyone. However, the sane ones would not leave him alone.

[...]

There were plenty of those people. Ahmet Zogo, Çık Pazardan, İngilizceci, Doktor, Dibek and others. Now I look around myself; not every neighborhood has a mad any more. The mad and the sane, which are amusement for the shopkeepers in downtown and in bazaar, are not around. There is no one for whom we say “Oh! Here comes ours.”. It is whether we have all gone mad, they are afraid of us, and hid themselves on a corner, I do not know. What I know is that “Antalya without the mad” is not as enjoyable as it was in the older times (Çimrin, 2006, p. 415-416).

Alayalı Hasan is only one among the many *mahallenin delisi* (the mad of the neighborhood¹), a social figure that was common to come across in many cities of Turkey, just like in Antalya, until recently. But then, who does the mad of the neighborhood refer to? How did we relate to this figure in the past, and more importantly, what is our relation to this figure in the present? This study deals with the politics of mad identity, and specifically, *how the mad of the neighborhood as a social identity is constructed in contemporary public discourse*. A discursive exploration of the meaning making processes, social relations, and social experiences regarding this social figure forms the focal point of this study. The particular points the present study explores are as follows:

- The discursive construction of the identifying characteristics of mad of the neighborhood as a social identity,
- The mode of social relations with this figure in terms of particular emotions, social values, social roles and functions that are attached with this identity,
- The relation of the mad of the neighborhood as an identity to the mental patient identity,
- The particular aspects psychiatric discourse operates in the accounts of people on the mad identity.

¹ Although *deli* (mad) is an adjective, it is used as if a noun in the possessive construction *mahallenin delisi*. Thus, I prefer to refer to this term as “the mad of the neighborhood” rather than “the mad people of the neighborhood”.

In short, the discursive and cultural repertoires that ordinary people, those who are not associated with medical institutions, draw from in their accounts on the mad of the neighborhood will be followed to understand their interpretations and constructions of the mad identity.

The reason why “the mad of the neighborhood” as a disappearing public figure calls for an in depth cultural analysis has to do with the politics of history and culture. Despite the common “progressive” approaches to history, which tend to conceptualize history and culture as a “treasure” to be worshipped, Benjamin conceptualized history as a “wreck” because he viewed history from the standpoint of the oppressed, and not the oppressor (Gürbilek, 2008). Through his method of “prehistory of modernity”, he had taken up the mission of gathering cultural wastes and remnants from the “wreck” of history in order to capture the true image of history in its “casted out” objects (Benjamin, 1969). The major aim of his cultural analyses was to establish the interconnections between the past, the present, and the future in a radical way since he was strictly against the conception of history as a progressive phenomenon that is constituted of independent and sharply separated epochs. In short, instead of a ‘universal’ history, in which so-called economic and technical achievements of human beings are recorded, Benjamin (1999) proposes a historical approach that concentrates on the modes of experience and the experiential relations that people construct with other people, objects, and spaces. For Benjamin, capturing the “fleeting image” of those casted out social figures, objects, and experiences is an act

that carries revolutionary power in itself since even the preservation of a collective memory on them is the most basic and one of the most powerful ways of resistance against the violence of history and of the so-called historical progress. In other words, Benjamin (1969) warns us to realize the barbarism and violence that are intrinsically bound up with history and culture, and he encourages us to record the history of the oppressed, whose experience, past and culture are casted out from the mainstream, or else official, historical accounts.

Yet, the official history of madness in Turkey is commonly constructed as if it is one and the same with the history of administrative and medical interventions concerning the mad and madness (Artvinli, 2011; Bozalan Otuk, 1989; Samuk, 1980; Sarı & Akgün, 2008; Yalçiner & Hanoğlu, 2001, Yalçiner, Gökalp, Mumcu, 2010²). The spaces that kept the mad are also given secondary importance in those historical accounts. The appearance of Mazhar Osman (b.1884 – d.1951), who is commonly portrayed as the forefather of modern psychiatry in Turkey, in the stage of history, and the subsequent foundation of Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurology Training and Research Hospital in 1927 (then named as İstanbul Hospital of Mental Disorder and Neurology) are commonly represented as the breaking points in the history of madness. Those

² Additionally, there is a documentary film by Bahar Evgin, namely, *Maviş: Mongeri'den Mazhar Osman'a Türkiye'de Psikiyatri* (n. d.). The film also depicts the history of psychiatry in a similar manner to the other studies on the issue, and also gives wide coverage to the accounts of previous and present psychiatrists of the first modern mental institution of Turkey.

incidents, which represent a psychiatric turn in Turkey by the adaptation of Western views and practices on madness, undoubtedly have had a great influence on the spaces and the practices regarding madness. For example, one of the head physicians of this first mental institution intended to transform the public use of the term *deli* (mad) with *akıl hastası* (mental patient), and *tımarhane* (asylum) with *akıl hastanesi* (mental institution) because these public terms were said to be upsetting for the patients and their families (Yalçiner & Hanoğlu, 2001). In other words, the institution primarily aimed to transform the diverse public interpretations on madness into a single interpretation, which is mental illness as the psychiatric interpretation. One cannot help but wonder whether the modernization of psychiatry in Turkey is as glorious and unproblematic as it is faithfully blessed in the books on history of psychiatry.

The official histories of scientific disciplines are quite generally based on the tale of progress, which Benjamin so vehemently warned us against. Official historiography is generally practiced from a particular viewpoint, and its claims to objectivity are highly contestable. There are lots of carving out, painting over the ugly parts, and polishing over in order to legitimize the good causes behind the constitution of a specific discipline in the eyes of public and its practitioners. Just as any other discipline, “[p]sychiatry tells a story of progress to support its work, and its way of writing history needs to be challenged” (Parker, Georgaca, Harper, McLaughlin, & Stowell-Smith, 1995, p. 5). Michel Foucault’s well-known work *Madness and Civilization* (1988) is

an attempt exactly aiming at providing an alternative history on the notion of madness in Western culture. His work paved the way to question not only the modern psychiatric discourse, which constructed madness and the mad identity in a particular way to legitimize social exclusion, but also the social structures this specific discourse gave birth to, such as the specific institutions, practices and specialists relating to madness. This insightful work, together with his other notable works, inspired numerous studies on psychiatric institutions, their practices, the mode of social relations between their inmates and staff. Though my compass in this particular study also points out to Foucault, it follows a slightly different route. Rather than concentrating more on the official practices and personages or literary works as Foucault did in his work, this study will embark on a quest to trace the past and present of social relations and social experiences related to “non-pathological” madness in Turkey.

In fact, there are several “unofficial”, or else alternative, records of “non-pathological” madness in Turkey. For example, there are several texts about cities, which also include accounts of the widely known mad people of the city. The locally published books, which might be called as “city monographs”, are mostly written by local authors to introduce their towns or cities to the readers. They usually include particular chapters on the “popular” mad (Aydoğmuş, 1992; Çimrin, 2006; Sunguroğlu, 1968; Yalınca, 1998) whereas some of them are written solely to introduce the mad people of the city (Abdulkadiroğlu, 2000; Çakmak, 2009; Dindar, 2003). There are also

newspaper articles on popular mad of the cities (Kalkan, n. d.; Sönmez, 2010; Yeter, 2007). In those texts, the mad are referred by their names or nicknames, their physical appearances, prominent characteristics and habits are mentioned, and sometimes their photographs are included. Most of the time, their popular or amusing remarks and an interesting or funny anecdote, which has circulated in the city, are conveyed to the readers. There are even poems written for those mad. They were commonly represented as “the color”, “the symbol” or “the source of amusement” of the city, just as the title of one of the chapters on the mad illustrates: “*Antalya’nın Eski Yaşamına Renk Katanlar*” (The Ones that Color the Old Life in Antalya). In some of these accounts, they are also referred as *aziz* (saint) or as *veli* (saint) and are valued as such since they are viewed to be wise as well as mad. Some of them are believed to possess supernatural powers, and tales on their supernatural incidents are conveyed in some of these texts. The funeral ceremonies of the deceased ones are said to receive a very high level of participation by the inhabitants of the city. The fact that they are strongly identified with the city, and the way they are presented in most of these texts point out that they are viewed as one of the “local cultural treasures”.

There are also other interesting texts that link the city with the mad of the neighborhood. For example, there are calendars with the photographs of the mad, which are published by two businessmen in Malatya and Elazığ. The example from Malatya includes the photographs of the popular mad of the city (see Figure 1 for the first edition of “Madmen Calendar of Malatya”,

2000). Their names or nicknames are indicated at the bottom of their photographs, and it is written “*Delilerimiz Velilerimiz, Yerel Kültürümüz*” (Our Mad Our Saint, Our Local Culture) at the bottom of the calendar. The calendar was first published in 2000, and received with a lot of enthusiasm, which led the compiler to reissue the calendar in the following year with the addition of other popular mad. There is even an incidence that the statue of Sevuşen, who used to be the most popular and beloved mad of Tunceli, is erected on the city square following his death (Kalkan, n. d.). Another example comes from an issue of the monthly local magazine of Kocaeli, and they introduce the old and present mad of the city with a title of “*İzmit’in Delileri*” (The Mad of İzmit) (*Kocaeli Şehiriçi*, 2004). In fact, those narratives on the mad are cited from an older local magazine, in which the narratives are originally titled as “*Bizimkiler*” (Our Folks³). I could reach some of those texts in books about Antalya, İzmit, Şanlıurfa, Kastamonu, and Elazığ, the cities that are located in different regions of Turkey, and the presence of such texts concerning other cities is a high probability. The very presence, commonness, and similarities of those texts illustrate that “the mad of the neighborhood” as a widely recognized social figure exists, or at least used to exist, throughout the country. They did not merely exist, but they were the symbols of the city and a part of the daily life in the city, as Çakmak (2009) also argues. In short, even after a number of large mental institutions were

³ The direct translation for “bizimkiler” is “ours”, and according to the dictionary of Turkish Language Association (www.tdk.gov.tr), the term is commonly used to refer to the family or close circle of relatives. In other words, it designates a close relation to the people who are referred to as such. The mad is referred as “bizimki” also in the opening quoted passage.

founded across Turkey after 1927, the mad was still “the mad of the neighborhood” roaming the streets of the cities. Then, how come we do not encounter them in our neighborhoods any more? Why is it that they were still prevalent after the establishment of mental institutions but they gradually disappear from the social scene of the neighborhoods and cities in recent years? What other transformation might be influential on our social relation with them?

Inspired by the works of Foucault (1987; 1988), and sharing the concerns of Benjamin (1969; 1999; 2008) in terms of history and culture, I will trace the public discourse on the mad of the neighborhood as a social figure, which is about to take its place on the dusty shelves of our social history. The pursuit of “the fleeting figure” of the mad of the neighborhood requires an orientation on social experience and social relations, since this figure, which could be considered as one of “the cultural wastes” in Benjamin’s terminology, cannot find its place in official history accounts on madness. Nonetheless, this figure certainly calls for our attention due to the social experiences and meanings that are associated with it. In line with this perspective, this study deals with the discourse on personal experiences and memories in relation to the mad, rather than the institutional and historical accounts of madness. The study will trace the collective memory on the mad of the neighborhood through personal accounts since personal experiences, the modes of social interactions, and the more general social processes are all intertwined and influence one another.

It should be emphasized at the outset that the mad of the neighborhood is not an object of mere nostalgic reminiscence, or it is not a social figure to be recorded in the social history simply as one of the symbols for our “treasured” values such as tolerance. Our cultural analysis needs be on the alert for the exoticization and romanticization of this figure for it awaits a rigorous analysis in order to make sense of the changing social relations, identities, representations, constructions, structures, and practices concerning madness and the dynamics of those transformations. The gradual disappearance of this figure from the cities and neighborhoods also awaits an explanation in terms of both local and global scale political, social and economic processes. In this manner, I will examine the dynamics of our ways of relating to the mad figure and to madness. Starting with personal experiences and forming the links of those experiences with the wider systems of knowledge and practices will provide us a three-dimensional portrayal of social structures since daily experiences and relationships reflect those structures and their transformation in time.

CHAPTER II

THEORETICAL FRAMEWORK

The politics of the mad identity, or the politics of any kind of identity for that matter, requires a historically and socially contextualized analysis in terms of power relations and social practices. I will primarily present Foucault's contributions to this field in terms of his historical accounts on madness and the transformations in its social exclusion through different cultural eras. Then, I will explain his specific theorization of discourse, power, knowledge, and subject in connection with the discursive formation of identity. It will be followed and exemplified by an ethnographic account on the social construction of the mental patient identity in the social setting of the mental institution. Although this study is not primarily interested in the mental patient identity, an understanding of it is required to position "the mad of the neighborhood" in its relation to psychiatric construction of the mad identity.

The politics of the mad identity in terms of "the mad of the neighborhood" figure requires an additional consideration on the politics of neighborhood as a public space, since this social identity is particularly related to the space, as it is explicit in the way we refer to them. Therefore, I will finally provide a brief account on the social construction of urban public space, the link between public space and social relations among people, and the social control of the public space regarding the marginalized people.

On Madness and Social Exclusion

Michel Foucault formulates his theories on the relations of power, knowledge, discourse, and subject thoroughly in his works following *Madness and Civilization*, and yet, this early work bears the implicit traces of the basic tenets of his novel approach to social analysis. In this section, I will firstly summarize his main arguments on the cultural construction and social exclusion of madness in *Madness and Civilization*. This summary will be followed by the explanations of the major terms of his discursive approach, which constitute the main terminological and theoretical framework of the present study as well.

Foucault (1988) starts out his widely recognized and invaluable work, *Madness and Civilization*, with a historical account on the social exclusion of the leper in Europe until leprosy completely vanished in fifteenth century because he claims that the social exclusion of the leper is closely linked with the exclusion of other groups in subsequent centuries. After the complete disappearance of the leper towards the end of Middle Ages, another figure, that is the mad, appears in the Western imagery. Gradually in a few centuries, the same houses that kept the leper would be filled with the mad and other misfortunates. Although the times and the cultural context went through changes since then, social division in the form of social exclusion would be maintained (Foucault, 1988). In one of his published interviews, Foucault (1996a) states that his main objective in this work was to explore “[...] the structured forms of experience whose pattern can be found, again

and again, with modifications, at different levels” (p. 8). In other words, he analyzes the experience of madness in the form of social exclusion through different historical periods, and reveals how the transformations on the social construction of madness, that is, on the discourses on madness and on the social practices of control “modified” the structure of exclusion.

His preliminary work, which is *Mental Illness and Psychology* (1987), is also worthwhile to understand the transformation in Foucault’s own perspective on madness. He published the first edition of this work titled as *Maladie Mentale et Personnalité* (1954), and in the second part of the book, he dealt with the “social” conditions that elicit madness from a Marxist perspective (Dreyfus, 1987). However, the second edition is retitled as *Maladie Mentale et Psychologie* (1962), which is published after the first French edition of *Madness and Civilization* (*Folie et Dérison: Histoire de la Folie à L’âge Classique*, 1961). The second part in this edition is replaced by a Heideggerian “cultural” account, which examines the conceptualization of madness as mental illness. Influenced by later Heidegger, Foucault began to reject any underlying ahistorical truth about human beings. Thus, the view of an unchanging madness experience as an ontological form, which was only given diverse masks throughout historical practices, was no longer a valid starting point for him. The madness experience is not independent of the cultural meanings given to it because there is an organic link between the meaning-making processes and the construction of social phenomena. This is why Foucault changed the path of his analysis *from* the social conditions

that gave rise to madness experience and social practices that disguised it in different forms *to* the cultural interpretations and discursive practices that *constituted* madness experience in different cultural eras.

In *Madness and Civilization*, Foucault (1988) states that the mad in Renaissance was driven out of towns and had “an easy wandering existence” (p. 8). However, the cities would embrace the mad of their own by allocating a share from the capital budget for their care, only dismissing the foreigner madmen. Neither the destination nor the destiny of the madmen was known in Renaissance. However, the Classical Age, which covers the late seventeenth and eighteenth centuries, was about to confine the fate of mad in hospitals. The legacy of the leper, which had been forgotten for about three centuries, was to come back to haunt the mad. It was at this point in history, that madness is reconceptualized as Unreason, and reduced to a phenomenon that could be evaluated by Reason, which set the stage for its classification and confinement under the yoke of Reason. In other words, the “disorder” of madness was finally to put in “order” by Reason.

The first governmental implementation, Foucault (1987) claims, was the establishment of “General Hospitals” throughout Europe in the midst of seventeenth century. These hospitals, which had different names in different European countries such as “Hôpital Général” in France and “Houses of Correction” in Britain, basically had an identical function; they were spaces of confinement not only for the mad but also for “the poor and disabled, the elderly poor, beggars,” and so on (Foucault, 1987, p. 67). In other words,

those people, who could not live up to the moral, rational or societal norms, and additionally, who could not take part in the production or circulation of wealth, were locked away and no longer conceived as eligible members of the society. This points out to the fact that the aim of confinement in Classical Age was not medical care because it was not implemented only for the mad but rather for a heterogeneous group of so-called “deviants”, who were outside the norms and did not participate in the forces of production.

In fact, Foucault (1988) argues that confinement was one of the consequences of a series of economic crises in the seventeenth century, and that is why it was conducted in the same manner all throughout Europe. All the confined groups of people signaled one and only one thing, that is “idleness”, which was an attribute that would not be tolerated by the society any more. In the face of changing economic conditions and the formation of a “new work ethic”, idleness gained new meanings. It was “the mother of all evils”; whereas the ultimate sin was Pride in Middle Ages, and Avarice in Renaissance, it became Sloth in Classical Age. Hence, idleness and unemployment turned into conditions that should be controlled through confinement, and harnessed through forced labor. The residents of those so-called hospitals were made to work and produce, so that their labor could be utilized in the market. Hence, in the beginning, the exclusion and internment was related to societal concerns, such as the restructuring of social space, rather than medical purposes, and it was not specific to the madmen. In the meantime, we see that social exclusion changed its form; it was no more

sending the idle away from the cities as in Renaissance era but it meant taking control of the idle, and managing their labor. Moreover, Foucault (1988) claims that the association between madness and social guilt alongside with the association between madness and criminality, which are still prevalent today, could be traced back to this period; the period in which the criminal and the mad shared the same spaces and similar fates. The mad obviously had its place among the idle but soon after they would capture attention by their inability to work and comply with the group routine (Foucault, 1988). In short, the ethical character given to labor and the following confinement of the idle in the seventeenth century had a vast impact on the new social meanings the mad was associated with; meanings that are culturally devalued.

Towards the nineteenth century, madness was going to come into prominence amongst the confined population. When those confined alongside the mad began to protest against this “offensive” situation, it became necessary to spare a “special internment” for the mad (Foucault, 1988). It was at this point and with the so-called “reformation” of the General Hospitals to *asylums* that the internment of the mad pursued some kind of medical character, albeit this reformation did not mean a complete medicalization. The practices in those asylums had more of a religious and moral character in terms of the control of madness rather than a medical character in order to cure madness (Foucault, 1987). The pioneers of this reform, such as Pinel in France and Tuke in England, were seen as the

“liberators” of the mad whereas what they did, in fact, was to weave moral chains around madness through practices aimed at “infantilization and guilt inducement”. Madness was still suppressed at this period but this time it was exercised through language and authority rather than physical constraint and repression. Through the moral and pedagogical approaches of Pinel and Tuke, albeit in their respective methods, the mad was reduced to the status of a minor, whose Father was the doctor or “the medical personage” representing *Reason*. Madness, in this new scenario, represented childhood, and the mad was held responsible for the danger his madness posed to the society. Hence, the mad, who was seen only as a stronger and *more dangerous* version of a regular child, was dealt with rewards and punishments as if he was going through an educational process. This process, which also signaled the “psychologization” of madness, was indeed the development of a punitive system with moral repressions (Foucault, 1987).

In the meantime, the medical personage also established its authority over madness, which is important in terms of the formation of modern experience of madness (Foucault, 1988). Nevertheless, the superior status of the medical personage in this period was due to their moral and social wisdom rather than improved medical knowledge. In this way, unreason has been brought to the realm of moral judgment, and every kind of social transgression would be judged and punished due to the risk it poses to the social order. Modern confinement was going to maintain the moral

imprisonment of madness as Foucault (1988) expresses “[t]he asylum of the age of positivism, which it is Pinel’s glory to have founded, is not a free realm of observation, diagnosis, and therapeutics; it is a juridical space where one is accused, judged, and condemned, and from which one is never released except by the version of this trial in psychological depth- that is, by remorse” (p. 269). The moral character inherent in the practices of physicians would remain at the core of psychiatry although “the myths of positivism” has been built around psychiatric practices to legitimize them. Scientific approach and the conceptualization of mental disease were to serve only as disguises for the submission of the mad to the medical authority.

The view of human beings as a “psychologizable species”, or in other words as *Homo psychologicus*, had become possible after the end of eighteenth century, when the experience of madness was treated in terms of “exclusion and punishment” on the one hand, and “moral assignation and guilt” on the other hand (Foucault, 1988). In short, Foucault argues that *reason* has come to be accepted as a “nature” rather than an “ethic” after the Classical Age, and in this sense, madness has begun to be conceived as an experience that is *alien to human nature*. It was in this regard that psychology could make its claim to explain madness. Nevertheless, positioning madness as an alien experience to human nature in the first place, and then trying to account for it is a vain attempt on the part of psychology as a discipline. This prevents psychology to attain the truth of madness, and in this way,

psychology only serves the purpose of monitoring and controlling the already excluded and discarded people (Foucault, 1988).

The association of madness with disease was going to be an outcome of *the particular spaces of confinement* rather than a progress in medical knowledge or a humanitarian intervention (Foucault, 1988). The spaces that confined the leper would pass the connotation of illness on to its new residents, the mad, by way of a regression of earlier images associated with those spaces. The attention of medicine was sought not to differentiate illness from evil but to protect the rest of the community against the *unidentified danger* of the mad. This is the point in the story where positivism would meet Unreason, to rule over it from then on. Thus, madness was given the status of illness primarily in modern Western culture. Following this line of argument, Foucault (1987) suggests that mental illness does not originate in individual pathology but rather that it could be understood through the analysis of "... a certain relation, historically situated, of man to the madman and to the true man" (p. 2). In other words, the historically contextualized social relations among individuals are where his analysis on madness begins and it is also where he arrives at in the end.

On Discursive Approach, Power, and Subjectivization

Let us now move on to review Foucault's discursive approach to social analysis and theorization. In one of his published interviews, Foucault

(1997c) explicitly states that the primary focus in his work had not been to provide an analysis of power relations but it was rather an analysis on the different historical modes of the *subjectivization* of human beings, that is, how persons are transformed into “subjects” through different “modes of objectification” in culture. In other words, he untangles the particular “form of power that applies itself to immediate everyday life, categorizes the individuals, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him that he must recognize and others have to recognize in him” (Foucault, 1997c, p. 331). He explains that the *objectivizing of the subject* occurs through three major modes; namely, scientific inquiry, dividing practices, and technologies of self. For example, the objectification of normal and abnormal or sane and insane subjects is accomplished through dividing practices. The *knowledge disciplines* construct “a rational and normal subject” and generate social divisions based on illness, deviance, and so on (Foucault, 1997a). In short, “subjection” or “forms of subjectivity” imply a certain form of power that produces subjects out of individuals. The construction of subject positions and subjects represents the productive aspect of power rather than its coercive and restrictive aspect, and it is especially this generative quality of power that Foucault is interested in his analyses.

According to Foucault (Foucault, 1997c) the focal point of analyses of power should be the specific modes of exercising power. It is important to localize the concept of power in social relations between individuals rather

than an overall and reified use of the term. In other words, power is realized only when it is exercised by one person over “the other”, directed especially upon the actions of the other. Even though the mechanisms of power might be studied in institutional or ideological contexts, it is still the power relations between individuals. In other words, relations of power could be explored in institutional settings; however, they do not originate from or exclusive to institutions since power is “circular” and observable outside those institutions in which they are reproduced.

Alongside his elaborate interpretations of “subject” and “power”, Foucault mentions “discourse” in more intricate terms than its common meaning. *Discourse*, in Foucault’s utilization of the term, refers to “[...] a group of statements which provide a language for talking about – i.e. a way of representing – a particular kind of knowledge about a topic” (Hall, 1992, p. 291), and he insistently emphasizes the historical context of discourse. The term interconnects the language and the practice since the particular forms of discourse prevalent in a particular historical moment defines the object of knowledge, that is how and what is “sayable” and “thinkable” on a topic, and in this way regulates both institutional and individual “practices of knowledge” (Hall, 1997). By way of constructing the issue in a particular framework, discourse also delimits and “rules out” the other ways of producing knowledge on the issue. Hence, a *discursive approach* refers to an analysis of particular discourses in the context of their particular historical time and space, and an interest in “the *effects* and *consequences* of representation -

its politics” (Hall, 1997, p. 6). In this way, the purpose of discursive approach is to unfold the taken-for-granted interconnections among knowledge, power, practices, institutions, identities and subjectivities through discourse, which are always historically contextualized.

On Knowledge, Relations of Power, and Identity

It is apparent from the discussion until now that Foucault also refers to knowledge from a critical standpoint and in the context of relations of power and discourse. The term “regime of knowledge” refers to the relations of power inherent in the production, circulation and application processes of knowledge (Foucault, 1997c). In his view, knowledge does not represent an objective, abstract, and independent reality, but rather that, knowledge and power are inevitably connected since knowledge is always constructed in the context of power relations, and put to use through the exercise of power. That is to say, social practice in the form of regulation and control, the discipline of bodies, and so on, are all legitimized through knowledge and the “truth” claims inherent in the forms of knowledge (Hall, 1997). Foucault (1997a) argues that psychiatry undergoes a crisis in terms of its form of knowledge; not in the sense of the truth-value of its claims, such as true or untrue statements on illnesses, but rather in the sense of subject-object norms constructed through knowledge and the relations of power associated with this process. The hospitals are the medical spaces that certain truths are

investigated on “the sick” through isolating them from the life outside but they are as well the spaces that certain “truths of illnesses” are produced. The mental institutions serve a similar purpose. In those institutions, the physician, as the “knowing subject”, exercises his or her power over the patients through illness, as the “known object”, due to their “expertise” that stems from scientific knowledge. Hence, there is a circular mechanism of power in psychiatry; the claim of “expertise” enables the physician for the “truth production” of illness while the truth also needs to be continually reproduced so that they could maintain their authority (Foucault, 1997a). In other words, particular truths are constructed through particular types of knowledge, and Foucault’s works unfold the linkages between the forms of knowledge, institutions, practices and power relations.

The political and social implications of such inquiry are significant. The particular truths constructed within psychiatry come to constitute the norms in society. They serve not only as a basis for the various forms of control practices for those who ‘deviate’ from those norms but also they are internalized and valued by all the members of the society so that individuals come to police themselves according to the norms set by psychiatry (Parker, Harper, McLaughlin, & Stowell-Smith, 1995). Thus, modern psychiatry, with its diagnostic criteria for so-called abnormality, is a mode of *regulatory practices* that modern “democratic states” exercise on their population. The basic function of psychiatric classifications is to pathologize and individualize specific emotional states and behaviors, which are indeed influenced by

certain social, political and economic conditions (Parker et. al, 1995). Existing problematic social processes are discredited and hidden away under the physiology and psychology of individuals by way of placing the individual in the locus of his or her “psychological problems”; and hence, the status quo is maintained.

Finally, I would like to return to the implications of Foucault’s approach as regards identity studies. Foucault elaborates on the discursive construction of the subject, whose foundations are primarily laid by the works of Althusser and Gramsci (Benwell & Stokoe, 2003). *The discursive view of identity* is situated in contrast with the essentialist views of identity so that it proposes fluid, fragmented, historically situated and discursively constructed subjects as compared to the accounts that reflect identity as stable, coherent, ahistorical, transcendental, and pre-discursive. From a Foucauldian perspective, “identities (or ‘subjects’) are ... the product of dominant discourses that are tied to social arrangements and practices”, and hence, his emphasis is on the ideological aspect of identity construction process (Benwell & Stokoe, 2003, p. 30). For example, madness as an experience and as forms of behavior has always existed but it was only after its conceptualization as mental illness through psychiatric discourse in the nineteenth century that “the mental patient” as a subject is constituted. This particular identity was a construct of this particular discourse at this particular historical period. In other words, he gives the primary importance on the issue of identity to the socially available range of discourses, which “construct

subject positions”, rather than the personal identification processes of individuals, which has been the case in most of the modern and traditional accounts on identity formation and representation.

On Mental Institutions and The “Mental Patient” Identity

In addition to Foucault’s notable approach to the history of madness and confinement, numerous ethnographic studies have been conducted in institutional settings to explore mental illness under a sociological light. In his classical and notable work *Asylums*, whose first edition is published in the same year as Foucault’s first French edition of *Madness and Civilization* (1961), Goffman (1990) provides a comprehensive account on the social world within “total institutions” and the relations of power among the inmates and the professional staff through his ethnographic fieldwork in a mental institution in the United States. His observations worth to be mentioned here since they put flesh on the bones of Foucault’s accounts regarding the relations of power, knowledge, practice, and subject positions in psychiatric practice and mental institutions.

Goffman (1990) categorizes five types of total institutions, and mental institutions are among the ones “... established to care for persons felt to be both *incapable of looking after themselves* and *a threat* to the community, albeit an unintended one” (p. 4, my emphasis). One of his basic claims is that the individual who enters to the mental institution is gradually stripped of all

kinds of social roles and identities he or she used to have through a process he calls “disculturation”, that is “the loss or failure to acquire some of the habits currently required in the wider society” (Goffman, 1990, p. 73). From the admission procedures to the way the staff treats the inmates during their stay, all the practices point out to the fact that the only social role that is spared to the self in the institution is playing “the patient”. The influence of disculturation becomes apparent when the patient is released after a long stay in the institution; they have difficulty for a while in adapting the daily life outside. In this way, Goffman (1990) depicts not only the internal social structure of the mental institution but also the particular type of subjects produced through the internment in this type of institutions. In other words, the mental institutions function more successfully in producing “the mental patient” rather than the psychiatric treatment of them.

Furthermore, Goffman (1990) claims that there is a basic division between the staff and the patients, and both groups construct negative stereotypes of the other. Whereas the staff positions themselves as “superior and righteous” and behave accordingly, the patients tend to feel “inferior and weak” due to the impersonating characteristic of the staff behavior in the institution⁴. For example, the staff has the right to withhold information from the patients even though the information is closely related to patients’ present

⁴ Similarly, *Titicut Follies* (1967), the well-known documentary film by Frederick Wiseman, illustrates that the staff generally behaves and communicates in a depreciatory and mocking manner to the patients. In addition, the psychiatrists have almost unlimited authority over the patients’ “personal” lives whereas the views and arguments of the patients on the institutional practices or on their own lives are highly underestimated both by the psychiatrists and the staff. In this sense, the documentary gives a portrayal of the institution as a hostile and frustrating environment for the patients.

condition and fate. The patients are stripped of their right to knowledge, let alone their right to make decisions concerning themselves, as well as many other rights that “normal” individuals possess to some degree. In addition, the whole life history of the patient is recorded and evaluated from psychiatric lenses and filed under his or her case-record in the hospital (Goffman, 1990). This record presents only the deviant instances or behaviors in their lives while their “normal” or unproblematic aspects are not included. In this way, the psychiatric authority has the power to restructure the whole life of the patient on the basis of his or her “diagnosis”. Goffman (1990) argues that although the negative accounts in those records could as well be true of the patient’s history, any person could be discredited on the basis of certain unfavorable phases or events in their lives. Moreover, the patient has no control whatsoever over his or her case records and who could review them. In short, the previous social identity of the individual is restructured through psychiatric practices into an impersonating “patient” identity whereas the apparent social division between the staff and the patients is an effect of power relations, how those subjects are positioned, and the rights they are endowed with or not in the institutional context⁵.

This study of Goffman, alongside his general line of work, has been associated with *Labeling Theory* literature, which, in general, explores the

⁵ *One Flew Over the Cuckoo’s Nest* (1975), the cult movie by Milos Forman, provides a notable portrayal and critique of psychiatric institutions, which share quite similar concerns with Goffman’s study. The movie depicts the social environment of a mental institution, medical personages in that setting, psychiatric practices, and the power relations in between the staff and the patients, and successfully illustrates the impersonating hospital setting and the depersonalization of the patients as well as their attempts at resisting to them.

processes of labeling and stigmatization of the so-called “deviants”. In this sense, labeling theory approach is useful to understand and question the social construction and continual reproduction of mental patient as an identity in mental institutions, and additionally, the negative and stigmatizing aspects of this identity.

To sum up what has been discussed so far, the supporters of social constructionism, by which Foucault’s viewpoint is associated, and labeling theory approaches do *not* simply argue that mental illness and madness do not have any reality, that everything is a cultural product. They both share the view that although the psychological suffering and the experiences of individuals are real, how they are made sense of and how they are dealt with both on individual and social levels are closely related to cultural, political, and economic processes, which require careful inquiry due to their significant influences on large populations. Whereas social constructionists concentrate on the wider historical, cultural and political processes on the construction of madness and the mad as a subject, and the modes of social control, labeling theory studies on the issue focus more on the institutional practices, relations, and their consequences on individuals that are labeled as “mentally ill” or “mental patient”.

As we have seen, madness experience and mad identity are socially constructed, and different interpretations are made in different historical moments. The particular subject position constructed through the dominant discourse further influence social relations and practices concerning these

subjects. In this sense, the modern psychiatric discourse, as the dominant discourse, influences the present institutional and daily practices and experiences on madness for all individuals. It heavily influences the way we view and relate to the mad people on the one hand; the way the mad people view themselves and relate to the society, and the reality of their living conditions on the other hand. Modern psychiatric discourse, with its institutional practices and the mental patient identity constructed in the institutional social setting, failed to overcome the stigma on madness; and in fact, it strengthened the stigmatization through linking madness with morbidity. Rather than understanding madness, or curing for that matter, modern psychiatry has contributed more to the social control and exclusion of the mad. On the other hand, the analysis of the mad of the neighborhood as a social figure offers an exploration of the different interpretations on madness experience and the mad identity. In this sense, it is important to examine the particular type of subject position constructed for the mad of the neighborhood in the community, the living conditions of those subjects, and the forms of social interactions with them. In this way, the neighborhood, as the locus of social contact with the mad, also requires critical evaluation. Just as mental institutions are analyzed to explain mental patient identity, the neighborhood should be considered to be able to account for the mad of the neighborhood identity. Hence, what follows is a discussion of the neighborhood as a public space.

On Urban Public Space and Social Exclusion

Urban public space is not simply a spatial space for common use of the inhabitants of a city; its meaning and function is politically constructed, contested, and reconstructed by different public or private groups while its spatial materiality is also produced and reproduced accordingly⁶. The questions of *who* constitutes the public and *what* the space means are at the heart of the bigger question of “public space” and the ongoing contradictory claims over it. Some parties might envision it as a space open to all and as a hub for unmediated social interactions; a view that refers to the inhabitants of the city as heterogeneous, political actors and as the constructors of the space, and to the space as welcoming the possibility of disorder (Mitchell, 1995). On the other hand, other parties, especially city planners and administrators, tend to envision public space as a planned, controlled and “safe” space in the service of “appropriate public” for entertainment, consumption, and recreation activities; a view that refers to the inhabitants as *relatively* homogeneous and passive, as merely the users of the space, and to the space as an orderly and regulated spectacle.

It is further argued that public spaces are also “spaces for representation”, especially for the otherwise marginalized people such as the homeless, because they are the only places that those groups of people become visible and, so to speak, “public” (Mitchell, 1995). This public visibility

⁶ For a detailed discussion of social production and social construction of public space, see Low (1996).

is important on the part of marginalized people in terms of making a claim to be a “legitimate member” of the public. Mitchell (1995) emphasizes the crucial consequences of social exclusion when he writes “[a]nd thus *unrepresented* in our images of “the public”, they are banished to a realm outside politics because they are banished from the gathering spaces of the city” (p. 120). However, the neoliberal strategies of urbanism enhanced the social control of public spaces, and contributed to “the sharpening of social divisions” (Low & Smith, 2006, p. 15). It is in this way that the politics of public space is closely related with marginalized subjects, as it is the mad in our case. The invisibility or the disappearance of the mad of the neighborhood in recent years, especially in the downtown and the central neighborhoods, is inevitably linked with the ongoing transformations in the meaning and regulation of public spaces in Turkey.

The link between the social control of public space and the marginalized groups, in terms of class, gender, and ethnic differences, has been widely studied. Although there is no specific study regarding the mad on this issue, the accounts on the other marginalized groups guide and enhance our understanding on the interaction of the politics of public space and the politics of “the other”. To begin with a major historical account, Harvey (2006) discusses that there is a “symbiotic relation” between private and public spaces; any novel construction and organization of the public space requires to be legitimized through a complementary transformation in the private space, by which he primarily means the inner states of people, for the

transformation to be successful on part of the initiators. He first claims that the overall restructuring of Paris in the midst of nineteenth century by Haussmann served the bourgeoisie in terms of 'privileged access and control over the public spaces of their city', a process which he refers as "the embourgeoisement of the city center" (Harvey, 2006, p. 32).

The urban experience, in which "cross-class encounters" were common, drastically changed its course through the homogenization of public spaces in terms of social class. The transformation of public space through commodification into a "spectacle" influenced the inner states of people from higher classes; that is, whereas the bourgeoisie used to have a "sense of obligation" for the working class and the poor when they used to share the same neighborhoods, they began to feel anger, guilt, fear and insecurity at the sight of the poor around those newly structured fancy boulevards and cafés. The newly structured glamorous public spaces required an intensified social control in the form of exclusion of the poor from those public spaces, since "any continued sign of "their" presence produces a fear of that other who is otherwise concealed" (Harvey, 2006, p. 29). As he also notes, "that other" was the poor in Paris of the nineteenth century while it is primarily the homeless in the contemporary urban social order. Moreover, the basic forms of exclusion from the public space and the particular manner of its legitimization, which is strategically planned in the restructuring of Paris, have not changed much since then but rather taken as an example and applied in the restructuring of other metropolises around the globe such as New York

City, to which we might as well add the major metropolises and big cities in Turkey.

Public safety indeed has been the main point of arguments to legitimize the “clampdown on public space”, its privatization (Low & Smith, 2006). Gated communities are one of the prominent examples for the privatization of public spaces in cities that are redeveloped around neoliberal schemes of urbanism. The new trend of inhabitants of the city to move in gated communities is explored in great detail in urban anthropology studies. The increase in the prevalence of gated communities is not only a spatial transformation in the neighborhoods but it also means a transformation in the forms and boundaries of social relations of its inhabitants. As Lefebvre (1991) indicates, the careful planning of the spatial distribution and organization of people across the urban area also means that social contact among different social groups are highly regulated (as cited in Mitchell, 1995).

In contemporary urban scene, there is a growing inclination to limit the diversity of social contact in the neighborhood through several new forms of regulation such as hiring security staff, building walls and fences, installing security and surveillance systems around residences, and so on (Low, 2003). As Harvey (2006) also argues, it is the same drive that pushed the poor away from the boulevards of Paris in that period generating the demand for the gated-communities in the present. For example, Low’s study (2003) with the inhabitants of gated communities in two different cities in the United States illustrates that “the discourse of fear of violence and crime” operates in the

inhabitants preferences to live in those spaces, which are fully equipped against “the others” on the streets (Low & Lawrence-Zúñiga, 2003). The gated communities are one among the other examples that discourse of fear and terror is put to use for the legitimization of control mechanisms. The surveillance systems, the security staffs, and all the similar measures taken on the public spaces and pseudo-public spaces, such as malls and plazas, in recent years also point out to the increasing social control and regulation of those spaces in the name of providing security and order in public.

To sum up this brief discussion on urban public spaces, it is commonly argued that the meaning, functions, and regulation of public spaces are socially constructed and continually contested. Furthermore, the way the public space is produced and constructed has significant implications both for the political representation of different groups of people and for the forms of social interactions that take place on these spaces. Recent years have witnessed the restructuring of public space in terms of neoliberal politics of urbanism through a discourse of fear, public safety and social order, which resulted in stricter social control and exclusion of marginalized groups from public spaces, and a more limited social contact between different groups of people. In this regard, the ongoing transformation of public space requires our consideration in terms of its consequences for the mad of the neighborhood identity and for the social relations with the mad of the neighborhood since the mad of the neighborhood identity is constructed in these particular spaces.

The Literature On Madness In Turkey

The literature on madness, mental illness and the mad in Turkey is dominated by studies from disciplines such as psychiatry and health sciences. All of those studies are quantitative studies, which utilize several multiple-choice questionnaires or scales to assess attitudes on mental illness, and their findings usually converge on their main points. First, I will summarize the main arguments of these studies by dividing them in three groups, and then, I will discuss two qualitative studies on the social construction and representation of madness.

Attitudes on Mental Illness

The first group of studies in psychiatry and health science is those assessing the attitudes of “different groups of people” towards mental illness and the stigmatization of mental patients by utilization of common scales such as Attitudes towards Mental Disorders, or scales developed by the researchers themselves. To begin with, a study with college students on the relation between psychiatric labels and stigmatization concluded that *akıl hastalığı* (mental illness) is a more stigmatizing term as compared to *ruhsal hastalık* (psychological illness) (Özmen, Taşkın, Özmen, & Demet, 2004). Another study that is conducted with mental patients, who made their initial contact to a psychiatry ward, revealed that patients are mostly concerned about being stigmatized when they seek medical help, and schizophrenia was found to be

more heavily stigmatized than other mental illnesses such as depression or anxiety disorders (Arslantaş, Gültekin, Söylemez, & Dereboy, 2010).

In terms of attitudes on the causes of mental illness, psychiatric patients' attitudes towards depression illustrated that "social problems", by which they refer to "unemployment, poverty, and family issues", were mostly viewed as the cause of the illness (Taşkın, Yüksel, Deveci, & Özmen, 2009). Similarly, two different studies on the attitudes of people living in rural areas towards depression and schizophrenia also revealed that "social problems" are viewed as the major cause of the two illnesses (Şen, Taşkın, Özmen, Aydemir, & Demet, 2003; Taşkın, Şen, Aydemir, Demet, Özmen, & İçelli, 2002). Moreover, people were generally reluctant to establish personal relationships with people who have such diagnoses and preferred to maintain a social distance with them (Taşkın et al., 2002). In another study with people living in İstanbul, the causes of schizophrenia were mostly attributed to "stressful life events" and *kişilik zayıflığı* (translated by researchers as "weak mental constitution"). Additionally, the participants with lower educational and economic backgrounds generally believed that schizophrenia patients could be dangerous and so that their freedom should be restrained (Sağduyu, Aker, Özmen, Ögel, & Tamar, 2001). Another study on the attitudes of schizophrenic patients' relatives towards schizophrenia also revealed that "social problems" and *kişilik zayıflığı* (this time translated by researchers as "weakness of will") were seen the main causes of the illness (Sağduyu, Aker, Özmen, Uğuz, Ögel, & Tamar, 2003). In addition, schizophrenia patients

were generally perceived as dangerous and unable to take responsibility for their own lives. Another study, which made use of Opinions about Mental Illness Scale (OMI), concluded that the attitudes of patient relatives were closely related to their education levels and also to the reception of the patients' diagnoses by other family members, friends, and neighbors (Özbaş, Küçük, & Buzlu, 2008). Still another study, which utilized the same scale, revealed similar findings to Sağduyu et al. (2001; 2003) on the public stigmatization of mental patients as deficient, lower people, and the necessity to restrict their freedom (Bilgin, 2007).

The second group of those quantitative studies examines the attitudes and opinions of various groups of “medical professionals” towards mental illnesses. In one of those studies, more than half of 300 primary care physicians were found to believe that schizophrenia could not be completely treated. Moreover, the majority of them believed that schizophrenia patients were aggressive, impaired to give the right decisions for their own lives, and that their freedom should be restricted (Aker, Özmen, Ögel, Sağduyu, Uğuz, Tamar, Boratav, & Liman, 2002). In another study with nurses and doctors, higher education levels and their marital status were found to boost “goodwill” and lower the thoughts of “fear and exclusion” in their attitudes towards mental patients (Bağ & Ekinci, 2005). In another study, opinions about Mental Illness Scale (OMI) is conducted to health professionals working either in psychiatric or in non-psychiatric clinics, and the findings revealed that nurses are more inclined to believe that psychiatry patients are different and lower

than normal people, that they can be dangerous and their freedom should be restricted, and that their illness could be traced to their relationship problems with their parents in their childhood (Işık, 2010).

The third group of the quantitative studies explores the explanation models of mental illness and help-seeking behavior of “mental patients”. Illness Explanatory Model Scale is applied to mental patients in psychiatric wards of hospitals in different cities of Turkey, excluding those patients who have bipolar affective disorder or schizophrenia diagnoses (Güleç, Yenilmez, & Ay, 2011; Ünal, Özcan, Emul, Çekem, Elbozan, & Sezer, 2001). It is found out that female mental patients were more likely to attribute the cause of their illness to “family and relationship” problems while male mental patients were more inclined to point out to the “workplace and personal” problems as the cause of their illness (Güleç, Yenilmez, & Ay, 2011). There are also studies conducted with patients who have schizophrenia or schizoaffective disorder diagnoses (Ünal, Kaya, & Yalvaç, 2007). “Family relations” and “inner problems” were the two most frequently provided explanation for their illness by the patients while “economic difficulties” and “supernatural forces” were also accounted by some. Another study investigating the role of gender in the explanations of psychotic illness applied a case scenario and a related questionnaire to non-patients (Kaya & Ünal, 2006). The cause of the illness in the scenario was attributed to “marriage and interpersonal relationship” problems in female case whereas it was attributed to “work related and economic” problems in male case by both male and female participants.

Furthermore, professional healers, that is the medical doctors and psychiatrists, are found out to be the first choice in help-seeking behavior for most of the mental patients while a minority consulted to traditional healers or both (Güleç, Yenilmez, & Ay, 2011; Kaya & Ünal, 2006; Sağduyu et al., 2001; Sağduyu et al., 2003; Ünal et al., 2001; Ünal, Kaya, & Yalvaç, 2007). In addition, participants with higher-level of education were found to prefer psychiatric help whereas those with lower-levels of education were more inclined to seek religious or traditional healers (Ünal, Kaya, & Yalvaç, 2007). Professional healers are also the top alternative of the participants if they were to take care of a family member with similar problems or to give advice to somebody with same problems. In another study that compared Turks living in Germany with those living in Turkey, half of each participant group reported to seek nonmedical help, and the most preferred nonmedical option was consultation to religious healers (Güleç, Yavuz, Topbaş, Ak, & Kaygusuz, 2006). Furthermore, it is stated that the most feared aspect of illness was *belleğini kaybetmek* (loss of memory) for those living in rural areas while it was *deli olmak* (becoming mad) for those living in cities (Ünal, Kaya, & Yalvaç, 2007).

Social and Cultural Approaches to Madness

Apart from psychiatry and health science literatures, which concentrate on mental illness, there are a few studies from other fields

concentrating on madness. For instance, there are literary studies exploring madness as a theme in Divan literature (Akdemir, 2007) or in classical Turkish literature (Akdemir, 2008). There is a study on the representations of madness in Turkish cinema (Hancıg z, 2007), and another study questioning the relation of madness to creativity and madness (Soyg r, 1999). There are also a few articles that briefly discuss the cultural aspects of psychiatry and the cultural influence on the conceptualization of madness. For example, Candansayar and Co sar (2001) call our attention to the constructedness of mental illness in terms of culture while G le  (2000) provides a summary on cultural conceptualization of health and illness in Anatolia. Finally, there are numerous historical accounts and several memoirs based on institutions, practices, and perspectives related to madness, its treatment and psychiatry in Turkey (Artvinli, 2011; Bozalan Otuk, 1989; Samuk, 1980; Sarı & Akg n, 2008; Yal ner & Hano lu, 2001, Yal ner, G kalp, Mumcu, 2010). All in all, all of those studies from various fields are quite different as compared to the present study both in the specific aspects they concentrate on and in their methodological preferences to explore those aspects.

In addition to such survey attitude studies we have discussed so far, there are also few qualitative studies that worth mentioning. The first one explores the cultural construction of the mental illness concept in terms of the constructions of normal and pathological divide (Gelge  Bakacak, 2008). In order to explore the issue, forty-five participants from different age, gender and educational backgrounds were interviewed in İstanbul, Ankara and İzmir.

The findings revealed that people define mental illness in terms of “the rules of proper social conduct, moral and religious values, inconsistency between social status and roles, and gender inequality and violence”, which is said to be consistent with the scientific literature on mental illness (Gelgeç Bakacak, 2008).

Moreover, it is found that the majority of the participants differentiate *akıl hastalığı* (mental illness) from *ruh hastalığı* (psychological illness). Mental illness is associated with *düşünme* (reasoning), *zeka* (intelligence), *bilinç* (consciousness), and *beyin* (mind) whereas psychological illness is linked with *duygu* (emotion), *sinir* (temper), *denge* (stability), and *moral* (morale). In addition, mental illness is viewed to be due to hereditary or cognitive problems, and thus, as incurable, whereas psychological illness is viewed to stem from social and economic causes, and as curable. Although the study utilizes interviews and adopts a social constructionist approach to madness, which roughly constitutes its similar aspects to the present study, the findings illustrate that the study is not interested in the mad or the mental patient identities and the social relations with the mad. It basically investigates the cultural interpretations and constructions of madness and mental illness.

The other qualitative study needs to be mentioned in detail for it utilizes discourse analysis to explore the views on madness. In her social psychology study, Narter (2003) analyzes contemporary urban social representations of madness through public discourse. She claims that public

knowledge has become the intersection of scientific knowledge and common-sense knowledge since the beginning of modernization period and the establishment of republic in Turkey (Narter, 2006). In addition, she argues that social knowledge on madness is a good example to track down the interactions of those two types of knowledge (Narter, 2003). For example, she points out that there are two names, which also differ from each other in their meanings, to describe a mad person, namely *deli* (mad) in traditional terms and common-sense knowledge, and *akıl hastası* (mentally ill) in modern terms and scientific knowledge (Narter, 2006). Madness has been a social phenomenon that was already interpreted in the common-sense knowledge; however, the rise of science as a distinct form of knowledge in Turkey resulted in transformations in the common-sense knowledge (Narter, 2003). This integration of scientific knowledge into the daily thinking, practices and life-styles of citizens forms social representations according to the “Social Representations Theory” (Narter, 2006). In short, her concentration is on the transformation of social knowledge on madness and how this transformation is manifested in public discourse.

In order to trace “social representations” of madness, the articles related to psychiatry and psychology, mental health and treatment suggestions, and incidents of homicide due to “cinnet” (instantaneous mental crisis) in three newspapers were analyzed in addition to twenty-nine interviews with “ordinary” people (Narter, 2003). Based on her analysis of newspaper articles, Narter (2003) concludes that scientific knowledge is

transferred to public through a blending of scientific terminology with lay terminology. Moreover, the newspapers were found to propose psychology and psychiatric procedures as the key solution for various kinds of individual and collective problems, and they seem to favor science as a solution to various “abnormalities” (Narter, 2003).

Narter (2003)’s main argument is that public discourse has become highly laden with psychiatric terminology, and that manifestations of this fact can be seen from the words, terms, and characteristics that are employed by people in their interpretations of madness. Due to the increasing opportunity for scientists to communicate information to the public via mass media, Narter (2003) claims, “the modernity dream of Turkey has turned into reality” and the scientific knowledge has become more valued in public, which, in turn, form the current social representations in Turkey. She states that “[m]adness’ as a name has been abandoned and people suffering from mental problems are called neurotics, psychotics, hysterics, obsessive compulsives, schizophrenics, paranoids, psychopaths and depressives” (Narter, 2006, p. 422). However, Narter (2003) also indicates that though the form of social knowledge become more “secular”, by which she means more “scientific”, her analyses do not reveal *whether or how those social representations influence everyday social relations and experiences in public*. In the end, Narter (2003) claims that “Social Representations Theory” is efficient to account for Turkey case since this theory proposes that social representations are formed through the transmission of the dominant

discourse, which in this case is scientific knowledge, to the public. The period of modernization and the favoring of scientific knowledge changed the common-sense knowledge in Turkey, which was based on tradition and religious knowledge (Narter, 2006). Moreover, Narter (2003) asserts that since the development and pervasion of scientific discourse and knowledge was a government ideology after the establishment of republic, Social Representations Theory and Social Construction Theory indeed seem to converge in Turkey case.

There are major differences between Narter's approach and the present study despite the fact that both of them employ discourse analysis as their tool of analysis. First of all, this study is occupied mainly with the exploration of the social construction of mad identity, specifically the mad of the neighborhood, whereas Narter (2003; 2006) examines social representations on madness in general. Although Narter (2006) briefly discusses traditional perspectives and practices on madness, and also describes the common-sense knowledge in Ottoman culture on the mad as being connected to the metaphysical world, she is mainly focused on the transformations in the interpretations of madness, and not on the mad or the mental patient as social identities. In fact, there are no attributions to the mad of the neighborhood in her accounts.

Moreover, this study is primarily concentrated on the social relations and personal experiences of people on the basis of their narratives on the mad of the neighborhood. Narter (2003; 2006), on the other hand, is mainly

interested in an analysis of the types of knowledge in the context of public discourse on madness. She (2003; 2006) extensively emphasizes the shift in public discourse from common-sense knowledge to scientific knowledge, and yet, she explains this transformation only in terms of modernization and medicalization. Besides, she does not explore the cultural and social consequences of that transformation. For example, she states, "... modern or scientific knowledge transformed the main principles of public opinion which influenced common presuppositions, social desire, norms, legitimization styles" (Narter, 2006, p. 422). However, she does not discuss those aspects in her findings. She evaluates all the main categories and related themes in her findings only in terms of the type of knowledge they reference; whether they refer to common-sense knowledge or to scientific knowledge. Therefore, though her comments on the transformation in public discourse due to the ever-increasing dominance of scientific discourse are valid, her study does not provide an account of its social and cultural consequences. One of the aims of the present study, on the other hand, is to explore how this transformation might have influenced our experiences and social interactions with the mad, and respectively, the social constructions of "the mad of the neighborhood" and "the mental patient" as social identities.

Aside from the distinctions in the focus of inquiry, the participant characteristics and the methods of inquiry also reveal some differences in between the two studies. Narter's (2003) study includes two different age groups living in İstanbul, and utilizes personal interviews and analysis of

newspapers whereas this study aims to collect personal narratives on the mad of the neighborhood in a group setting via focus groups with only middle-aged participants living in three different cities. Finally, the mad of the neighborhood narratives that are gathered in this study are expected to put flesh on the bones of “the mad” as an actual person and on “madness” as an actual experience as compared to both Narter’s and Gelgeç Bakacak (2008)’s studies, which provide conceptual descriptions of the transformations in public interpretations on madness without regard to

specific persons, experiences, and social relations⁷. To sum up, neither in former studies nor in more recent ones, we come across to an exploration of the transformations in the social construction of mad identity and the transformations in social interactions and personal experiences with the mad people. In this way, this study offers a significant contribution to the literature on madness in Turkey through both the particular questions that it aims to explore and its methodological approach.

In this chapter, I provided accounts on the theoretical framework that I will make use of in analyzing my data. Firstly, the different historical interpretations on madness experience, and the related transformations in the social exclusion of the mad people are presented. We have seen that madness experience has begun to be conceived in terms of illness only after

⁷ As can be seen, a review of literature on madness in Turkey reveals that there are no studies based on lived experiences of persons. However, there is a documentary film, *Volga Volga: Living with Schizophrenia* (2007), which depicts mental illness from the standpoint of schizophrenia patients and their families. In this sense, it gives considerable place to their personal accounts and experiences.

the foundation of modern psychiatry as an independent scientific discipline. Then, the interconnections between discourses, relations of power, knowledge, institutions, practices and subjects are explored. In these sections, we have seen that particular modes of power relations are constructed through particular forms of discourse. Moreover, particular institutions and practices, which are constructed and legitimized in terms of regimes of knowledge, reproduce those relations of power. Throughout all of these processes, certain subject positions or subjects are constructed and regulated. A discursive approach to identity requires us to account for these interdependent processes and their respective consequences.

In this regard, we have seen that modern mental institutions, which are legitimized through modern psychiatric discourse, reproduce a specific mental patient identity. In the social world of the institution, individuals are deprived of any type of social role other than the role of the patient through particular institutional practices and the modes of social relations between the hospital staff and the individuals. The construction of the mad of the neighborhood identity will be explored in its relation to the construction of the mental patient identity.

Then, we have moved to an exploration of the neighborhood as a public space, and the particular discourses and practices that construct and regulate this space. The restructuring of urban public space in terms neoliberal urbanism is argued to limit social contact with the marginalized groups and intensify the degree of their social exclusion. The construction of

the mad of the neighborhood identity will also be evaluated in the context of public space and its recent transformation.

Finally, the local literature on madness is reviewed, and we have seen that there are numerous quantitative studies on the attitudes towards mental illness whereas there are only a few qualitative studies exploring madness and mental illness. Moreover, these studies are based on the opinions of people on madness and mental illness rather than exploring the personal experiences; and thus, their interpretations are mostly on the conceptual level. The present study, on the other hand, is interested in the politics of mad identity through the personal accounts on actual persons and existing social relations rather than the concepts of madness or mental illness. The next chapter provides detailed information on the methodological background of the study.

CHAPTER III

METHODOLOGY

Data Collection

The method of the study is focus group interviews with middle-aged adults to collect their experiences and views on the mad of the neighborhood.

The main data collection instrument of the study is *semi-structured focus group interview* since it is the most convenient way to capture the collective meaning-making processes on sanity and insanity, and to examine the discursive construction of mad identity. As Krueger (1994) comments, “[f]ocus groups possess the capacity to become more than the sum of their participants, to exhibit a synergy that individuals alone cannot achieve” (p. 45). The focus group was also a suitable method due to the fact that the particular topic of interest, that is the mad of the neighborhood as a social identity, is not a highly personal topic so that it does not strictly require a high level of confidentiality, and it could be comfortably discussed in a group setting. Moreover, group interaction was expected to prime the conversation and past experiences of participants on this issue better as compared to a one-to-one interview with the researcher.

I developed twelve guiding questions for focus group interviews (see Appendix A for focus group interview guiding questions). Those guiding questions were open-ended questions, which allow the participants to elaborate, engage in the discussion, make associations, and respond freely.

As Morgan (1997) argues, the content of the questions for focus group interviews are usually generated in a way to dig up the attitudes and opinions of participants whereas questions aimed at delving into the experiences and perspectives of participants, indeed, have the potential to provide wealthier and more detailed data. Thus, the guiding questions that I developed started out with questions related to the participants' past experiences and observations on the mad of the neighborhood, and gradually moved on to their perspectives on the mad and madness. I conducted a pilot study to evaluate the questions and the appropriateness of the method to collect data for this study.

The research ethics committee approval for the study was obtained from the Institutional Review Board for Research with Human Subjects (İNAREK) in Bogazici University. All participants received and signed an informed consent form before the focus group sessions (see Appendix B for informed consent). They also filled out a small participant information sheet so that demographic information could be recorded (see Appendix C for participant information sheet). Each focus group session was opened up with an oral introduction by the moderator. As the moderator, I conveyed the guiding questions to the group at the appropriate points during the conversation in order to direct the discussions, but I kept my involvement with the group interaction in the minimum at other times. Mean duration of the focus group sessions was ninety-eight minutes. Additionally, the groups were

both audio and video recorded, except the two groups in İstanbul that were solely audio-recorded due to technical failures.

The audio records of all focus group sessions were transcribed in terms of common transcription conventions (see Appendix D for transcription conventions). Then, the transcribed data were coded by utilizing ATLAS.ti: The Qualitative Data Analysis & Research Software (version 5.0). Finally, *content analysis* is conducted on the coded data.

Sampling and Participants

Five focus group sessions with thirty-three participants in total were conducted in three different cities. Two separate groups were organized in İstanbul and Antalya, whereas one group was held in Afyonkarahisar. Those cities were selected due to their availability to the researcher and also to their differences in scale so that any potential difference in participants' accounts of neighborhood relations and their experiences related to the city could be captured⁸. İstanbul is a metropolitan while Antalya has recently become a metropolitan, and Afyonkarahisar is a mid-sized city. Although the order of those three cities in terms of population density has not changed, it should not be forgotten that all of them were much smaller and had different cultural compositions in the past, and that they went through prominent cultural and

⁸ According to the most recent statistics available (year of 2000) on the website of Turkish Statistical Institute (TÜİK) (www.tuik.gov.tr), population, surface area, and population density estimates of the three cities are as follows; İstanbul (10,018,735; 5196 km²; 1928), Antalya (1,719,751; 20723 km²; 83), and Afyonkarahisar (812,416; 14314 km²; 53).

urban transformations since the time period when the participants were younger.

Each focus group consisted of six to eight participants since it was desired that there would be sufficient time for each participant to contribute to the group discussion, and to elaborate on his or her views.

The sampling method for the participants was a blend of *snowball* (or *chain*) *sampling* and *theoretical* (or *purposive*) *sampling*. These sampling methods were preferred due to their compatibility with the data collection method of the study. The focus groups cannot be benefited to make generalizations regarding the population but rather, they are utilized to explore the perceptions of people on certain phenomena and the variety of those perceptions (Krueger, 1994, 87). Therefore, the participants for the focus groups in general are selected purposefully in terms of certain previously determined criteria. Similarly, I started out with my middle-aged personal contacts in each city, and reached out to the people with the desired criteria through their social circles. The first criterion was that the participants must have been either born in the city that the session was held, or have lived in that city since their childhood. The other criterion was that the age of the participants had to range between thirty-five and sixty-five. This range was preferred since the probability for young people to have familiarity with the mad of the neighborhood was considered to be prominently lower as compared to the middle aged people due to the scarcity of the mad of the neighborhood at the present time. Moreover, recent generations are heavily

exposed to, and thus, are more familiar to the psychiatric discourse on madness. The middle aged people, on the other hand, have personal experiences and views on the mad of the neighborhood while they are also familiar with the contemporary popular psychiatric accounts on mental illness. The last criterion was that the participants did not have an educational or occupational background in one of the following disciplines: medicine, psychiatry or psychology. This was important since my purpose was to collect the views of non-professional people on the mad.

The number of women and men in each focus group were arranged in a way to balance them. In total, seventeen women and sixteen men participated in the study. There was only a female participant that exceeded the age limit of sixty-five. She was seventy-four years old; however, she had no hearing, comprehension, or memory difficulties so that she could be included in the group. Although the level of education and economic background of the participants were not controlled, their educational level and current occupations were collected as well (see Appendix E for the tables illustrating demographic information). The level of familiarity among participants in the groups was not strictly controlled; however, the groups were generally constituted in a way that each participant would have a few acquaintances while the other members of the group would be strangers for them. Moreover, only ten out of thirty-three participants indicated that they have an acquaintance, which has received psychological support. Hence, it

could be said that participants in general were not in close contact with psychiatric or psychological procedures.

CHAPTER IV
'THE MAD' SPOTTED

“And how do you know that you're mad?’
‘To begin with,’ said the Cat,
‘a dog's not mad. You grant that?’
‘I suppose so,’ said Alice.
‘Well then,’ the Cat went on,
‘you see a dog growls when it's angry,
and wags it's tale when it's pleased.
Now I growl when I'm pleased,
and wag my tail when I'm angry.
Therefore I'm mad.’”

Lewis Carroll,
Alice's Adventure in Wonderland & Through the Looking Glass

I begin my analysis on the identity of mad of the neighborhood with a brief introduction of this social figure. In this chapter, I will illustrate the ways participants in general identify the mad of the neighborhood, and thereby, the image they construct of the mad of the neighborhood through the attribution of particular characteristics.

(Nick)names

First of all, participants generally refer to a specific mad of the neighborhood with their *(nick)names*. Knowing them by their names is an indication of their familiarity with the mad and also of the popularity of the mad. Atalay (1st.-2, 60⁹) said that:

⁹ The respective city, group, and age of the participants are indicated in this manner throughout all findings chapters.

(Ex. 1)

A: =tabi. her semtte. illa ki deli olması şart değildi. yani?(.)sorumsuz yaşayan, ailede veyahut da dışlanmış. böyle insanlar vardır. bu insanların hep lakapları vardı, bi de lakabı vardı.

A: =of course. in each neighborhood. it need not be mad in any case. I mean(.) living irresponsibly, or left-off from the family. there are people like these. these people always had nicknames, also had nicknames.

As he claims, there used to be either mad or other kinds of “pariah” in almost every neighborhood, who were well known and called by nicknames among the neighborhood community. Moreover, the participants said that especially the shopkeepers, who have the most contact with the mad, nickname them.

An overview of the names that are mentioned in my groups reveals that in many cases the mad are called by employing *Deli* (Mad) as an adjective before their names such as *Deli Ramazan* (from Ant.), *Deli Ziyet* (from İst.), *Deli Sütçü* (from İst.), *Deli Şevki* (from İst.), *Kümüğün Deli Ali* (from Ant.), *Deli Döne* (from Ayk.), *Deli Kardeşler* (from Ayk.). In this way, the mad is explicitly labeled as “mad” among the neighborhood residents. In some other cases, they are called according to what they do; for instance, *Ölücü Ahmet* (from Ayk.) is called so because he attended to most of the funerals in a specific mosque, or *Ömer Hoca* (from Ant.; *Hoca* is a common way to refer to “high school teachers”) is called so because he was formerly a high school teacher.

Moreover, the view of the neighborhood residents on the mad sometimes plays a role in how to call them. For instance, a mad in İstanbul, who was a single woman that was viewed to be dangerous, was nicknamed

as *Tabancalı Kadın* (from İst.; the literal translation is “The woman with the Gun”). Even though it was not very common in my group conversations, they might also be addressed with familial nouns implying closeness and respect such as *Abi* (Brother) or *Amca* (Uncle) as in the following examples: *Bedri Abi* (from İst.), *Hüseyin Abi* (from Ant.), and *Yıldırım Amca* (from Ayk.). Additionally, Şinasi (Ayk, 60) stated that the mad are sometimes nicknamed in terms of his or her resemblance to a celebrity but an example of this did not come up in the groups. Therefore, nicknames, as a way of marking people, might imply either social distance, as in the case of *Tabancalı Kadın*, or some form of fondness for that person as in the cases of familial nouns and naming after similar celebrities. In any way, the fact that the mad are called and recalled by their (nick)names means that they are widely recognized in the neighborhood or in the city.

Location

After the (nick)name of the mad, or in some cases even before the name, the regular *location* of the mad is indicated to describe the mad. The mad wanders and passes time in specific neighborhoods, districts, and streets that are usually the center of the city, where there are lots of shops and restaurants. Those districts are usually called *çarşı* (downtown). The mad are frequently seen at particular spots such as mosques, certain traffic junctions,

and especially at *kahve* or *kıraathane* (coffeehouse¹⁰). Participants were well aware of this relation between the mad and their particular locations, as the below excerpt from Antalya-2 group illustrates:

(Ex. 2)

L: [onlar zaten?(.)] ıı o tür insanların hep? yaşadığı yerler aynı.

S: a mekanlar [ve mahalle olarak tabi.]

L: [tabi. şeyy(.) yaymıyolar onu. bi-]

Mr: [aynı yerlerde] dolaşıyo.=

L: =tabi hep aynı [yerlerde dolaşıyo.]

L: they anyway?(.) this kind of people all? live in same places.

S: a as the spaces and the neighborhood of course.

L: sure. well(.) they don't spread it. a-

Mr: in the same places wanders.=

L: =sure always wanders in the same places.

As indicated in this example, the mad are generally seen at particular neighborhoods. This leads people to strongly associate the mad with their specific locations. Moreover, their particular locations become a practical cue to describe the mad to other people, as in the following example:

(Ex. 3)

S: [şey atatürk caddesinde? hala] dolaşıyo, geçenlerde hatta öldü mü diye düşün [düm hasan diye?]

T: [şu sarısın olan?]=

S: =sarışın hah=

D: =parmaklarını [sayan].

S: [bu par]mak sayan o. o? tokat atıyo yani,[evet şeyi var durumu var]

N: [ışıkların delisidir o?] hhh=

A: =evet o oranın delisi diğ [mi? ben onu söyleydim ben- hı?]

S: well on atatürk street? still wanders, recently as a matter of fact whether hasan died I wondered?

T: that blonde one?

¹⁰ *Kahve* or *kıraathane* are local coffeehouses in which exclusively men pass time by drinking tea or coffee and playing card games or backgammon.

S: =blonde yeah=

D: =the one that counts his fingers.

S: this finger counter he is. he? slaps I mean, yes he has the thing he has a condition

N: he is the mad of Işıklar? hhh=

A: =yes he is the mad of that place right? I was gonna say him- yeah?

Here, Sevgi (Ant.-1, 36) introduces the mad to the conversation through the regular street he used to wander. Others contribute to the narrative by adding cues about his appearance and behavioral habits, and then, Nurdan (Ant-1, 53) calls him as “the mad of Işıklar” (Işıklar is a district in Antalya). This remark, which also receives agreement from another participant, illustrates the strong link between the location and the mad. He is seen as “the mad” of that neighborhood.

In relation to this strong link between the location and the mad, the specific location of the mad sometimes primes them in participants’ memory since they are used to see them in the same district. For instance, while the others in the group were talking about a mad they used to see around Şarampol district, Metin (Ant.-2, 55) said that “bi de? ııı bi tane daha(.), bi tane daha şindi şarampol deyince aklıma geldi.” (“and also? one more(.), one more came to my mind when she said şarampol.”). That is, it was the mention of the neighborhood that primed another mad he associated with that particular neighborhood. In short, the mad are generally recognized and recalled in relation to their neighborhoods, and they are almost always localized in participants’ narrations of them.

While (nick)names are indications of the familiarity with the mad, the specific location of the mad is one of the factors for our familiarity with them. When we see the mad always hanging out at the same district and socializing or acting in the same manner, we begin to get acquainted with the mad; and hence, we develop a sense of the mad being a part of that social environment. The below excerpt is from İstanbul-2 group:

(Ex. 4)

A: =bi de hani? hepsi o civarda hani oturanlar, şeyler olduğu için. 11111.=

Y: =yani yeri yur- yeri [yurdu belli? belliydi yani.]=

A: [(yeri) belli olduğu için?]

Y: =anlata[biliyo muyum.]=

A: [tabi canım.]

Y: =bi de? birey olarak kabul ediliyordu yani mahallede.

A: evet.=

A: =and also you see? all resides thereabouts you see, are since the things.=

Y: =I mean his place and habi- his place and habitat are definite? it was definite I mean.

A: since his place was definite?

Y: =do I make myself clear.

A: of course dear.

Y: =and also? he was accepted as an individual I mean in the neighborhood.

In this group, participants reasoned that it was easier to get acquainted with the mad since they lived in the neighborhood or they had a stable location.

Moreover, they argued that the familiarity with the mad in relation to their location contributes to the view of them as “individuals” by the inhabitants of that location, meaning that they were acknowledged by others rather than being neglected or ignored. However, I argue that they were not necessarily viewed or treated as the regular inhabitants of the neighborhood, a point I will discuss in detail in the last chapter. In short, the regular location of the mad,

which is generally in the downtown, is a prominent characteristic of the mad of the neighborhood.

Physical Appearance

Physical appearance is a signifier that is used by the majority of participants both to identify and to describe the mad on the streets. It is usually mentioned after the (nick)name and the location when describing a particular mad. Physical appearance refers to a bunch of aspects such as the physical characteristics of the mad like the hair, the eyes and the height, the condition of their clothing, the look in their eyes and the expression on their faces, their specific objects, and their physical defects, if they have any. For example, long beard and messy long hair are quite common features for the male mad. Indeed, Atalay (İst.-2, 60) described the beard of a mad as “the beard of Robin Hood”. In this manner, if the participants do not know their names, they are sometimes called as *sakallı* (the bearded). The example below illustrates the salience of physical appearance as a cue for identifying the mad:

(Ex. 5)

M: [önceli- öncelikle] bi kere pejmurde olması.
yani? kılık kıyafetinden?(.)=

B: =evet.=

M: =topluma uyu- uyumlu olmayan bir giyiniş.

B: =evet.=

M: =perişanlık, [pislik, bakım]sızlık=

S: [saç sakal.]

M: =saç sakalın birbirine karışması.

M: first- first off him being ragged. I mean? from his appearance?(.)=

B: =yes.=

M: =a mode of dressing incon- incompatible with the society.

B: =yes.=

M: =miserableness, filthiness, squalor=

S: hair and beard.

M: =hair and beard coalesce into one another.

Here, the participants state that the ragged appearance of the mad is usually the first thing that attracts attention since it is viewed as “incompatible” with the social codes on regular appearance.

The female mad, on the other hand, are usually described as being very thin, and this characteristic is frequently mentioned when addressing the female mad for the first time. Almost all the women mentioned in Antalya and Afyonkarahisar were introduced to the discussion as “a thin woman”. For instance, the following is an excerpt from Afyonkarahisar group:

(Ex. 6)

Ş: =zekilerin orda bir tane? bii çok zayıf bir kadın(.)
peyda oldu.

E: belki yine aynı [kişi.]

Ş: [üzerinde- dudaklarını] falan bazen
boyuyo falan=

H: [değil.]

E: =evet.=

Ş: =yerlerden [şey- yaprakları] falan atar.=

H: [bakımsız.]

Ş: =bakımsız. şimdilerde o [türedi yani.]

Ş: =around the zekiler's one? one very thin woman(.) appeared.

E: maybe again the same person.

Ş: on her- she colors her lips or so sometimes and such like=

H: she's not.

E: =yes.=

Ş: =from the ground well- she throws the leaves or so.=

H: neglected.

Ş: neglected. nowadays she sprang out I mean.

Apart from being very thin, this mad woman is also usually described as *bakımsız* (neglected¹¹). As indicated in the last two excerpts, the mad is expected to look dirty and neglected irrespective of their gender.

In line with this assumption on disheveled appearance, an emphasis is made about their look when the mad look neat and clean. In one instance, the participants were talking about a popular mad of Antalya, who is known by all, and before I asked about his appearance, they said:

(Ex. 7)

D: =onun şeyi yoktu, o giyiminde falan bi kötülük yoktu.=

A: =yoktu.=

D: =yaani [he-her zaman temiz ve düzgündü.]

T: [biri bakıyo ama belliydi yani] evet birinin baktığı?=
baktığı?=
A: =evet temiz ve düzgün(.) diye olarak hh
adlandırabiliriz doğru.=

D: =he didn't have the thing, his clothing or so showed no miserableness.=

A: = he didn't have.=

D: =I mean it was all-allways clean and neat.

T: someone looks after but it was apparent you see yes the fact that someone looks after?=
A: =yes we might refer as clean and neat(.) hh right.=

They pointed out his clean outfits as a difference since their presumption for the mad is a disheveled outlook. A close inspection reveals us that there is another assumption hidden in those lines. Tuğçe (Ant.-1, 35) thinks that if the mad is neat rather than ragged, then there must be someone taking care of him. The mad is viewed as incapable of carrying out his or her personal care, and this is the reason of their "neglected" outlook. Many other participants from other groups as well seem to share the same views on the physical

¹¹ The adjective *bakımsız* primarily means that the person does not take care of herself or himself. Secondary meaning is that the person or the thing in question is not taken care of.

appearance of the mad. However, there are some exceptions to his general view and not all of the mad have unusual or dirty outlook. For example, Mehmet (Ant.-1, 56) told about a mad from Antalya, who used to wear suit and tie all the time. In other words, contrary to the general view, some of them might even look very sharp all the time. Yet, disheveled appearance is a strongly and commonly associated characteristic of the mad figure.

Furthermore, most of the mad are dressed in the same clothes all the time, even when the season changes. This is another point about their appearance that attracts the attention of the participants. For instance, one of the mad in Antalya was seen to be wearing the same black coat, the same heavy boots, and the same hat all the time, even in summer. Similarly, another mad would wear the same skirt on the knees, wool stockings, and boots throughout all seasons. There seems to be a more or less particular “mad image” in participants’ heads since Sevgi (Ant.-1, 36) said about this particular mad that “biraz benim ilgimi çekti? [(deli gibi gözüküyodu) .]” (she caught my attention a bit? she looked like mad.) Another participant, Füsun (İst.-1, 64), said about a man in her neighborhood, who keeps tens of cats in his house, that “adamı da görseniz? aklı başında derli toplu bir adam(.) [görüntüsünde.]” (if you would see the guy? he has the image of a sane and neat man.). That is to say, there is a difference in the expected appearance for the mad and the “sane” man. The mad might wear the same thing all the time, or they might wear a number of clothing pieces or accessories on top of each other, or they

might put on the things they gather from the streets. In other words, the excessiveness in clothing is also seen as one of the characteristics of the mad image alongside the neglected outlook.

The appearance of the mad might be so marked that it might take place among the daily conversations of the neighborhood residents. For instance, Füsün also told about a mad woman called *Deli Ziyne* (Mad Ziyne) in Suadiye, who used to wander all the time wearing all the jewelry she possessed, and how her look became a saying among the young girls in the neighborhood:

(Ex. 8)

F: valla bizim aramızda şimdiki şimdi o geldi aklıma bi-
111. böyle bi on dört on beş yaşlarında slogan olmuştu
adeta. biraz fazla şey- nası oldum filan? aman deli
ziynete benzemişsin. ((gülüşmeler)) hani biraz fazla
şöyle? () üstünde bi süs oldu mu.=

A: =sözlüğe kelime girmiş.

F: eveet? h h

F: honestly among us current it now came to my mind a- so around the
age of fourteen and fifteen it became a catch-phrase virtually. a little bit too
much stuff- how do I look or so? oh you look like mad ziyne. ((laughs)) you
know a little bit too much like that? () if you had ornament on you.=

A: =a new word entered the dictionary.

F: yees? h h

In this example, the odd outlook of the mad is referenced in order to tease with each other among the neighborhood residents. In short, the mad in general have a specific and marked outfit that he or she wears all the time.

On the other hand, the fixed appearance of the mad is not always due to their lack of clothes. In a conversation with an acquaintance from Antalya, who was not among the participants, I learned that there was a young male

mad, who was neatly dressed by his parents, but his clothes would be taken by some people whenever he went out to the neighborhood. After a few tries, they gave up dressing him, and they let him out to wander in the same old clothes. In some other cases, the mad prefers to wear his or her regular outfit. For instance, Halil (Ayk., 39) told about one of the well-known mad of the city, who was dressed in new clothes by his care-takers but each time he would change back to his old clothes. Atalay (İst.-2, 60) provided a similar example:

(Ex. 9)

A: [...] buna?(.) şey bi arkadaş şey getirdi blucin falan getirdi. ama çok az kullanılmış şeyler. kabul etmedi biliyo musunuz. altındaki pantolon(.) inanın rezil bi pantolon. üzerinde aynı kıyafet o getirilen kıyafeti kabul etmedi.

A: [...] to this?(.) well a friend brought the thing he brought blue jeans or so. but underutilized things. he didn't accept you know. the pants on him(.) believe me a terrible pair of pants. the same clothes on him he didn't except the clothes brought to him.

The mad, in this case, rejects the clothes that shopkeepers give away to him and prefers to stick with his usual ones. In short, the mad usually chooses to look disheveled from the viewpoint of the participants. All in all, physical appearance stands out as one of the prominent dimensions to identify madness, and participants from all groups expressed similar thoughts on this aspect.

In addition, some of the participants made an association between physical appearance of the mad and their potential for harmfulness. In their views, the appearance and the facial expression of the mad might cue for the possibility of danger. For instance, in Afyonkarahisar group they said that:

(Ex. 10)

S: =ki hani?(.) zaten zarar vericek tiple?
[vermiycek birisi çok]=
Ş: [belli. tabi belli.]
S: = [belli oluyo.]
M: [belli oluyo.]
B: [anlaşılyo.]=
H: =bi nuraylık var.
Ş: =o yüzünde [(nuraani) bi](.) şey var adamın?=
B: [anlaşılyo.]
Ş: = [(dediğimizde)?]
Mod.: = [yüzünden]anlaşılyo [diyorsunuz.]=
Ş: [e. tabi.]
E: =bi sevimlilik oluyo ama ya? kimisinde. o(.)
uşaktaki dediğim işte, bozuk para alıyo, kağıt para
almıyo. çok sevimli bi çocuk. yani ondan(.) ı yani
korkmazsın?

S: =this you know?(.) anyway the type that will do harm? and the person
that won't=
Ş: apparent. certainly apparent.
S: =become so perceptible.
M: become so perceptible.
B: it is understood.=
H: =there is brightness.
Ş: =on that face of the guy there is something (bright)?=
B: it is understood.
Ş: (the one we talked about)?
Mod.: you say it is understood from his face.
Ş: yeah of course.
E: =there is some sort of sweetness but right? in some. he(.) the one in
uşak which I talked about, he collects coins, he doesn't take paper
money. he is a very sweet boy. I mean from him(.) I mean you don't be
afraid?

In this example, two different mad are seen as harmless, even *nurani*

(shining; heavenly) and sweet, in terms of the impression their faces

generate in participants. Hence, their appearance and faces are taken as

signs of their innocence. In contrast, Atalay (1st.-2, 60) associated the

disheveled appearance of a mad with the impression of possible harm:

(Ex. 11)

A: bi tane daha var benim gördüğüm son zamanlarda bu. şimdi aklıma geldi. işte. şeyde bağlarbaşından başlıyo yürüye yürüye. üzerinde bi pantolon. pantolon yaridan yırtık yırtmaçtan itibaren olduğu gibi(.) erkek. 1111 yırtık vaziyette. sakal. şey sakalı. robin huud sakalı. bööööyle olduğu gibi şey? kafasında bi şapka. hırpani bir şekilde dolaşan bi tip. [...] zararsız bi tip ama hani görse?(.) gece mece korkarsın adama. acaba tinerci mi, üzerime saldırır mı, bunun yaşı da atmış atmış beş yaşlarında filan bi adam.

A: there is another one that I see lately. now it came to my mind. you see. at the place well he begins from bağlarbaşı by walking. a pair of pants on him. the pants are torn from the halfway from the slit as is(.) a man. in a torn condition. beard. well his beard. is the robin hood beard. Like thiiiis the thing as is? a hat on his head. the type that wanders in a shabby state. [...] a harmless type but you know if you see?(.) at night or so you would be scared of the guy. whether he is thinner-addict, attacks me or not, the age of this also a guy that is around sixty sixty five or so.

Here, although Atalay claims that this mad is “harmless”, he thinks his look might scare people off by giving the image of a “thinner addict”, a group that is presumed to be dangerous. In short, the condition of the physical appearance of the mad, independently of his or her behaviors, shapes our first impression on them in terms of harmfulness.

Personal objects of the mad are also mentioned along with physical appearance. Some mad of the neighborhood carry particular items with them at all times so that it becomes a part of his or her outlook. For instance, the mad, who sleeps in the streets, usually carries a blanket or mattress along with him or her; the mad, who have a drinking habit, is always seen carrying a bottle of wine or a can of beer; the mad, who acts like a traffic police (which is a very common type of behavior as I will discuss in the habitual behaviors section), usually has a whistle. There are also a few examples for the mad

carrying a radio along all the time. In some cases, the mad has a wheel, a piece of pipe, or drum and bells by which he plays and makes noise while he wanders on the streets. A few of them carry tools like stick or bayonet, which seem threatening for some people. However, it is said that they use those items to scare away the people or children who mess around with them rather than causing harm to someone. Interestingly, one of the mad in Afyonkarahisar carries a stick that he shaped in a way to break the ice on the pavements for the people to be able to walk safely in winter. In sum, the mad generally owns very few items, which are recognized by people and described alongside their physical appearance, and those items usually have functions depending on the lifestyle of the mad or his or her regular behaviors.

Habitual Behaviors

Following physical appearance, *habitual behaviors* of the mad are frequently mentioned to describe the mad of the neighborhood. There is a wide array of behavioral patterns, some of which are particular to a single mad whereas some others could be more commonly observed among the mad. I will mostly focus on these commonly shared behaviors so that we could trace the general behavioral patterns of the mad of the neighborhood as a cultural figure.

To begin with, the mad are wanderers. The mad wander around idly on the streets or in the neighborhood. They are frequently seen on the streets, from morning till night, wandering alone. They wander, and they talk to themselves. They wander backwards and forwards, they chat with shopkeepers, they ask for pocket money, they go to the *kahve*, and they ask for cigarettes. In other words, they gather while they wander. They might gather money, cigarettes, garbage, or street animals. They wander singing, and they wander shouting. When they get tired of roaming around, they sit on a corner and mutter to themselves, or else, they just lie down on the streets, on the pavements, and in parks. In short, wandering is the most prominent behavior associated with the mad of the neighborhood.

Talking to oneself is also pointed out as a common behavior of the mad of the neighborhood. Nevertheless, not all people muttering to oneself is perceived as mad because the participants indicated that the number of people talking to oneself on the streets has been growing as compared to the past, and even “normal looking” people do it nowadays. The mad might seem as if they are chatting with someone, or as one of the participants reflected, they might seem as if having a conversation with “the things in their own minds”. Singing and shouting are also among the frequently encountered behaviors. The mad are sometimes given money to sing, which becomes one of the ways the neighborhood inhabitants and shopkeepers entertain themselves. They are also frequently seen to shout loudly or angrily. Most of the time, they are shouting by themselves as if there is someone they are

quarrelling with. At other times, they might shout out to the neighborhood. Though people sometimes find it “frightening”, the mad talks, shouts, and sings on the streets.

Another common behavior of the mad of the neighborhood is asking for money from passers-by or collecting *harçlık* (pocket money) from shopkeepers. Some of them have certain rules while collecting money. For instance, they might accept only coins or only paper money, or they might accept money only from the shopkeepers they know. In some cases, they sell things like books, pencils and so on to raise money for their basic needs. Some others provide small services for shopkeepers or for the inhabitants so that people give them money in return of their help, a point I will discuss in detail in the following chapter.

In other respects, some of the participants argued that it is sometimes difficult to differentiate between the mad and the beggar, and they are suspicious that beggars sometimes “feign madness” to collect money. The following is an example that came up in Afyonkarahisar group:

(Ex. 12)

H: =bi tane dilenci var. deli(.) 11 şaysine yatıyo?
111 para topluyo genel o- tek omuzlu dolaşan bi
kadın var. biliyo musunuz?=
M: =[görmüyorum.]=
Ş: =[heee.] ((olumlu kafa sallar))
H: haah. o?(.) özellikle kadınlara, özellikle gidip
omuz atıyo, küfrediyo, para istiyö. yani burda
şahit. bunu(.) o herkese şeyapıyo, sataşıyo yani.
M: bilinçli? ama o.=
H: =bilinçli yapıyo.=
M: =ha deli diğil o yani.=
H: =deli değıl. bunu da yapan öyle bi(.) şey var
yani.=

Mod.: =deli gibi? davranıyo. [para toplamak için.]
H: [deli gibi davranıyo.] haaa
öyle ().
M: kullanıyo milleti. hhh

H: =there is a beggar. mad(.) feigns madness? collects money general-
with her one shoulder wanders there is a woman. do you know?
M: =I don't see her.=
Ş: =yeah. ((nods in an agreeable manner))
H: yeah. she?(.) particularly to women, especially goes and shoulders,
swears, asks for money. I mean I am witness here. this(.) she does to
everyone, bullies I mean.
M: deliberative? but she is.=
H: =she does deliberately.=
M: =oh she is not mad you say.=
H: =not mad. there is a(.) such thing that does this I mean.
Mod.: = she acts. like mad? to collect money.
H: she acts like mad. yeah such ().
M: exploits everyone. hhh

The woman in this example is thought to “consciously” bully passers-by, especially women, to get money. In other words, they think she consciously acts as if a mad would do but the behaviors they mention are cursing, hitting, bullying, and asking for money. If this beggar woman is thought to be faking madness, then those behaviors are presupposed to be typical behaviors of the mad. Moreover, the mad is assumed to do them unconsciously in contrast to this woman, who acts consciously.

While, asking for money and cursing are indeed among the prevalent behaviors of the mad that were mentioned to me, hitting or bullying was not common at all. In fact, there was only one instance of a mad with hitting habit. In terms of cursing, the participants stated that the mad would generally curse in response to the teasing of people. There were very few examples of mad who used to curse for no reason. Although the common

mad image in participants' views resembles to an unpredictable and unconscious teaser, the narratives they told about their actual experiences with the mad of the neighborhood reveal that the mad is indeed almost always the object of teasing rather than being the teaser (I will discuss this point in more detail in the following chapter). In short, cursing is common among the mad but usually as a reaction to the teasing of others, and collecting money is also a prevalent behavior. However, contrary to the common belief, bullying to get money or for any other purposes is not among the common behavioral patterns of the mad of the neighborhood.

Apart from those very common behaviors, there were some others that are relatively common among the mad narratives. To give an example, substance abuse, in forms of drinking and smoking, is often linked with the mad. Drinking habit is mentioned for a few mad in each city. Most of the participants seem to distinguish between the alcoholic on the street and the mad who also has a drinking habit. However, one of the participants, Aybars (İst.-1, 35), commented that he did not distinguish the mad from the alcoholic because he argued that people used to go mad as a result of their love affairs or other distressful life events but now they become addicted to alcohol or medical drugs due to similar problems. On the other hand, Zehra (İst.-2, 47) argued that the mad are usually fond of drinking whereas Mehmet (Ant.-1, 56) said that it was especially the shopkeepers and some of the inhabitants, who accustom the mad to alcohol. Atalay (İst.-2, 60) provided an example of this from Beylerbeyi district in İstanbul, where the shopkeepers used to tease

the mad by giving them excessive amounts of alcohol. Whether it is the personal preference of the mad or else the influence of others, the mad are commonly associated with drinking. Some participants also see cigarette smoking as a common habit for the mad, and the mad in general are considered to be *dudak tiryakisi* (non-inhaling smoker). The smokers are also famous for asking for cigarettes from everyone. In short, substance abuse is among the expected behaviors of the mad.

Another relatively common behavior is impersonation. The mad might impersonate certain social positions, mostly the traffic officers. There were instances of this behavior in Antalya and Afyonkarahisar groups. The mad choose certain traffic junctions or parking lot entrances, and they stand on these specific spots on most of the days to manage the traffic. Participants commented that it is not merely impersonating but they direct the traffic in the right way. In slightly different scenarios, the mad might make believe that they are doing certain things. For instance, a mad in İstanbul holds a wheel and acts as if he is driving whereas another mad in Antalya acts as if he is catching fish on the road. Another example from Antalya is about a former teacher, who makes believes that he still has his students listening to him:

(Ex. 13)

M: [mesela bizim]lise çağlarımızda bi öğretmen vardı. bu da tabi ta- 111 zamanında kafayı yemiş. kaaaveye gelir oturur o üçkapıların orda bi kaave vardı bilirsiniz. ufacık bi kaave?=
D: =h1 h1=

M: =onun içinde masaya oturur. karşısına sanki öğrenci varmış gibi ders anlatır, kafasını sallar, olmadı der, bilmemne der. işte bi yarım saat bi kırkbeş dakika

oturur, çayını kaavesini ordan ısmarlarlar, toplar
defterini kitabını gider? bu da bi deli.=
T: =e tabi?=
N: =tam deli? yani.
S: bilmiyorum [siz karşılaştınız mı.]=
M: [ama hiç kimseye zarar-]

M: for example during our high school years there was a teacher. this also of
course become off-his head at one time. he comes to the coffeehouse
sits there was a coffeehouse around üçkapılar you know. a tiny
coffeehouse?=
D: =yeah yeah=

M: =in it sits on the table. as if there is a student across him he lectures, not
good he says, I knew not what he says. you see for half an hour or forty
five minutes he sits, they order his tea or coffee, he gathers his notebook
and book and leaves? this is also a mad.=

T: =sure?=
N: =total mad? I mean.
S: I don't know whether you ran into.
M: but no harm to anyone-

This *kafayı yemiş* (off his head¹²) ex-teacher sits in the *kahve* and talks to
himself as if he is still in a classroom and talking to his students. In short, the
mad are seen to impersonate or make believe on the streets, in a similar
manner to children do while they are playing.

The interrupted remark in the above extract is about the harmlessness
of the mad. In fact, when we take a brief look over the behavioral patterns of
the mad we evaluated so far, we see that their behaviors in general do not
pose any threat of physical harm to the others in the neighborhood. Among
all the mad narratives conveyed to me in the groups, there were only a
couple of examples who caused minor harm to people such as this one mad
in Antalya, who would sometimes hit passers-by or bereave food and

¹² The public phrase *kafayı yemiş* could also be translated as “losing one’s mind” or “going nuts” but the word for word translation would be “eating one’s head”.

beverages from their hands. Although some of the common behaviors among the mad, such as cursing, shouting or talking to self might bother or frighten some people, those behaviors are not dangerous for anyone. The common habitual behaviors of the mad, which are apparently harmless for other people, will be important when we discuss the participants' risk perception of harm about the mad in the next chapter.

Finally, there is an additional point that deserves our attention in terms of *gender* of the mad of the neighborhood. I observed a difference in the way people address the mad, especially at the first time they introduce a mad to the ongoing conversation. If the mad is female, the participants, almost without any exception, start with expressions such as “bi kadın var” (there is a woman), “bi bayan/hanım var” (there is a lady) or “bi kız var” (there is a girl). That is, the gender of the mad is necessarily emphasized within the first statement when the mad was a “she”¹³. However, they generally say “biri(si) vardı” (there was someone/a person) or “bi tane daha vardı” (there was another one) when introducing a male mad to the conversation. If he is young, they would say “genç bi çocuk var” (there is a youngster). There were only a couple of instances when they begin to talk about a male mad as “bi adam vardı” (there was a guy) or “bi beyefendi var” (there is a gentleman). They would refer the male mad as “adam” (the guy) when they go on telling about him but they do *not* initially emphasize the gender of the mad as “bi

¹³ There is one pronoun for third person in Turkish, which is *o*, in contrast to the distinction between “she”, “he”, and “it” in English, which are marked in terms of gender and animate or inanimate entities.

erkek var” (there is a man). In other words, the mad is almost never marked as “man” in the first statement in contrast to the case of the woman mad. This difference in addressing the mad means that participants presupposed the mad to be a man by default, and the gender needs to be marked only when the person is a woman. Moreover, when talking about the mad in general, participants mostly referred them as *adam* (guy). The fact that most of the mad that were mentioned in the groups were male might be influential on the way the participants referred to the mad in general as “guy” but it still another indication for the prevalent assumption on the gender of the mad.

All in all, the participants’ narratives on the mad of the neighborhood revealed that (nick)name, location, physical appearance, and habitual behaviors constitute the major characteristics of the mad of the neighborhood. It is through those basic aspects that they identify the mad of the neighborhood, and describe them in a conversation. We know them by their (nick)names, and this is an indication of familiarity and popularity. We associate them with their regular locations, and this is an indication that they become a part of the social milieu. We view their appearance to be indifferent to social codes, and mostly as neglected and disheveled. Their appearance is also influential on our risk perception of harm. We pay attention to and become familiar with their behavioral patterns. Although their habitual behaviors in general do not pose a threat of physical harm for the inhabitants, some accounts implied that dangerousness is expected of the mad. Thus, we have certain presumptions about their appearance, behaviors, and gender.

The participants' accounts on the prominent characteristics of the mad of the neighborhood show apparent parallelisms with the accounts in the city monographs and books on the mad of the neighborhood that are introduced in the first chapter. The mad in those written texts are said to hang around downtown, and they are also described through their (nick)names, physical appearance, and habitual behaviors. Similar to the findings of this study, asking for money and cigarettes, singing and dancing, talking to self, cursing the teasers, and managing the traffic are common behaviors among the mad in those narratives. They are told to have either disheveled outlook with the same old and dirty clothes or else very neat and clean appearance. They also have sticks or whistles, as it is also visible through some of the photographs. In short, the mad of the neighborhood identity is constructed in the same manner in those texts.

Now that we "spotted" the mad of the neighborhood, that is, we are acquainted with the prominent characteristics of this figure in the way the participants constructed them, I will move on to the participants' narratives on social interactions with the mad of the neighborhood, and the implications of these specific forms of social relations for the construction of the mad identity.

CHAPTER V

SOCIAL RELATIONS WITH THE MAD

“In a mad world, only the mad are sane.”
Akira Kurosawa,
Ran

The inhabitants of the neighborhood are in close social contact with the mad of the neighborhood since they share the same social space. The mode of social relations and experiences related to this social figure is an important part of how it is constructed as an identity. In this chapter, I will provide an analysis of emotions, social values, social roles and functions that people associate with the mad of the neighborhood on the basis of their personal experiences and observations on the social interactions with the mad.

Emotions

There are three salient emotions that are commonly linked with the mad, namely *curiosity*, *fear*, and *amusement*. The mode of former social interactions with the mad shapes the emotional reactions of people, which in return, influence the mode of prospective social contacts with them.

Curiosity

To begin with, people are curious about the mad of the neighborhood. They wonder about who the mad are, who their families are, where they come

from, and especially, they are curious about why they have gone mad.

Participants told me that it attracts their attention when they see the mad on the street or in their neighborhoods so that they begin to observe the mad.

The neighborhood inhabitants might even make a small research about the background of the mad, and discuss about his or her past among them.

Thus, the mad is a somewhat mysterious figure in the neighborhood, and becomes the object of daily conversations.

There are stories about the mad that circulate among the neighborhood inhabitants through hearsay. Hearsay on the mad is mostly about the causes of their madness and their lives in the past, before they have gone mad. We can understand that hearsay is operating through the way people deliver information on the mad. Firstly, when they are going to give information regarding the past life of the mad, the participants frequently say things like “ben de öyle duymuştum.” (I have heard so.), “sonradan öğrendik ki bunu? [...]” (later on we learned that?), “yani hep sevdadan deniyo ama [...]” (I mean it’s always said it’s because of love but), “daha sonra öyle? konu komşudan duyduk işte, [...]” (afterwards? we heard from the neighbors you see), and other similar statements to imply that they received those information from other sources. In other words, there are talks going on about the mad, and “we hear” or “we learn” things about the mad through the daily talks in the neighborhood. The past of the mad is reconstructed through those stories circulating in the neighborhood.

Secondly, the participants sometimes utilize *-miş’li geçmiş zaman* (evidential aspect marker¹⁴) when giving background information on the mad. One of the aspects of this marker is that it is used to convey indirect information that is the source of the information is deemed irrelevant to the given account. For instance, Atalay (İst.-2, 60) said about a mad that:

(Ex. 14)

A: [...]hastaneye yatırmışlar, tedavi edememişler, 111 para desen var? anladığım kadarıyla, duyduğum kadarıyla. ee- maltepede dairesi olup, bi tane çocuğu olup. karısı buna hala sahip çıkıyorlar. eve getirmişler, götürmüşler, hastanede tedavi etmişler, yatırmışlar. fakat? sokakta yaşama- sokağı?(.) tercih etmiş. hala daa da öyle [yaşıyo.]

A: [...] they hospitalized him, couldn’t cure him, they have money? as far as I understand, as far as I heard. ee- having an apartment in maltepe, having a kid. his wife they still take care of this one. they brought him home, took away, treated at the hospital, hospitalized. but? living on the street- the street?(.) he chose. still he lives as such.

In this example, Atalay utilizes the evidential aspect marker to give the information they found out about a particular mad that appeared in their neighborhood. He did not mention the source of such information, like most of the participants. It seems that the participants usually do not know the sources of background information on the mad; they are just delivered from one inhabitant or shopkeeper in the neighborhood to another. Therefore, they use this particular marker in order to imply that they report what is heard rather than witnessed.

Moreover, “hedges” are apparent in some of the accounts regarding the past of the mad. For example, Atalay says “anladığım kadarıyla,

¹⁴ For a detailed analysis on “evidential aspect marker”, see Aksu Koç and Slobin (1986).

duyduğum kadarıyla.” (as far as I understand, as far as I heard) in the above extract (Ex. 14). Similarly, Füsün (İst.-1, 64) says “bu da. 11 ben levente gelmeden, yerleşmeden önce?(.) 111 tanıyanlar var. semtten? derlerdi ki çok güzel bir kızdı(.)” (this one. before I came to levent, before I settled down ?(.) there are people who know her. in the neighborhood. they would say that she used to be a very beautiful girl). These kinds of expressions are used to limit the strength of their claims by way of an emphasis on their limited knowledge about the mad person. The participants are not sure whether those stories that are transferred to them in the neighborhood reflect the real life events of the mad, and they sometimes expressed that they could only be rumors as well. Yet, independently of the truth-value of them, those stories illustrate that the mad is an intriguing figure who is talked about in the neighborhood.

Curiosity is the primary feeling some people get when they first encounter the mad on the street. They generally wonder about the “life story” of the mad, in other words, the events they had been through which eventually led them to the grip of madness. The following is an excerpt from Afyonkarahisar group:

(Ex. 15)

S: =ben hep şey? a- neden oldu acaba?(.) geliyo aklıma hani.[haya- hayat hikayesi ne? °olabilir. hani kalıtsal mı? sonradan mı oldu?]

E: [genelde evet. acaba hep mi böyleydi? sonradan mı oldu, neden olduğu?] evet.=

S: =bunlar geliyo aklıma.

S: =I always well? a- why it happened I wonder?(.) comes to my mind you

know. what? could be the lif- life story. you know is it innate? or did it happen later?

E: generally yes. I wonder if he/she has been always like that? did it happen later, why it happened? yes.=

S: =these come to my mind.

Here, just as in hearsay on the mad, the primary curiosity topic that pops out in people's mind upon seeing the mad is the causes of their madness. This type of curiosity is sometimes blended with a hint of *pity* on part of the neighborhood residents. For instance, the participants sometimes used expressions implying compassion such as in this example: "ay dedim. gördüğümde?(.) ilk(.) aklıma gelen. ay dedim buncağız neden böyle oldu ki. dedim? geçtim?" (oh I said. when I first saw?(.) the first thing(.) came to my mind. oh I said what happened to this poor little thing. I said? passed by him?). Similarly, they occasionally refer to the mad as *kadıncağız* (the poor woman). Their pity hidden in their curiosity demonstrates their assumption that the mad must have been through very unfortunate events in the past.

In other cases, particular behaviors of the mad might arouse interest in people, and they might want to understand why he or she behaves in this way. Birsen (Ayk., 44) told about the time she ran into a mad who was taking up specific types of garbage, and then walking back to a garbage can to dump them. The way the mad picked certain things, turned back, and moved on generated curiosity in Birsen so that she followed her to watch her actions more closely. In other words, the idiosyncrasy of behaviors might also be intriguing for people, and lead them to observe the mad.

Participants also expressed curiosity in the form of worry¹⁵ about the well being of the mad when they are not around for some time. People become concerned about wherever they might be, or whether they are still alive or dead, as in the example below:

(Ex. 16)

E: o? mahalleye bi şirinlik verir?(.) eğer zarar vermiyosa. işte(.) yaptığı bi şey(.) konuşulduğu zaman ıı bi(.) tebessüm(.) edersin mesela.

B: görmeyince merak edersin.

E: ha. acaba noldu, bi şey mi oldu.=

B: =evet.=

E: =hı yaani.=

B: =merak edersin.=

H: =harbiden mesela hepsini de hatırladığım merak ediyorum. [günlerdir göremiyorum, şu anda]=

M: [ah keşke. keşke?]

H: =acaba nerde diyorum, öldü mü, [kaldı mı, naptı.]

E: he/she bestows sweetness upon the neighborhood?(.) if he/she doesn't do harm. you see(.) when something he/she had done(.) is talked about you crack a(.) smile(.) for example.

B: you worry when you don't see him/her.

E: yeah. wondering what happened, whether something happened.=

B: =yes.=

E: =yeah I mean.=

B: =you worry.=

H: =for real for example all of the ones that I recalled I worry about. I couldn't have seen them for days, right now=

M: oh if only. if only?

H: =I wonder where is he/she I say, did he/she die, still alive, what did he/she do.

The expressed curiosity on their well being is related to our familiarity with the mad. As I stated previously, the mad are usually seen in particular places, and they are strongly associated with the neighborhood. Therefore, when they are not seen for a while, people notice their absence, and might try to learn about them. This type of curiosity in the form of worry suggests that

¹⁵ *Merak* might refer to both curiosity and worry for a person depending on the situation.

people feel responsibility for the mad to some degree, and they are concerned about their care. I will discuss the wider implications of this sense of responsibility for the mad in detail in the social values section of this chapter.

Fear

To move on with distinct emotions associated with the mad, fear is the most frequently discussed emotion in the groups. People frequently comment on being either fearful or fearless about the mad during the group discussions. They usually express fear of the mad as *kormak* (to be scared), *çekinmek* (to abstain), or *tedirgin olmak* (to feel uneasy). Whether they are afraid of the mad or not, the participants account for fear on the basis of their *risk perception of harm*.

Some of the participants indicated that they were afraid of the mad when they were a kid but they are not scared as an adult since they have realized that the mad is not as harmful as they used to think. In their childhood recollections, they used to run away from the mad with other kids when they saw him or her on their way home from school. On the other hand, kidding around with the mad was like a game for some children, and they would run away when he or she got angry and chased them away. The fear of the mad as a child seems related to those images of the mad chasing away the children, and also to the warnings of the parents on the potential

dangers of the mad. Some of the participants said that their parents would inculcate them with that the mad is dangerous and unpredictable so that they should stay away from them. This attitude of parents reveals the prevalent assumption on the mad as a potential source of harm, which is transferred to the participants when they were kids. It is when they have become adults that they realized the mad of the neighborhood was harmless.

Although the majority of them mention the mad of the neighborhood as harmless, the assumption of harmfulness still seem to be widespread. The participants quite often add a comment similar to “fakat zararsızdı” (but she/he was harmless) or “bi kötülüğü falan yoktu” (she/he did not have any misdoing) following their descriptions of a mad they used to know as if to dissociate him or her from the general view on the mad. This is an indication of the wide assumption on the dangerousness of the mad because it is another way of saying that “the mad is dangerous *but* this particular mad is harmless”. The interesting point is that most of the people have the same assumption on this issue but they have no experiences or arguments to explain why they have such an assumption. They all view the mad they are familiar with as “harmless”, and they do not have any stories they heard in which a mad is harmful to others. Yet, they often seem to assume the mad to be dangerous *but not* the ones they know.

In contrast to this prevalent assumption on the dangerousness of the mad, I can safely state that there was not even a single reference in my group discussions to a mad of the neighborhood that caused physical harm

to a person. Three “schizophrenia patients” who caused physical harm were mentioned in different groups but there were no similar accounts for the mad of the neighborhood. Indeed, even if we include those examples of “harmful” schizophrenia patients, the number of “harmful” mad is very low in its proportion to the total number of the mad people that are mentioned in the group discussions. Additionally, there were only four instances in terms of damage to property, most of which were on cars. In one of them, Şinasi (Ayk., 60) said that he saw one of the popular mad of the city hitting car mirrors while passing by, and then, he beat up that mad until shopkeepers came to separate them. Similar to the case of physical harm, the amount of the mad giving damage to property is quite low considering the total number of the mad people that were mentioned in the groups. Another participant, Lerzan (Ant.-2, 45), also told about the time she beat up a mad, who was talking dirty and being abusive when she was passing by him.

The mad has the potential to cause minor damage to public or private property, and some might be verbally abusive as well. However, considering the instances of physical harm and property damages by the mad, those behaviors are more common for so-called “normal” people. The common behavioral patterns of the mad, as we explored in the previous chapter, do not pose any major threat for other people. The possibility of serious physical harm or major offense do not seem to be any higher for the mad than it is for the people that are considered “normal”. That is to say, among the narratives that are conveyed in the groups, there is no story in which the mad of the

neighborhood beat up or raped someone but there are a few stories in which he or she is beaten up or raped. In short, participants' assumption on the assaultiveness of the mad and the fear associated with this perspective does not seem to be grounded on their personal experiences or any other real life events.

Some of the participants say that they are not afraid of the mad they are acquainted with but they are more *tedbirli* (cautious) around the mad they do not know about. Being familiar with the mad and knowing about their behavioral habits builds some sort of confidence in the mad while an unknown mad provokes anxiety in people since they are not familiar with his or her demeanor. Their views illustrate that the unpredictability in the behaviors of the mad provide the basis of "cautiousness" or fear of the mad. For instance, Birsen (Ayk., 44) told about the instance when the mad suddenly began to sing loudly while she was passing him by so that she ran away from him. She commented that they are frightening because they instantaneously shout, sing, or run. Due to this unpredictability, the participants, who still fear or at least feel at unease when they run into the mad on the street, reported changing their direction as their strategy of avoiding any possible contact with the mad. Additionally, some people find the reactions of the mad ambiguous, and they feel uncertain about the things that might provoke the mad. Hence, they choose to maintain a certain distance with the mad. Two different participants in different groups reminded the group about an old Turkish saying on the unpredictability of the mad,

which goes as *delidir, ne yapsa yeridir* (which could be roughly translated as “she/he is the mad; whatever she/he does, it suits”). As expressed in this popular saying, any type of behavior is expected at any moment from the mad. When everything is expectable, the participants seem to be biased to expect the worst, and keep their distance from the mad. In this case, the unpredictability of the mad generates insecurity in people, leads them to consider the worst-case scenario, and deem the mad aggressive and offensive. In short, the assumptions of harmfulness and dangerousness of the mad are widespread, whereas the examples to support these assumptions are rare.

Likewise, the participants claiming not to fear the mad also base this absence of fear on their risk perception of harm. They argue that they have neither witnessed nor heard of any instance in which the mad of the neighborhood were harmful. They usually say that they could have a chat with them without fear, and also observed the others in the neighborhood casually communicating with them. Especially shopkeepers frequently chat with the mad of the neighborhood, which is put forward as an example of their harmlessness and capability to form “normal” relations. A lot of participants indicated that the mad is not a frightening figure but rather *normal görünen* (the normal looking) people represent more danger for them in contemporary society (I will discuss the social change they imply in detail later on in this chapter). For now, suffice it to say that risk perception of harm constitutes the basis of fear as an emotional reaction to the mad of the

neighborhood. The absence or presence of fear further designates whether people socially interact with the mad such as having brief conversations, or whether they avoid or ignore the mad such as changing their direction when they see them or passing by while keeping a certain distance.

Participants also associated social exclusion with the fear of the mad. In their views, exclusion starts within the families, and the families cast the mad aside, leaving them to spend a lonely life on the streets. Then, the participants argue, the mad in general are excluded by the society due to the common assumptions on the harmfulness of them that I previously discussed. In the case of mad of the neighborhood, the story is sometimes different; they might not be excluded, and they are even embraced by the neighborhood residents and shopkeepers. The following is an excerpt from Antalya-1 group:

(Ex. 17)

M: biz bi de toplum olarak böyle şey- şeylerden korkmuşuz hep kaçmışız.=

A: =evet? =

M: =halbuki biraz yakın davranıp onu kendi bünyemize çeksek? belki daha şey düzgün olabilirlerdi. çünkü işte ııı merkezde yaşayanlar öyle kişilerin yaklaşımıyla düzgün bi hayat yaşıyolar öyle veya böyle.

M: we also as a society got scared of thing- things as such we always ran away.=

A: =yes? =

M: =however if we behaved sympathetically and pulled him/her towards ourself? maybe they could be well more proper. because you see the ones living in the center by way of the attitude of such persons live a proper life in one way or another.

Here, Mehmet (56) argues that the exclusion of the mad in general only worsens their condition whereas their embracement within the society provides a better life to them, and he thinks those mad of the neighborhood in the city center could live a proper life through the social support they received. The views of the participants on social exclusion and risk perception of danger are a little ambivalent, and at times, contradictory but I will delve into its specifics when I discuss the different perspectives on the mad identity in the following chapter.

Amusement

Finally, amusement is another distinct emotion that the participants associated with the mad of the neighborhood. They are viewed as *eğlence kaynağı* (the source of amusement) for the neighborhood. People usually remark on the entertaining aspect of the mad after they point out to their “harmlessness”. In a way, they emphasize the harmlessness of the mad by bringing forward the amusement they generate in the neighborhood. In other words, amusement is also associated with risk perception of harm in the participants’ accounts.

The mad of the neighborhood is a source of entertainment not only due to some of their behaviors which people find funny but also they are purposely teased by the neighborhood inhabitants. Sevgi (Ant.-1, 36) argued that “society in general” is fond of picking on the soft spots of people, and

ridicule them. Similarly, other participants in the same group said of the mad of the neighborhood that:

(Ex. 18)

M: [ya bi de bizi- bizim- bizim halkımız] bunların zaafılarını öğrenmiş, hangi şeylere kızdıklarını. işte şey yapacaklar ya? =

T: = eğleniyorlar işte? =

N: =[eğlence yani evet.]

M: =[gır- gırgır geçecekler ya?] öyle yani bunlar zararsız olduğu için? kızdırıp, ondan sonra biraz sakinleştirmek için eline üç beş kuruş veyahutta bilmemne (yemek) ısmarlayıp, sakinleştirme yoluna gidiyorlar. yani o eğlence kaynağı? çünkü(.) takıldıkları yerlere genelde kalekapısı ve o taraflarda(.) [ess- esnafla] içiçe yaşayan kişiler bunlar. =

M: and also ou- our- our people found about the soft spots of those, what kinds of things make them angry. you see since they are gonna make? =

T: =they make fun you see? =

N: =amusement I mean yes.

M: =since they will make a fool of them? so I mean since those are harmless? annoying, and after that giving them three or five kuruş to soothe them or I knew not what paying for a (treat), they go the way of soothing them. I mean he/she is the sources of amusement? because(.) the places they hang around are generally kalekapısı and thereabouts(.) those are people that live together with the shop-shokeepers. =

In other words, the mad does not purposefully amuse the people but rather it is the people who discover the soft spots of the mad, and kid around with them for fun. Then, the mad usually chase off or curse those teasers, as I previously mentioned.

Although some participants stated that it is the children who make fun of the mad, some other participants provided examples of shopkeepers messing around with the mad, just as it is mentioned in the example above. So we can say that especially shopkeepers and children pick on the mad,

play jokes on them, and annoy them. Just as teasing the mad and then running away from him or her is turned into a game by the children, teasing the mad and then soothing them through giving money or ordering food is turned into a social ritual by the shopkeepers. The shopkeepers make the mad sing or dance by giving them money or alcohol, and they chat with them just to pick on them. As Halil (Ayk., 39) stated, the mad is turned into *gölme aracı* (an object of laughter) by the shopkeepers to let off their daily distress and to entertain themselves while Emel (Ayk., 44) commented on this ritual by likening the mad to court joker. Some of the participants expressed their concern that making fun of the mad on their soft spots worsens their conditions and that it is a shame on part of the society whereas some other participants viewed messing around with the mad as one of the social rituals since they argued that it is a part of being the mad of the neighborhood. In short, the mad of the neighborhood is strongly and commonly associated with amusement in people's recollections though they are made the object of ridicule by the neighborhood inhabitants and they amuse the neighborhood community against their own will.

Social Values

There are certain social values that participants associate with the mad of the neighborhood, namely, *social (or collective) conscience*, *tolerance*, and lastly, values associated with *neighborhood culture*.

Social Conscience

First of all, *Vicdan* (conscience) is quite generally discussed in terms of a collective value rather than a personal one, and social conscience is the most prevalent value that participants linked with the mad of the neighborhood.

The mad of the neighborhood is often said to mobilize our social conscience because people feel *acıma* (pity) and *merhamet* (mercy) for them, as I previously mentioned when discussing curiosity.

Social conscience generates a sense of social responsibility since the mad is viewed as a person in *talihsiz* (an unfortunate) condition. People sometimes commented that the mad are in need of social support, and society is responsible for them. Thus, social conscience reinforces helping behavior. Demir (Ant.-1, 35) stated that:

(Ex. 19)

D: bence bizim toplumun zaten vicdani değerleri hep buna? mazluma yardım etmek üzerine. olduğu için zarar görmediği sürece herkes? yardımcı oluyo. ya çok aşırı mesai harcıyanı ben görmedim? yani işini bırakıp onla(.)=

S: =tabi.=

D: =bilfiil uğraşanını görmedim. ama kendine zarar vermiyecek şekilde yardımcı oluyo herkez, en azından pozitifler.=

S: =aynen [öyle.]

D: [rahat]sız olmuyolar.=

N: =evet evet.=

D: I think the values of our community related to conscience are already all on this? on helping the underdog so that as long as not hurt everyone? gives a hand. yeah I didn't see someone who spend overtime on this? I mean leaving aside their own work and engaging in him/her(.)=

S: =sure.=

D: =actively I didn't see that? but in a way that will not get hurt themselves everyone helps them, at least they are positive.=

S: =exactly like that.

D: they are not bothered.=

N: =yeah yeah.=

In other words, helping out the *mazlum* (underdog¹⁶) appeals to our social values related to conscience, and the mad, as one of the *mazlum* in our social hierarchy, is supported in terms of our responsiveness to social values. Moreover, two participants from different cities characterized “Turkish society” as *duygusal bir toplum* (a sentimental society), and pointed out this quality as one of the reasons for collective support given to the mad. Thus, conscience as a collective value triggers the sense of social responsibility, which further leads to the helping behavior.

There are several ways to help the mad but the one that is most commonly practiced is the monetary aid. Participants told that they usually give the mad money since it seems as the most practical way to help the mad. On the other hand, some people argued that the families of the mad sometimes take advantage of social conscience, and manipulate the mad for their own financial interests. Mehmet (Ant.-1, 56) argued that the mad are made to ask for money particularly on hot spots of the city since the mad appeals to *halkın sempatisi* (the sympathy of society). Additionally, the participants think that some beggars, who are otherwise sane, feign madness to make a living, which is discussed in the previous chapter. Yet, participants state that they are sometimes able to tell apart the mad, and give money to them to clear their conscience. In short, the sight of the mad on the street

¹⁶ According to the dictionary of Turkish Language Association (TDK) (www.tdk.gov.tr), the expression of *mazlum* is used primarily for people who are treated unfairly, oppressed, and victimized. It is also used to describe silent, submissive, compliant and lowly people.

generates social conscience, and it reinforces helping behavior in people, which is commonly in the form of monetary help in today's society.

Tolerance

Hoşgörü (tolerance) is another social value related with the mad of the neighborhood, and it is heavily emphasized in Antalya-2 group. The participants in that group characterized the inhabitants of the city as very tolerant, open-minded, and *dışlamayan* (not-excluding), and the city as providing *anlayış ortamı* (a tolerant environment) for the mad, or for any group of "outsider" for that matter. They gave an example on the high amount of domestic migration that the city received in recent years, and how the inhabitants have also been very tolerant of those immigrants. In other words, an insider and outsider opposition is prevalent in their views, and the mad is placed among those outsiders who require tolerance from the inhabitants. Their views also reveal that a blend of pity and respect for the mad forms the background of what they mean by tolerance, as can be seen from the below excerpt:

(Ex. 20)

Mz: [...] toplumdaki genel kanı? acaba ne oldu da böyle oldu. yani neden böyle oldu gibi bi?(.) acıma. bi(.) burdaki hoşgörünün altında?=
H: =yatan(.) o? [aslında.]

Mz: [evet.]metin beyin [söylediği şeyin]=
L: [evet. acıma.]

Mz: =altında yatan da bi anlamda o. yani? toplum bu insanları ııı özümleyebiliyo, kaldırabiliyo, onlara?(.) gerekli hoşgörüyü sağlayabiliyo, onları?

11 dışarıya atmayabiliyo. ancak? bunun 11 iç yüzünü, derinliğini bilmeyen çocuklar? belki onlarla alay edebilir. veya onlara(.)=
M: =evet. [hep öyle denir, böyle düşünülür.]
Mz: [zarar verebilir, (kakabilir).] 111 yoksa hani yetişkin insanların? normal 11 davranışları arasında bu tip insanlara bi(.) saygısızlık ben de görmedim. hatta gördüğümüz zaman?(.) [tepki de göstermişizdir. yani gösteririz.]
H: [kızıyo- tabi, tabi, tabi.]

Mz: [...] the general view in the society? wondering what happened so that it become like this. I mean why he/she become like this that kind of a?(.) sense of pity. a(.) underneath the tolerance here?=
H: =lies(.) that? actually.

Mz: =what underlies is that in a sense. I mean? the society could assimilate those people, could handle them, could provide the necessary tolerance for them?(.) it may not throw them out. only? the children who don't know the inside story, the depth of this? maybe could tease them. or(.)=
M: =yes. always said so, thought so.

Mz: harm them, (push and show them). otherwise you know among the normal behavioral patterns of adults? some sort of(.) disrespect towards this type of people I didn't witness. even if we had seen?(.) we also responded to it. I mean we respond.

H: get angry- sure, sure, sure.

In this example, society is perceived to have the capacity to tolerate the mad.

Moreover, tolerance is described in a way that it is "our" social duty to tolerate the people who are in a more disadvantaged position than "us" since it is linked with pity. Tolerance is close to social conscience in that respect; they both generate social responsibility. Furthermore, tolerance is associated with and posited against social exclusion in the above example. The mad is not excluded, and even more, their personal integrity is respected and defended against those who disturb them. In other words, the participants in this group perceive the mad of the neighborhood among "others" who require the tolerance of the inhabitants.

Moreover, the participants in this group also mentioned tolerance in connection with risk perception of harm. According to them, if the mad is viewed as harmless, then the society is able to tolerate them. However, when the mad is viewed to be potentially harmful, their tolerance decrease as their fear increase. In other words, the mad are tolerable until they pose a threat to “us”. Although participants did not explicitly state what behaviors or characteristics of the mad demand tolerance from society, their view basically suggests that the mad is a figure that needs “our” tolerance, and similar views are also indicated by a few participants in different group discussions.

Neighborhood Culture

Thirdly, *mahalle kültürü* (neighborhood culture) is commonly associated with the mad of the neighborhood in all groups. Participants seem to use “neighborhood culture” to refer to an aggregate of social values that the inhabitants of a neighborhood used to share. Thus, it is an umbrella term that includes several values such as *yardımlaşma* (cooperation), *dayanışma* (solidarity), *paylaşım* (sharing), *bağlılık* (commitment), and *güven* (trust). In link with those collectively shared values, people used to trust one another, support and watch out for each other, care for their neighbors, respond to the needs or hardships of others, and feel responsible for the neighborhood inhabitants. The example below illustrates the views of participants from İstanbul-2 group on the neighborhood culture:

(Ex. 21)

Y: =eskiden?(.) ııı aysucum eskiden?(.) bu mahalle(.)
atalay abinin dediđi hani alakasız gibi(.) olsa da ok
alakalı konu bu.=

A: =ook alakalı Őey ya. bak ben siz- pardon.=

Y: =ünkü paylaŐım?(.) eskiden(.) bizim trk toplumumuzda
paylaŐım o- yani bi(.) mahalleden birinin diŐi
ađrıdıđı zaman? btn mahalleli?(.) ııı Őey yapardı.=

N: =zm bulmaya [alıŐırdı.] =

A: [evet ya?]

Y: =yani bi cenaze olduđu zaman hemen koŐulurdu, yardım
edilirdi, bilmem ne yapılırdı, veya ihtiya sahibi
birisi olduđu zaman. bi(.) en azından mesela birisi
taŐınacak edecek byle?(.) hemen btn mahalleli
koŐardı, yardım ederdi, bilmem ne yapardı, birinin
biŐi- iŐi olsa(.) ona koŐulurdu, edilirdi. o sebeple?
bizim anlattıklarımız, yani biz yaŐlarda olan
insanların anlattıkları(.) ııı(.) bu(.) konuyla da
alakalı. yardımlaŐmayla da alakalı? yani delisiyle,
akıllısıyla, her Őeyiyle? sahip ıkılırdı Őeylere.=

Y: =in the past?(.) my dear aysu in the past?(.) this neighborhood(.) what
brother atalay said you know might seem as irrelevant(.) but in fact this
issue is closely relevant.=

A: =closely relevant thing yeah. look I you- sorry.=

Y: =because sharing?(.) in the past(.) in our Turkish society sharing a lot- I
mean when somebody(.) in the neighborhood had a toothache? all the
neighbors?(.) would do this.=

N: =would try to find a solution.

A: yes yeah?

Y: =I mean when there was a funeral it would be rushed, helped, things were
done, or when there was a needer. a(.) at least for example if
someone was to move out as such?(.) right away all the neighbors would
run for help, do I knew not what, if someone had someth- work to do(.) it
was rushed, made. for that reason? the things we told about, I mean the
things people our age talk about(.) are also related to this(.) issue.
also related to cooperation? I mean with its insane, with its sane, with its
everything? the things were taken care of.=

In other words, the neighborhood residents were responsive to each other in
both good times and in bad times, and they used to help and take care of
each other, and also the mad, out of social responsibility.

Furthermore, responsibility is mentioned not only in terms of feeling
responsible for others' well being but also feeling responsible to the

neighborhood community in one's own actions. Especially the women participants in Antalya and İstanbul groups claimed that they were expected to act in ways that the community would approve. Though they felt this kind of social pressure, they also felt more secure back then since the young men in neighborhood would watch out for all the women in the neighborhood. The following is an example from Antalya-2 group:

(Ex. 22)

H: ama eskiden hakkaten?(.) öyleydi. komşular da birbirlerine bağlıydı. ben çok iyi hatırlıyorum, benim komşularımın(.) ııı diyemedim. o- oğulları, kızları hep bizleri korurlardı. [hani bizim bi şey]=

Mz: [evet. tabi ki de.]

H: =yapmamıza? ne biliyim hani bize [birinin bize zarar vermesine?]=

Mz: [o da mahalle kültürü ve dayanışması.]

S: [erkek çocukları ailesinden değil?]=

H: =haa. dayanışması. ama şimdi [öyle bi(.) mahalle?]-]

S: = [bütün mahalleden] sorumluydu.=

Mz: =şimdi mahalle [yok. yani? büyük bi mahalle]olduk şimdi.=

H: [evet.]

H: but in the past it was really?(.) as such. neighbors were also depended on each other. I remember it quite well, my neighbors'(.) I couldn't name it. so- sons, daughters all protected us. you know from us=

Mz: yes. of course.

H: =to do something? I don't know you know from someone hurting us

Mz: that is the neighborhood culture and solidarity.

S: the boys were responsible not only for their families?

H: yeah. its solidarity. but now that kind of(.) a neighborhood?-

S: but for the whole neighborhood.

Mz: =now there is no neighborhood. I mean? we have become one big neighborhood in the present.

H: yes.

As can be seen in the example above, social responsibility is also implied in terms of protection and solidarity. Thus, the neighborhood in the past with its enmeshed social structure used to represent an environment that is both

restrictive and protective for its inhabitants. However, the restrictive aspects of the neighborhood culture are generally overlooked in the discussions while the positive aspects are commonly praised.

The high level of acquaintanceship in the neighborhood and being anchored to the neighborhood for a long time contributed to the formation of such an environment and its shared values. Everybody used to know everybody, and people used to reside in the same neighborhood for long years, maybe in all their lives. Therefore, all the inhabitants used to acknowledge the mad of the neighborhood, and they cared for the mad as they would do for one of the neighbors. The neighborhood was a safe and supportive space for the mad as well. In Afyonkarahisar group, the participants claimed that:

(Ex. 23)

M: =[kimse dışlamazdı. sahip çıkardı. dışlamazdı.]=

B: [çoğunlukla herkes sahip çıkardı. sahiplenirdi. her şeysiyle ilgilenirdi.]

E: [evet.]

M: =[öyle birşey yoktu, söz] konusu değildi, herkes korurdu. 111 öyle bir deli olduğu zaman şeyapardı. hiç böyle? yani dokundurmazdı, a- 11 çocuklar onu rahatsız edicekse? çocuklara kızarlardı, büyükler yapmayın, etmeyin, niye k1- dokunuyosunuz diye? yani(.) sahip çıkarlardı. ama bugün. bugün öyle bir sahip çıkan filan? mümkün değil. [zannetmiyorum.]

E: [mesela. evinde] güzel bi şey hazırladın. 111 tesadüf onları(.) camdan geçen o kişiyi gördün? hemen ordan ikram ederlerdi. köyde.

B: ya onu da a- 111 kendileri gibi düşünür. mesela aç mı, tok mu, 11 şey üstü başı mı yıkanacak, evi mi temizlenicek, ne ihtiyacı vardır, hani neden öyle oldu? 111 her şeyi düşünülürdü. şimdi napıyoruz? [bana dokunmayan yılan bin yıl yaşasın hesabı yani.]

M: =noone casted them out. they would took care of them. wouldn't cast them out.

B: mostly everyone would take care of them. they would embrace them.

would attend to them to the core.

E: yes.

M: there was no such thing, it wasn't even a question, everyone protected. when there was such a mad they would do that thing. never such a? I mean they wouldn't let anyone touch them, if the children were to bother them? they would cross with the children, the elders would say don't do that, don't make this, why do you touch them? I mean(.) they would take care of them. but today. today such a protective person or so, not possible. I don't think so.

E: for example. you prepared something good at home. incidentally them(.) saw that person passing by the window? they would right away offer the thing. in the village.

B: yeah they think for him/her as they would think for themselves. for example, whether he/she is hungry, or full, well whether he was to be washed, or his/her house to be cleaned up, what he/she needs, you know why he/she become like that? everything was thought of. in the present what we do? thinking like that may the snake who does not touch me live a thousand years I mean.

In this excerpt, they say that the mad of the neighborhood was counted as one of the inhabitants. They were embraced and treated in a similar manner, and were protected even more than an ordinary inhabitant. In all groups, just as in the last excerpt, the participants frequently used *sahip çıkmak* phrasal verb to describe the relation between the mad and the neighborhood inhabitants. Then, let us move on to what they mean by this particular phrase.

The phrasal verb *sahip çıkmak*¹⁷ is an interesting expression, which has no direct translation to English. It has the meaning of ownership but also care, responsibility and protection for somebody or something so it is a verb heavily laden with meaning. It is commonly used for pets, children, and even personal belongings so it implies little or no agency on part of the object of this verb. Therefore, the mad of the neighborhood are seen as one of those

¹⁷ According to the dictionary of Turkish Language Association (TDK) (www.tdk.gov.tr), the phrase refers to "protecting, being protective of, taking care of, and looking out for".

beings that need to be looked after and protected by caretakers. Just as I previously discussed in the physical appearance of the mad, the mad are generally viewed to be incapable of self-care. Although the responsibility for the care of the mad is primarily accredited to the family of the mad, the neighborhood is seen as the secondary safety net for the mad. Alongside their families, or if there is none then instead of families, the neighborhood inhabitants carry the responsibility for the mad. Hamza (Ayk., 39) and Yalçın (İst.-2, 49) both commented that even the way we refer to them as *mahallenin delisi* (the mad of the neighborhood) suggests that they are accepted, taken care of and protected within the neighborhood. Similarly, Atalay (İst.-2, 60) began to talk about a mad by saying that “beylerbeyinde vardı bi delimiz. erkan diye.” (in beylerbeyi we used to have our mad. called erkan.). The way he says “our mad” is an indication of such belongingness and embracement.

Thus, *sahip çıkmak* is contrasted with social exclusion in the participants’ perspectives. If the families of the mad do not take care of them, then the participants view the mad as excluded from their families. Similarly, when the neighborhood community takes care of the mad, then the mad is “accepted” in contrast to being excluded; a view that is conveyed in the previous excerpt as well as in the following example from Antalya-1 group:

(Ex. 24)

N: =aslında bizim bu deminden beri saydığımız hani belli de- delilerimiz(.) aslında toplumdan çok dışlanmış kişiler [değil.] =

A: [diğil yok.]

(Z): [diğil.]
 N: =toplum onları [kabullenmiş yani.] her türlü yardımda bulunmuş.
 A: [tabi tabi. evet.]
 M: [yani o esnaf]=
 A: [evet evet?]
 M: =onları giydiriiir?=
 N: =evet=
 M: =ne biliyim işte üstüne başına bakar, ayakkabısını alır. ne biliyim hamamına götürür yıkatır. Öyle şeyler yani?

N: =in fact our particular ma- mad that is the ones we have been counting until now(.) indeed those are not individulas that are excessively excluded from the society.=

A: they aren't no.

(Z): they aren't.

N: the society embraced them I mean. helped them out in every way.

A: sure sure. yes.

M: I mean those shopkeepers=

A: yes yes?

M: =clothe theeem?=
 N: =yes.=

M: I don't know you see take care of their clothes, buys them shoes. I don't know take them to public bath. things as such I mean?

Here, assuming social responsibility for the mad, supplying their basic needs, and watching out for their well being, in other words, the behaviors that are implied through the phrasal verb *sahip çıkmak*, are seen as the indications for the social embracement of the mad in the neighborhood.

In all groups, people mentioned that the primary needs of the mad are taken care of through communal support. Helping the mad, as one of the common courtesy linked with neighborhood culture, is frequently indicated during group conversations. Helping behavior is sometimes viewed as one of the social values, which is termed as *yardımseverlik* (benevolence), and a few participants associated benevolence with *misafirperverlik* (hospitality). Neighborhood inhabitants give money, food, clothes, and so on to help the

mad. The mad sometimes get free meals from small restaurants in the neighborhood, and they are given free tea or coffee in the *kahve* of the neighborhood. Shopkeepers also order drinks and food for them but, as I previously mentioned, they might also give liquor to the mad. They sometimes take the mad to *hamam* (public bath) so that he could clean up. If there was an emergency situation, the inhabitants help and protect the mad. Similar to *sahip çıkmak* behavior, the participants also view helping behavior as the contrary of social exclusion and as a sign of social acceptance. In short, the mad of the neighborhood is supported collectively by the shopkeepers and neighborhood residents.

Some of the participants referred to the values linked with neighborhood culture as “the old -Turkish- customs and manners”. Hence, those values are viewed as “lost” values alongside with neighborhood culture, and there is nostalgia in people’s remarks when they discuss those values. For example, Mahir (Ayk., 59) commented that:

(Ex. 25)

M: =[yani şu aslında?] şu söylediğimiz şeyler var ya? bakın. bu söylediğimiz şeylerin hepsi de?(.) bir mahallede olması gerekli olan?(.) özellikler aslında. sadece deli için değil, diğer insanlar için de geçerli, bu adam burda(.) görünmüyo, bu adam acaba hasta mı?(.) ne oldu? biş- başına bir iş mi geldi diye? sormak(.) gibi(.) bi şeyler olması gerekli. ha bunu da? 111 sadece mahallede(.) oturan bizler de? yapabildiğimiz gibi(.) belli kişilerin de yapması gerekli. o mahalleye yön verecek, o mahalleye(.) 11 lider olacak insanların da yapması gerekli olan bi şey? ama maalesef günümüzde büyük şehirler, şehirler büyüdükçe(.) insanlar birbirinden uzaklaşıyorlar, bunların da hiçbirisi?(.) yapılmıyor. bu olaylar, bu anlattığımız olaylar biraz daha küçük(.), biraz daha(.) 111 11 tek katlı evlerin olduğu,

mahallelerde?(.) geçerli. apartmanların olduğu yerlerde pek?(.) [olacak bir olay(.) değil be aysu.]

B: [yok artık. değil yani.]
afyon'da bile?(.) 111 [çok zayıfladı.]

M: [yani afyonda]merkezde? yok böyle bi olay. merkezde yok böyle bi olay. ben o günleri özlüyorum ben aslında. o günleri özlüyorum, acaba mahallemizdeki, sokağımızdaki, insanlar. bi gördüğümüz zaman merhaba diyecek(.), iyi akşamlar diyecek, derdine koşacak, bi ekmeğin olmadığı zaman kapısını çalıp ya bu fırında ekmek bulamadım bi ekmek versene? diyebilecek bir insan?(.) grubu yok artık [aysu. yok.]

M: =I mean that in fact? these things we have said you know what? see. all of the things we have said?(.) are aspects that have to exist in a neighborhood in fact. not only for the mad, also valid for other people, this guy is not around, whether this guy is sick?(.) what happened? someth- is he in trouble? asking these(.) and other things like that have to be present. and this? us who only reside in the neighborhood would do this as well(.) but some specific individuals also have to do this. it is something required for the people who are gonna direct that neighborhood, who will be(.)the leaders of that neighborhood? but unfortunately nowadays big cities, as the cities expand(.) people are estranged from each other, none of those things?(.) is practiced. these incidents, these incidents we have told about are valid for a bit more smaller(.), a bit more(.) in the neighborhoods with smaller houses. in the places where there are apartment buildings it is quite?(.) not possible(.) aysu.

B: no not any more. it's not I mean. even in afyon?(.) it got quite weaker.

M: I mean in afyon in the center? there is no such thing. in the center there is no such thing. I yearn for those days indeed. missing those days, I wonder the people in our neighborhoods, on our streets. to say hello once we see them(.), to say good evening, to share your troubles, when you don't have any bread to knock on their doors and to be able to say that there was no bread left in the bakery give me a bread? there is no such group of people you can do those things any more. aysu. there is none.

In other words, the participants miss the times when people in the city knew each other, and there was cooperation, sharing, and solidarity among them.

As in this comment, participants often linked the disappearance of neighborhood culture with the issues of urban and social transformation.

Although my questions did not directly address those issues, they were

brought up at some point in all group discussions, indicating that participants were aware of the transformations their cities have undergone and the influence of those transformations on the social relations with mad of the neighborhood. They commonly argued that the neighborhood culture and its associated values are almost vanished due to the increase in the population and the expansion of the cities. The small and cozy neighborhoods with separate houses are almost diminished, and the majority of people live in big apartments nowadays. The sense of neighborhood community has almost disappeared due to the estrangement of the inhabitants from each other in those apartments. As Muzaffer (Ant.-2, 65) also commented, the population has increased but so has the feeling of loneliness amongst the crowd. In participants' views, the cities turn into "cosmopolitans", and there is a growing "circulation" of residents in the neighborhoods. In those circumstances, they claim, it is almost impossible to form a sense of community in the neighborhood, and maintain the old social values of neighborhood culture.

Although the participants think the transformation is quite widespread in their cities, they predict that there are probably a few neighborhoods, which constitute exceptions to the general trend. For instance, the participants in İstanbul-2 group compared Beylerbeyi and Fatih districts, and pointed out the former one as an exception in İstanbul:

(Ex. 26)

A: bazı şimdi örf ve adetler benim dediğim semtte hala gidin, hala aynı şekilde devam eder. aynı saygıyı da görürsünüz. ne kadar? dışardan insanlar gelip de orda(.) ekonomik ııı faaliyetlerini yürütmeye de kalksalar? bu topluma ayak uydurmak mecburiyetinde kendilerini hissetmiş(.) ve buna intibak etmiş

kişilerdir(.) çoğu.
 L: hala daha eskiden kalan insanlar da var orada ki?=
 A: =var [tabi.]
 L: [aynı]şeyleri devam ettirebiliyorlar.=
 Y: yani beylerbeyi tabi istanbulun en eski semtlerinden
 °bi tanesi° yani. bi de? bi de? bi de şu- şu önemli.
 bak? mesela? çok göç alıp da, bilmem ne yapıp da,
 mahalle sakinleri değiş- değişen yerler. mesela bizim
 fatih? çok(.) eskiden fatih fatihtti? şimdi çok-
 L: karıştı.=
 Y: =karıştı, bilmem naptı, eski kalmadı. ama beylerbeyi
 öyle değil. beylerbeyinde? atalay abi. di mi? en eski
 kırk senelik, elli senelik, altmış senelik(.)
 arkadaşlıklar, bilmem neler var, [herkes birbirini
 tanıyo. bunlar ()].]

A: now some manners and customs are still go to the neighborhood I told
 about, they still go on likewise. you are also regarded in the same way.
 though? people from outside come and set out to perform their economic
 activities in there? they felt the obligation to string along with this
 community(.) and most of them are individuals(.) that have adjusted
 themselves to this.

L: there are still people that have been living there since earlier times so
 that?

A: =there are sure.

L: they could sustain the same things.

Y: you see beylerbeyi of course one of the oldest neighborhoods of istanbul I
 mean. and also? and also? and also that- that is important. look? for
 example? through receiving too much migration, through I knew not what
 else, the places whose inhabitants cons- constantly change. for example
 our fatih? a lot(.) in the past fatih was fatih? now highly-

L: mixed up.=

Y: =mixed up, I don't know what, the old one didn't remain. but beylerbeyi is
 not like that. in beylerbeyi? brother atalay. right? the oldest there are forty
 years, fifty years, sixty years old(.) friendships, are things I knew not what,
 everyone knows each other. these are ().

In Beylerbeyi, the stability of the inhabitants contributes to the maintenance
 of the customs and manners related to the neighborhood culture, and the
 newcomers have to adapt to the neighborhood. However, when the
 inhabitants constantly change due to domestic migration or urban
 transformation, people become strangers for each other. When people do not
 know their neighbors, the neighborhood relations weaken, and the

neighborhood inhabitants do not constitute a community with shared values any longer; thus, it becomes difficult to build communal trust and caring relationships. People cannot rely on each other for social support just as they cannot trust each other, be it someone they view as “sane” or “insane”. As a result, fear and suspicion takes the place of confidence, and people become more reluctant to help each other, whether it is their neighbor, the mad on their street, or a stranger. Mahir (Ayk., 59) stated that people have become more and more isolated, and that they care and value others as long as the others serve for their self-interests. Two participants from different cities stated an old saying, *bana dokunmayan yılan bin yaşasın* (may the snake who does not touch me live a thousand years), to comment on the current condition of society, in which people neither know nor care for each other. In other words, people feel more insecure and indifferent as compared to the past when it comes to their relation with the neighborhood and its inhabitants. Few participants also remarked on these transformations in social interactions as the “Europeanization” and “modernization” of the society. Thus, in participants’ views, the growth of the cities and urban transformation have an impact on cultural and social changes in the neighborhoods, which further influence our social interaction with the mad of the neighborhood.

Moreover, some of the participants stated that they have not come across any mad on the streets or in their current neighborhoods in recent years. They wonder whether the prevalence of the mad on the streets has

declined or they have become invisible to them due to the transformations in the city and its population. In Antalya-1 group, they discussed that:

(Ex. 27)

N: antalyanın zaten yeer-? yani bildiğimiz hepimiz ortak bildiğimiz delileri? gerçekten zararsız, halkla içiçe yaşayan kişiler yani.=

E: =eskiden daha çokmuş [ama diğ mi? şimdi hiç öyle düşününce (çıkmadı)]=

N: [daha çokmuş? veya şimdi şehir büyüdüü.]

E: =[ama bi de sokakta(.)çıkart-]=

D: [eskiden daha da ()]

E: =[yani en azından dışarda]=

N: =[biz göremiyoruz? (yani)]

A: [(yani)]

E: =değiller şu anda varsa bile [bilinçli-]

N: [yaa antalya] ne kadardı? hepimiz iştee nedir? atatürk caddesi, ışıklar,=

E: =aynen [o taraflar ().]

N: [cumhuriyet alanı] oralarda buluşuyoduk. e şimdi bürsürü semtler [oluştı.]

S: [°evet°.]

N: onun için eskisi gibi o delileri de göremiyoruz yani.=

E: =°göremiyoruz°.

N: the mad of antalya anyway the loc-? I mean the ones we all know that all of us commonly know? are the individuals really harmless, living among the community you see.=

E: =in the past it was more common but right? now nothing like that came out when we think of it=

N: it was more common? or now the city expandeed.

E: =but also in the street(.) not let=

D: in the past further ()

E: =I mean at least outside=

N: =we cannot see? (that is)

A: (that is)

E: =they are not outside even if they exist now more conscious-

N: well what was the size of antalya? all of us you see what is it? atatürk street, ışıklar,=

E: =exactly, thereabouts ().

N: the republic square we all came together thereabouts. now plenty of neighborhoods are developed.

S: °yes.°

N: that's why we cannot see those mad as we used to do you see.

E: =°we cannot see.°

In this extract, one of the reasons for the decrease in their social contact with the mad of the neighborhood is seen as the enlargement of the city. There used to be only one city center, and participants used to live around it. The mad also used to hang out in downtown because it was the socially lively district, where they could socialize with the shopkeepers, as I previously mentioned. However, lots of new neighborhoods emerged, and the sense of city center or *çarşı* has changed, reducing their social contact with the mad, if there are any.

There are other arguments participants made to explain the decrease in the prevalence of the mad on the streets such as the increase in public awareness on mental health but I will discuss them in the next chapter. In short, the neighborhood, both as a space and a form of culture, used to be very influential on the participants' social interaction with the mad of the neighborhood. The transformation of the neighborhood resulted in significant social transformations in the ways people relate both to the other inhabitants and to the mad of the neighborhood.

Social Roles and Functions

The most common social role assigned to the mad of the neighborhood is being the *source of amusement* in the neighborhood. In link with the dynamics of the relationship between the shopkeepers and the mad, which I discussed in detail in the amusement section of emotions, the mad functions

as an object of laughter for the neighborhood inhabitants. Not only the shopkeepers but also the children tease or ridicule the mad. In this way, the mad of the neighborhood entertains the neighborhood community though not willfully. The participants sometimes called them as *mahallenin rengi* (the color of the neighborhood) and *mahallenin maskotu* (the mascot of the neighborhood). In short, the mad of the neighborhood and the jokes played on them makes people laugh and the role of being the source of amusement is attributed to this figure.

In close relation to the first social function, the mad of the neighborhood are also seen as one of the *symbols of the city*. The symbols of the city or neighborhood are the popular people, who have some sort of distinct characteristic from the rest, and therefore, who are viewed to be weird and laughingstock. For instance, they mentioned about a dwarf in Antalya called *İdris*, who used to dance on the dinner tables. Another man in İstanbul called *Köşk Emin* would put the youngsters in the neighborhood to exercise but he was teased by them. As the participants comment, almost everyone in the neighborhood or in the city knows these symbols. For instance, as Şinasi (Ayk., 65) told me, there is a video on the internet dedicated to one of the popular mad of Afyonkarahisar, who is called *Hasan Basri*. The name of the video is *Hasan Basri, Afyon'un Gururu* (Hasan Basri, The Pride of Afyon), and in the video, the face of that person is photoshopped onto the pictures of real or fiction popular hero characters. As this online video also reveals, the inhabitants turn those people into “the

“mascots” of the city, an ascription made by the participants, and find ways to entertain themselves through those figures. In short, the mad of the neighborhood is counted among those popular figures, which are the objects of derision in the city.

Lastly, there are several examples in which the mad of the neighborhood carry out certain activities for people, and thereby, acquire social roles or functions in the neighborhood. For instance, a mad called *Sabuş* in Antalya used to take utility bills of the shops, pay them in the post office, and bring the remainder of money back to the shopkeepers. The shopkeepers give him some money in return of this small service. Some other mad in Antalya and Afyonkarahisar attend to the funerals in mosques, and they carry the wreath and the water in funeral processions. The family of the deceased gives them some money in return of their help in the funerals. Still others stand on certain crossroads or parking lots to manage traffic, and the drivers give them money, as I formerly mentioned in the habitual behaviors of the mad. There are also others, who would sell things on the street such as the one in Suadiye district in İstanbul who was both the mad and the milkman of the neighborhood. In other words, although the mad of the neighborhood might not hold down a “steady job”, they often find small pursuits or ways to socially function in the neighborhood and they may earn money through their activities.

To sum up, all of the social values associated with the mad of the neighborhood, who are viewed among the *mazlum* (underdog) or “the

unfortunate”, imply social responsibility among the members of society. The mad are acknowledged and supported by the neighborhood inhabitants, rather than being excluded or neglected. The social interaction with the mad creates the possibility to view them as “harmless” by overcoming the general assumptions about the mad being harmful. They are viewed to be in need of support and care rather than dangerous. However, the claims that the mad were totally embraced by the neighborhood community, and that they were seen and treated as the same as the “normal” inhabitants of the neighborhood are quite strong, and requires more critical consideration. For instance, the mad of the neighborhood are viewed as objects of care and objects of ridicule; which do not apply to the regular inhabitants, the so-called normally functioning adults. The examples for their social functions in the daily life of the neighborhood and their roles as the sources of amusement, the city symbols and the neighborhood mascots reveal that they have certain social positions in the community. However, the roles assign to them in the neighborhood and in the city are once again based on their “difference” from the rest of the community. I will discuss these points in detail in the last chapter.

The narratives on the mad of the neighborhood in city monographs and other books support the narratives of the participants on the social relations of the neighborhood inhabitants with the mad. There are many accounts portraying a similar relationship between the shopkeepers and the mad; that the shopkeepers and children tease the mad on their soft spots but

then shopkeepers order food and drinks for them or give pocket money. Their basic needs are collectively met among the neighborhood community. Few of them are said to earn money through portage and selling hair comb, and some of them collect money in return of their help in mosques and funeral processions. Although their presence sometimes frightens children and women, curiosity and amusement are more commonly associated with the mad in those accounts. Their harmlessness is emphasized in similar terms to the participants', and it is frequently indicated that they are the "sources of amusement" in the city, just as the same as the participants' views. In short, the emotions, social values, roles and functions associated with the mad are illustrated similarly in those texts.

Additionally, we have seen that the social relations within the neighborhood have gone through changes in recent years due to the transformations both in the physical and social composition of the neighborhood. The participants indicate the inhabitants have become insecure and indifferent towards the other inhabitants while social support and benevolence vanish from the neighborhood community. Those transformations inevitably influence the social relations with the mad of the neighborhood through limiting the social contact of the inhabitants with them. They have disappeared or become invisible due to the changing social environment of the neighborhoods. Thus, the neighborhood as a public space and its transformation is closely related to the social relations and experiences with the mad; another point deserving a critical evaluation in the

last chapter. After our exploration of the dynamics underlying the social relations within the neighborhood regarding the mad of the neighborhood, the identity construction of this social figure will be explored from the point of a comparison of the mad of the neighborhood as an identity with the mental patient identity in participants' accounts.

CHAPTER VI

THE MAD IDENTITY

“Viewed up close, nobody is normal.”
Eduardo Galeano,
Walking Words

The mad of the neighborhood and mental patient are quite commonly interpreted and described as distinct social identities though both refer to the mad people. There are three main points that the participants in this study referred to in their constructions of the difference between the two identities. These are namely, their potential of harm, the social spaces they are associated with, and finally, the attitude of their families. In this chapter, I will explore the ways the two identities are constructed in participants' accounts, the dynamics of the relation between the two identities, and the implications of the different constructions of those identities.

In Terms of the Potential of Harm

To begin with, the most emphasized and basic distinctive feature between the mad of the neighborhood and mental patient is related to the participants' perspectives on the potential of harm. According to the majority of participants, the mad of the neighborhood are harmless whereas mental patients carry a high level risk to be harmful. Sevgi (Ant.-1, 36) depicted this division in general opinion as the mad being viewed as “positive” while the mental patients being viewed as “negative” in terms of their social images. In

another group, Suna (Ant.-2, 49), referred to this distinction in terms of “pureness”:

(Ex. 28)

S: hayır şimdi ben? ıııı deliyle akıl hastası. akıl hastalığını? daha çok sağlıkla ilgili olarak. yani?(.) ııı o hani eskiden mahallemizde dolaşan delilerin işte [psikolojileri-]

Mz: [ruh sağlığı] zaten konuştuğumuz.=

S: işte(.) ama şimdi artık? evet yani. ama ikisini bağdaştırmıyorum birbiriyle. veya daha temiz bir delilikti şimdikinler daha temiz (değil). ((gülüşmeler)) daha problemlı, [daha sorunlu.]=

S: no now I? the mad and the mental patient. mental illness? more like related to health. I mean?(.) these you know the mad wandering in our neighborhood in the past you see their psychology-

Mz: psychological health is anyway what we are talking about.=

S: see(.) but now no longer? yes I mean. but I can't associate the two with each other. or it was a purer madness the ones in the present are (not) purer. ((laughs)) more problematic, more troubling.=

Here, the mad of the neighborhood is viewed as *temiz* (clean; pure), which connotes innocence, whereas mental patient is linked with health and seen as “problematic”. In other words, people tend to contrast the two identities, and attribute the negative terms of the binary oppositions to the mental patient.

In addition, the mad of the neighborhood are often reflected as inwards who have have a world of their own, and even, as detached people from their social environment. Although some of them have social contact with shopkeepers or passer-bys, they generally maintain their social contacts with others brief and in minumum. The participants expressed this characteristic as *hayattan/dışarıdan/dünyadan kopmuş* (detached from life/the outside/the world), *kendi aleminde/dünyasında* (in one's own world),

kendi halinde (innocuous), *kendine/içe kapanık* (self-enclosed). The implicit meaning in all of those expressions, especially *kendi halinde* (innocuous), is the harmlessness of the mad of the neighborhood. For example, Suna (Ant.-2, 49) also said that:

(Ex. 29)

S: hani daha? onları sevimli. daha şey(.) öyle hayal etmek istiyorum ama yani hayal etmemiz değil? nasıl.

Mod.: yoo nasıl hayal ettiğiniz de benim için önemli.

S: yaaani. hani. daha böyle [işte kendi hallerinde,]=

Mod.: [kafanızda ne canlandığı.]

S: =zarar vermeyen. evet. hani sorunları-kendileriyle?(.) alakalı sorunları var. dışardan kopmuş vaziyette yaşamış.

S: you know more? sympathetic. more well(.) I wanna imagine them as such but I mean it's not how we imagine them? how.

Mod.: noo how you imagine is also important for me.

S: I meaaan. you know. more like innocuous you see,

Mod.: how you picture.

S: =harmless. yes. you know their troubles- they are troubled with themselves?(.) they lived in a detached state from the outside.

As in this example, though the mad of the neighborhood might have self troubles, they are harmless for others, and they are even viewed as cute.

They neither get too involved in human affairs nor care about the world affairs, and they live in their own minds, possibly with their own troubles.

Therefore, the harmlessness of the mad of the neighborhood is emphasized through the expressions of detachment and introversion.

In contrast to being harmful, the mad of the neighborhood could be even viewed as a superior personality. In Afyonkarahisar group, they talked about such a madman, who has a clean and proper physical appearance. He manages the traffic on a particular spot in the city, he gives flowers to

women, and carries candies in his pockets to give the children. He has a wooden stick which he has shaped in a way to break the ice on the pavements to prevent people falling in winter. Furthermore, there are some myths circulating in the city on the “supernatural incidents” related to him such as his elevation from the ground while performing *salaat*. The participants argued that he is called as *ermiş* (holy person) or *veli* (saint) in the city due to all those favors he does for the inhabitants, and his participations in *veli sohbetleri* (the religious gatherings in which certain religious personages give speech to the communion). So the participants argued that the mad, in some cases as this one, were once not viewed and referred as “mad” but rather perceived in positive religious terms:

(Ex. 30)

S: [benim bildiğim] de o zamanlarda tam deli olarak görülmüyodu yani.=

M: onları? onları belki mecnun. belki?

S: veli? hh=

M: =veli? belki ermiş. başka yani başka türlü yorumlayarak, zarar vermediği için de? çevresine zarar vermediği için de? [°şeyaparlardı.°]

S: what I know is that they weren't seen as entirely mad back in those times i mean.=

M: they are? they are maybe as *majnun*. maybe?

S: as saint? hh=

M: =as saint? maybe as holy person. another I mean interpreted in a different way, since they didn't do harm? since they didn't harm their surroundings? °they did the thing.°

According to this extract, the harmlessness of the mad of the neighborhood contributes to how they are interpreted in the community, and people might attribute religious meanings to their madness so that they might be referred as *veli* (saint), *ermiş* (holy person), and *mecnun* (*majnun*). Then, if the mad is

harmless and even benevolent as in the example in Afyonkarahisar, then calling them “mad” is viewed inappropriate. However, the avoidance to call such people as “mad”, though they are partially perceived as such, points out to the negative assumption of “mad” as harmful, which we have seen in the previous chapter.

On the other hand, participants often mention *akıl hastalığı* (mental illness) in its relation to *ruhsal bozukluk* (psychological disorder¹⁸), which they associate with danger and harm. The participants seem to think of madness, mental illness and psychological disorder as different points along the same continuum, and their risk perception of harm on the associated identities change respectively. Thus, people generally sort them from potentially the most dangerous to the least in the following order; psychopath, mental patient, and the mad of the neighborhood. The following example is from Antalya-1 group:

(Ex. 31)

M: [bunlar bu- bunlar]bizim gördüğümüz bildiğimiz deliler canım? şimdi normal gibi dolaşan çok deli var yani.=

E: =ha tabi şu an hani [konuştuğumuz? ııı genel konuştuğumuz-]

M: [ada- adam- adamın arabasını solluyolar]okudum tem karayolunda? gişelerin önünde beni niye solladın deyip-=

N: =bıçak(.) çeken=

¹⁸ Although mental illness and psychological disorder are used interchangeably in English, I will use the former one to refer to *akıl hastalığı*, which is a literal translation, and the latter one to refer to *ruhsal bozukluk*. The participants in general made a distinction between the two terms though they are also used interchangeably in Turkish according to the dictionary of Turkish Language Association (TDK) (www.tdk.gov.tr). The word for word translation of “ruhsal bozukluk” would be a term like “spiritual disorder” but since it is nonexistent in English, its meaning is covered by “psychological disorder”. Additionally, I will refer to *ruh hastası* as “psychopath” to keep its distinction with the mental patient.

M: =tabancayla vuranlar var?=
 D: =(cık sesi) o hasta?=
 A: =işte o [hastalıklı bir?(.) olay.]
 M: [ama hasta işte?]
 D: [ruh hastası orda delilik yok.]
 M: [ama ruh hastası]işte?
 [o da bi delilik?]
 A: [o hastalıklı?] onu demek istedim.=
 T: =o onun dediği? evet [onun. °aylanın°]
 A: [demek istediğim] o hastalıklı bi
 olay. ama hani bizim bu bahsettiğimiz eski
 zamandakilerin hiçbirinde hastalıklı bir delilik diğil
 onlarınki. çünkü hiçbir zararları olmayan [deliler.]

M: these the- these are the mad we see we know dear? now there are plenty
 of mad around seemingly normal I mean.=
 E: =yeah sure now you know the ones we're talking? the ones we in
 general talked-
 M: they overtake the vehicle of the gu- the guy- the guy I read on the tem
 highway? in front of the counters and saying why did you overtake me=-
 N: =the one pulling out a knife(.)=
 M: =there are the ones shooting with a gun?=
 D: ((sound implying no)) that one is sick?=
 A: =you see that is a?(.) morbid incident.
 M: but he is sick you see?
 D: that's psychopath there is no madness there.
 M: but psychopath you see? it is also a type of madness?
 A: it is morbid? that's what I meant to say.=
 T: =she what she said? yes her. °ayla's°
 A: what I meant to say is that is a morbid incident. but you know the ones we
 talked about the ones in the past in none of them none of theirs is morbid
 type of madness. because those mad do no harm.

As in the extract, though the participants contest each other on how to
 differentiate madness, mental illness and psychological disorder, the latter
 two are usually viewed to be *hastalıklı* (morbid) forms of madness, which are
 linked with dangerousness in participants' accounts. The psychopath, who
 might "look normal" as well, are perceived to be capable of any kind of
 physical harm to others such as hitting, beating, cutting, killing, and so on.

Moreover, in almost every group, participants stated that *ruhsal bozukluk* (psychological disorder) is on the rise in the society as compared to the past. For instance, in Antalya-1 group, the participants claimed that:

(Ex. 32)

N: şu anda bence toplumda deli yok?(.) deli azaldı yani? ruhsal bozukluğu olan insanlar çoğaldı.=

M: =psikolojik [dengesizlik çok şimdi.]

N: [maddi sıkıntılar,]işte ailevi sorunlar, iş sıkıntıları, geçim sıkıntısı vesaire ruhsal bozukluklara yol açmaya başladı? ama deli gerçekten eskiye göre daha az.

N: in the present I think there are no mad in the society?(.) the mad decreased I mean? people with psychological disorders proliferated.=

M: =psychological instability is high at the moment.

N: economic distress, familial problems you see, occupational distress, financial difficulty and so on began to make way for psychological disorders? but the mad is actually fewer in comparison to the past.

As can be seen from the example, not only they differentiate between the mad and the people with psychological disorders, they also think the prevalence of the former is in decline while that of the latter is growing due to the increase in social and economic problems. There were participants in other groups who had similar thoughts. The participants often indicate that people in general are more aggressive and harmful to each other nowadays, and for them, this is an indication of social decay. Suna (Ant.-2, 49), who previously called the madness of the mad of the neighborhood as “pure” (in Ex. 28), thought that society also used to be purer:

(Ex. 33)

S: [eskiden toplum da çok] temizdi di mi? =

Mz: =[efendim?]

H: [di mi?]

S: toplum da [çok temizdi.]

Mod.: [ne gibi bi]yer [mesela?]

Mz: [ya, tabi] canım.=
H: ne [biliyim yani bi?]
S: [daha açıktı.]onun için de toplumun delileri
de [o kadar zarar verebiliyordu.]

S: in the past the society also used to be very pure right?
Mz: =I beg your pardon?
H: right?
S: the society was also very pure.
Mod.: what kind of place for example?
Mz: oh, certainly dear.=
H: I don't know I mean a?
S: it was more open. so that the mad of the society also could harm
insomuch.

In this way, the participants argue that the social milieu is influential on the individuals and their madness. When society undergo transformations, so do the content and manifestation of its members' madness.

Participants think that not only the mad but the society in general have become more aggressive due to those changing social dynamics. However, they do not provide detailed accounts on those underlying dynamics when discussing about the perceived increase of psychological disorders in the society. In addition to Nurdan's arguments (in Ex. 32), Muzaffer (Ant-2, 65) stated that advanced technology and "modern lifestyle" have escalated psychological problems. Yet, other participants usually make statements like "ortalık yalnız çok bozuldu." (but the society is too corrupted.), or "bu zamanda? deliden değil akıllıdan [korkucaksın.]" (in this day and age? you rather be afraid of the sane than the insane.). Hence, they react emotionally rather than discussing in detail the social aspects of the decay. Similar to the disappearance of neighborhood culture, the perceived decay in society seem to generate a sense of social insecurity in

the participants. They used to be able to discriminate between the mad and the normal, and the mad used to be harmless back in the old days but now the times have changed, violence has increased, and they do not know what to expect even from the “seemingly normal”. In short, they agree on the harmfulness and dangerousness of people with “psychological disorders” in contrast to the mad of the neighborhood.

To return to mental illness, participants mentioned only depression, schizophrenia, paranoid schizophrenia, manic depression, obsession, and cleaning addiction among the different groups of mental illnesses in psychiatric literature. The most commonly mentioned mental illness is schizophrenia though it did not come up in Afyonkarahisar group and İstanbul-2 group. The schizophrenia patients are described as talking to themselves, shouting, and wandering naked, especially in times of an “attack”. A few participants indicated that it is an illness in which “the person” or “their mind” *gidip geliyor* (comes and goes), meaning that when the illness recurs the person is not his or her usual self, and that they lose self-consciousness. They are generally viewed to be quite strong and physically uncontrollable, which is expressed by *deli gücü/kuvveti* (verbatim translation is “the mad strength”¹⁹). Arising from their loss of self-consciousness and their distinct physical strength, schizophreniacs often generate the most fear and anxiety in the participants. They are commonly viewed to be very aggressive and dangerous for themselves and for those around them. As a

¹⁹ Participants describe *deli gücü* as the uncontrolled physical strength of the mad. This expression is not solely used for the schizophreniacs but also for the mad in general.

result, participants usually think that schizophrenia patients should be on medication and kept under doctor control. In this way, the participants favor the institutionalisation of the schizophreniacs due to their high risk perception of harm about them.

Although the participants could easily categorize schizophrenia as a mental illness, the positions of other conditions are not that clear to them, and they make ambivalent explanations. For example, *temizlik hastalığı* (cleaning addiction), which is also briefly discussed in Antalya and Afyonkarahisar groups, is sometimes viewed as a type of illness that reaches to the level of madness, and sometimes as a type of madness reaching to the point of illness. Cleaning addicts are thought to self-harm rather than being harmful to the society. Besides, *toplayıcılar* (collectors) and *çöp ev* (garbage house) are brought up in discussions sometimes as a form of madness, but more commonly as an illness. Those people excessively collect things, either certain things or the things they find on the streets and in garbage, and store them in their houses. Moreover, there are people who collect animals in their houses. They live with an excessive amount of cats or dogs, and this is seen as “unhealthy” by the participants so it is also viewed more like an illness. Participants were surprised when Füsün (İst.-1, 64) mentioned a man in her neighborhood, who keeps around 70 cats, and they said that animal collectors are usually women. Alongside the presumption regarding their gender, animal collectors, who are very nurturing and loving to their animals, are generally viewed as peevish and aggressive in their

relations with humans. In short, when people discuss about cleaning addicts and collectors, they cannot draw sharp distinctions on whether the two conditions are madness or mental illness but they view them as harmless, and not as a threat for the society.

Mental deficiency is also mentioned in most of the groups, and it is discussed by using expressions such as *zihinsel özürlü* (mentally handicapped), *özürlü* (handicapped), *otistik* (autistic), *spastik* (spastic), *özel altlık* (special education student), *zeka geriliği* (mental retardation), *down sendromu* (down syndrome), *mongol* (mongol), *geri zekalı* (retarded), and *akıl noksanlığı* (absence of reason). Some people think that mental deficiency is originally madness but that it is branched off and renamed with the development of medicine while some participants think that it develops into madness in time. The most commonly mentioned group among the mentally deficient is autistics, and they are viewed as mentally deficient but also as highly intelligent. The majority of participants see the mentally deficient, especially the autistics, as one and the same with the mad on the street. Those participants think that the mad on the street could be educated to some degree since they are not different from autistics or other groups of mentally deficient people. Moreover, Aybars (İst.-1, 35) stated that “innate madness”, which is mental deficiency in his view, should be evaluated differently than mental illness and madness with later onset since the former one is related to the inability to use one’s mind or the incapacity of the mind whereas the mind “comes and goes” in the latter two. On the other hand, few

participants differentiate mental deficiency from madness, avoid calling them “mad”, and they term madness as a *davranış bozukluğu* (behavioral disorder) rather than mental deficiency. Therefore, they argue, the mad could not be educated like mentally deficient people.

The participants mostly link the causes of mental deficiency with kin marriages and genetics so they are viewed as *doğuştan* (innate) but also childhood illnesses are brought up as one of the possible causes. The participants claim that mental retardation cases have grown in number as compared to the past but the families have also become more *bilinçli* (conscious) and caring of them so that they do not end up on the streets anymore. Similarly, mentally retarded people are often likened to children, who are harmless and in need of care but also difficult to control since they also possess *deli gücü* like the mad. This description of them is indeed quite close to the image participants have of the mad of the neighborhood. To sum up, despite few exceptions, participants generally claimed madness and mental deficiency are very close to each other, and the mentally deficient are harmless like the mad of the neighborhood.

Yet, the participants frequently compare mental patient to the mad of the neighborhood, and claim that the former is *daha uç* (more extreme) and potentially more dangerous in comparison to the latter. Therefore, they think that mental patients are required to be kept under doctor control and confined to the mental hospitals, as previously mentioned about schizophreniacs. In other words, the risk perception of harm further influences participants' views

on where those people should be accommodated. Below is an excerpt from one of Antalya-1 group:

(Ex. 34)

N: zaten diyorum ben de? deli(.) yani mahallenin delisinden bahsediyoruz ya? çok zarar verse toplum da bunu belli bi yerlere?(.) gereken yerlere? şeye şikayette bulunur?=
T: =idare etmez tabi [nereye kadar idare etceksin evet.]
N: [ha idare etmez yani toplum da] idare etmez.=
M: =çünkü senin çocuğun var ona [saldırır,]=
T: [yani.]
M: =bilmemneye saldırır.=
S: =işte pozitifliğe yakın, deliler pozitif? akıl hastaları zarar verdiği için(.) negatif. o yüzden insanlar uzaklaştırmak istiy o akıl hastası deyip? bu hastanelik diye [belki ıı şeyi] vuruyo damgayı vuruyo=
A: [hıhım. hıhım.]
S: =ve o tedavi olması gerek? burda da barınamaz diyo. [ama deliler]=
N: [bence-]
S: =için? zararı yok,=
N: =evet.=
S: =eğlenceli olabilir, [yardımı]da olabilir [dediğiniz]=
N: [haa?] [ya- hıhı]
S: =gibi, yaşayıp gidebilir aramızda diyerekten daha yumuşatılmış bi şekilde? onun yaşamasının sıkın-tısı yok diye düşünüyoruz hepimiz belki de.=

N: I also say anyway? the mad(.) I mean we mention the mad of the neighborhood right? if he/she did harm a lot the community also makes a complaint on this to the particular places?(.) to the relevant authorities.
T: it doesn't scrape along sure how far could you scrape along yes.
N: yeah doesn't scrape along the community also doesn't scrape along.
M: =because you have a child and he/she attacks him/her.=
T: of course.
M: =he/she attacks I knew not what.=
S: =see it's closer to positiveness, the mad are positive? the mental patients since they harm(.) are negative. so that people want to send away by saying mental patient? that this one needs hospitalization maybe tag as the thing, tags them=
A: yeah. yeah.
S: =and says that he/she needs to be treated? and also cannot shelter here. but for the mad.=
N: I think

S: =he/she is harmless,=

N: =yes.=

S: =could be amusing, could also give a hand with something as you said,=

N: oh? well-yeah

S: =could live along with us and thinking things as such in a more softened manner? maybe we all think that them living among us is not bothering.

Here, the mad of the neighborhood are accepted to harbor in the neighborhood since they are “harmless” but they would need to be sent away if they cause harm. In contrast, mental patients are “stigmatized” as *hastanelik* (needing hospitalization) so that they require suspension from the milieu of “normal” people. In short, the high risk of harm and danger is the most basic argument in participants’ differentiation of the mental patient from the mad of the neighborhood.

In Terms of the Spaces: Neighborhood or Hospital?

Stemming from the first aspect, the second distinctive feature between the mad of the neighborhood and mental patient is the spaces they belong in participants’ perspectives. While the mad inhabits the neighborhood and lives among “us”, mental patient connotes hospital environment and everything related to that space. Madness is often viewed to be an incurable and unfortunate condition but mental illness is seen as curable since it is an “illness” requiring treatment. Thus, mental patient is a *rahatsız/hasta* (sick) person who has a diagnosis, who receives treatment in mental hospital, and who is on medication. There seems to be a vicious circle in the participants’ common perception of the mental patient; mental patients are viewed to be

potentially dangerous which requires institutionalization, and they are viewed dangerous since they are institutionalized and confined. Hence, hospitalization is associated with danger and confinement in their accounts far more than it is associated with treatment and recovery.

Participants are generally sensitive to expressions such as *kapatma* (confinement), *tecrit/izole etme* (isolation), and most of the time they avoid the use of such words. They mentioned that the mad are sometimes kept in houses by their families for the purposes of concealment of their madness or security of themselves and others. Even it is rare, they might even be chained in a room. They also mentioned that they are sometimes taken away by several executive organs of the state to hospitals for purposes of treatment. A few participants commented that it is against “human rights” to confine people for all their lives. However, the majority of them think that those who are harmful, commit crime or disturb the public peace should be “taken away” and “kept under control”. They usually suggest that mental patients, who are viewed to be in a more severe condition and potentially dangerous as explained in the previous section, should receive regular treatment in hospitals so that they could be separated from the rest of the society. Özge (İst.-1, 46) commented on the issue that:

(Ex. 35)

Ö: =mahalle delisi dediğin zaman? 111 daha ziyade zeka yaşı biraz daha düşük kalmış hani. belki biraz fiziksel 1111(.) yetileri de eksik. ama? hani böyle(.) zararsız(.), kendi halinde(.), öyle? mahalle delisi dediğinde öyle bi şey çağırıştırıyor. ama akıl hastası dediğin zaman?(.) zaman zaman(.) zekası yerine gelen ama(.) tehlikeli(.) de(.) şeyler yapabilen birini

çağrıştırıyo. akıl hastası. yani?(.) akıl hastası(.)
şimdi mahallenin delisi mahallede rahatça dolaşabiliyo
zararsız. ama akıl hastası dediğin zaman(.) hastaneye?
kapatılmış birisi?(.) ya tedavi edilebilirliği mümkün
demektir? ya da baş edilemediği için oraya kapatılmış
demektir. tehlikeli. bendeki çağrışımı farklı. ben
öyle algılıyorum.=

Ö: =when you say the mad of the neighborhood? more of a person whose
mental age remained lower you know. maybe also lacks a bit of
physical(.) competence. but? you know like this(.) harmless(.),
innocuous(.), as such? when you say the mad of the neighborhood it
brings to mind something like that. but when you say mental patient?(.) it
brings to mind someone who from time to time(.) regains his/her senses
but(.) who could also do dangerous things. mental patient. I mean?(.)
mental patient(.) now the mad of the neighborhood can freely wander in
the neighborhood he/she is harmless. but when you say mental patient(.)
someone?(.) confined to the hospital? it means that either the treatment is
possible? or it means he/she is confined in there since they couldn't cope
with him/her. dangerous. its connotation for me is different. I perceive it
that way.=

In this account, the mad of the neighborhood and mental patient evoke two
different images in her mind. While the former is *kendi halinde* (innocuous)
and harmless so that could wander freely in the neighborhood, the latter one
is confined either to be treated or due to the threat he or she poses to the
society. In fact, many participants give similar accounts and made similar
associations. For example, they argued in the other İstanbul group that:

(Ex. 36)

A: [akıl hastası] dediğin zaman ben daha böyle zarar
vericek gibi gö- algılıyorum. ama? mahalle delisi
derken. mahallenin kabullendiği kişi olduğuna göre(.)
rahatsız edici olarak görmüyorum.

N: veya?(.) mahalle delisini(.) bir akıl hastası olarak
görmüyorsun.

A: eevet. akıl hastası gör- yani zarar vericek, topluma
veya [bi şeye zar-]

Y: [yani mahalle] delisi dediği gibi? yani
mahallenin delisi yani bi sahiplenme var bak. adı
üstünde. yani akıl hastası?(.) dendiği gibi daha böyle
bi?(.) şey gibi. 111 [hani zararlı?]

N: [toplumdan] soyutlanmış? =

Y: =soyutlanmış. [yani-]
N: [ve te-] tedaviye muhtaç.=
Y: =tedaviye muhtaç? veya olması zorunlu(.) gibi. halbuki bizim(.) dediğim gibi(.) bazıları mesela dönem dönem(.) orda tedavi gören insanlar. ama? biz(.) mahalle sakini olarak mesela sahiplendiğimiz için? hiç öyle düşünmüyoruz mesela onu. normal(.) mahallenin bi(.)
N: yaşayanı.=
Y: =ha yaşayanı, ferdi gibi, normal bi insan gibi kabul ediyoruz.

A: when you say mental patient I perceive it as more like causing harm. but? in terms of the mad of the neighborhood. since it's an individual accepted in the neighborhood(.) I don't see them as disturbing.

N: or?(.) you don't see the mad of the neighborhood(.) as a mental patient.

A: yes. mental patient I mean causing harm, to the society or to something

Y: I mean the mad of the neighborhood as he said? I mean the mad of the neighborhood I mean see there is appropriation. as the name implies. I mean the mental patient?(.) just as it's said more like a?(.) like well. you know harmful?

N: alienated from the society?=
Y: =alienated. I mean-

N: and in need of treatment.=

Y: =in need of treatment? or as requiring treatment(.) however our(.) as I said(.) some of them for example from time to time(.) received treatment there. but? since we(.) as the inhabitants of the neighborhood for example embraced them? we don't think of them as such. as a normal(.)

N: habitant.=

Y: =yeah habitant of the neighborhood, we accept them as a member, as a normal person.

Here, people again associate harm, exclusion, and treatment with the mental patient. It is interesting Nihat (İst.-2, 35) says to Atalay (İst.-2, 35) that

“veya?(.) mahalle delisini(.) bir akıl hastası olarak görmüyorsunuz.” (or else?(.) you don't see the mad of the neighborhood as a mental patient.). This statement implies that though the mad of the neighborhood might be the same with mental patient, they are not perceived as such since they are harmless and acknowledged by the neighborhood community. Yalçın (İst.-2, 49) even claims that they are accepted as a

“normal member” of that community, as an individual. In short, mental patient is stigmatized as dangerous in participants’ perspectives, and this stigma of danger serves as the legitimization for their confinement and exclusion. It seems that the participants are not completely against the practises of confinement and isolation though some of them are sensitive to these terms themselves.

On the other hand, for the homeless mad of the neighborhood, most of the groups generated the idea that the state or the municipalities could arrange local centers similar to *bakım evi* (nursing houses) or *konuk evi* (guest houses), where they could go whenever they want to meet their basic needs or to sleep at nights. They think the institutionalization of the mad of the neighborhood is not fair to them since they do not pose any threat to the society any more than a “normal looking” person does; and conversely, they state that tearing them away from their usual social environment and confining them might be harmful to their well being and worsen their madness. They are favored to live among “us”, form social relations and bonds with the neighborhood community, and be “reintegrated into the society” in this way. In İstanbul-2 group, they discussed that:

(Ex. 37)

L: =benim düşüncem. onlar madem ki- eğer ki zararsızsa, mahalle içinde olmaları, daha(.) güzel. çünkü? onları bir yere kapattığın zaman(.) akıllı insan bile(.)

A: deli olur.=

L =bi yerde deli olur. ben öyle diye düşünüyorum. sonra? onların hepsi de aynı şeyde oldukları için? daha çok birbirleriyle? a- o- akıllı olan aklını oynatır.=

A: =oynatır tabi. zaten normal adam aklını [(oynatmasa).]

L: [aklını]
oynatır.=

A: =bunlar bi de açık hava(.) rehabilitasyonu var
 üzerlerinde. onun [için gene iyi. sahiplenmesi iyi.]
 L: [evet. onun için serbest ortamda]
 zararsız olduğu müddetçe(.) mahallenin içinde
 yaşamaları benim için iyi. yani benim
 [görüşüm daha iyi.]
 A: [genellikle de] eskiler hep öyle yaşamış.=
 L: =a- öyle yaşamışlar.
 A: =hep öyle yaşamış.

L: =in my opinion. they are since- if harmless, them living in the
 neighborhood, is better. because? when you confine them somewhere(.)
 even the sane person(.)
 A: goes mad.=
 L: =goes mad at some point. I think as such. then? since they are all in the
 same thing? more with each other? the sane goes out of his/her mind.=
 A: =sure goes mad. anyway if the normal guy doesn't go out of his mind.
 L: goes out of his mind.=
 A: =those are and also this is outdoor rehabilitation for them. so that it is
 better. embracement is good.
 L: yes. for that reason in a free environment as long as(.) they are harmless
 them living in the neighborhood is better I think. I mean in my view it is
 better.
 A: and genereally the ones in the past all lived like that.=
 L: =they lived like that.
 A: =all lived like that.

Similar to Atalay's view in this extract, most of the participants indicated that the social support given to the mad of the neighborhood through keeping them in the society instead of social exclusion might serve as a rehabilitative condition for them. However, they do not think the same way for the mental patient since they are viewed as dangerous, as we just have discussed.

Yet, it is interesting how the participants described their shared suggestion of "nursing houses" for the mad of the neighborhood. Those imagined spaces for the mad, which is more or less the same for each group, are a blending of the mental institutions and the special education and rehabilitation centers for the mentally disabled. As I mentioned, the core idea

for those “houses” is to provide a space to cover the basic needs of the mad of the neighborhood. However, the more they elaborated on them, the more it turned into small local hospitals with doctors, nurses, and regular medication treatment. The only difference was that the mad would have the right to come and go as they wish so that they would have more freedom as compared to the patients in regular mental institutions. Therefore, the proposed place is almost the same as the mental institution but the participants prefer to call them as “houses” because they code the hospital as a space that the dangerous people, meaning the mental patients, are confined. Moreover, they implicitly argue that the mental patients should be kept in the hospital for the safety and well being of the rest of the society but the “houses” should be a place for the safety and well being of the mad of the neighborhood. In other words, how the two identities are constructed influences how the spaces they will be accommodated are constructed as well.

Moreover, they suggest that those hospital-like “houses” could serve as special education centers. As I previously indicated, many participants think about the mad of the neighborhood as the same as the mentally deficient so that they argue they could be educated to some degree. For instance, the participants in Afyonkarahisar group suggested occupation therapy for the mad, which they said was implemented in Ottoman period. They claimed having *meşguliyet* (an activity to keep one’s self busy) is a good way to “let oneself go”. The participants from İstanbul-1 group also proposed that their hobbies and skills could be developed through schooling.

Furthermore, participants in Antalya-1 group claimed that the mad love having people's attention, being reinforced, and feeling trusted just as the mentally deficient people.

In this line, they argue that giving them small duties and assignments in the neighborhood might make them feel "useful", self-confident and happy, which further contributes to their "sense of personhood" and their reintegration into society. They emphasize the possibility of their "usefulness" to the society if only people would approach them in the right way. Similarly, Mahir (Ayk., 59) stated that the mad needs to be guided and supported along this way, which might even lead to their contribution to "production". In other words, the participants construct the social "reintegration" of the mad through their integration to production forces or becoming useful for the community in some way. Still, the mad of the neighborhood is viewed adaptable to the daily life in the neighborhood whereas the mental patient is seen as unable to attain social functions within the community.

In Terms of the Attitudes of Families

Lastly, the third distinctive feature between the mad of the neighborhood and mental patient is put forward as the attitudes of the families, which is also closely associated with the second aspect. Many participants reasoned that the spaces they belong differed due to their families' ways of dealing with the mad; whether they *sahip çıkmak* (take care of; be responsible for) them or

not. They argued that when the families take responsibility for the mad and strive for their treatment, then they become mental patients. However, they end up on the streets (sometimes expressed as *sokağa düşmek* or *sokağa dökülmek*) and become the mad of the neighborhood if their families do not take their responsibility and instead cast them aside. Below is an excerpt from Antalya-2 group:

(Ex. 38)

M: sanki bana şöyle gibi geliyo. aileden kopup dışarıda dolaşmaya başladığı zaman sanki deli diyoruz.=

L: =hıh.

M: aile sahip çıkıp?(.) 111 takibinde olduğu zaman?(.) çocuk özürlü, tedavi görmesi lazım, aile de uğraşıyo elinden geleni yapıyo diyoruz. mesela benim işte?(.) 111. çok samimi arkadaşımın oğlu var. iki yaşına kadar normaldi iki yaşında çocuk bi rahatsızlıktan sonra(.) yüksek havaleden sonra rahatsızlandı. şimdi çocuk evin etrafından ayrılmıyor. ve(.) sürekli ailenin gözetiminde. tedaviye de gidip geliyor. hatta rehabilitasyon merkezine de götürüp(.) becerileriyle ilgili. yaşı da büyüdü için yirmi iki yirmi üç yaşında şu anda? uğraşıyorlar yani bi şeyler yapmaya çalışıyorlar. ama bu çocuğa sahip çıkılmasa sokağa düşseydi?(.) ha ayakları elleri sağlam. koştururacak, bi yerlerde artık deli olacaktı. yani ona deli diycektik belki. ama aileden kopmadığı, tedavisi devam ettirildiği için(.) çocuğun özürü var, aile bununla uğraşıyo diyoruz. bu kadar. bana? o şekilde geliyo.=

M: it seems as if like that to me. when they drift away from the family and begin wandering outside seems like we call them as mad.=

L: =hah.

M: when the family takes care of?(.) keep monitoring?(.) we say that the kid is disabled, needs to receive treatment, and the family copes with it they do their best. for example my you see?(.) a very intimate friend of mine has a son. he was normal until the age of two at the age of two after the child got sick(.) he got sick due to high fever. now the child doesn't leave the house. and(.) all the time under the surveillance of the family. he comes and goes for treatment. moreover they take him to the rehabilitation center(.) in terms of his abilities. because he got older he is twenty two twenty three years old now? they keep striving I mean they try to do something. but if this kid was not taken care of and ended up on the streets?(.) oh his feet and hands are healthy. he was gonna run about, become the mad of somewhere. I mean we were gonna refer to him as

mad maybe. but since he didn't drift away from the family, since his treatment is maintained(.) the kid has a disability, the family copes with it we say. that's it. to me? it seems like that.

In other words, the stance of the families, whether they embrace and support the mad or they exclude them from the family and the household, is influential on which identity the mad will be perceived in the society.

There is also a perceived gender difference concerning the relation between the families and the mad. Some of the participants reasoned that the male mad of the neighborhood are more common as compared to female ones because it is more difficult for the families to keep males under control. In Antalya groups, they claimed that the families usually confine women to their homes whereas they let the men *başı boş bırakmak* (run loose). Below is an example on this argument:

(Ex. 39)

N: =sonra bi de aile şöyle? ııı büyüdüğü? (.) küçükken tamam bi şekilde evinde bakabiliyo. bü- gelişim oldukça işte delikanlı oluyo veya genç kız oluyo artık evin içinde zapt edemeyecek duruma geliyo. noluyo? sokağa düşüyo bu çocuk en sonunda. aartık orda burda, kızsza zaten çok daha kötü durumu? ıı başına çok türlü olaylar geliyo çünkü. ama erkek çocuğuysa? işte nerde yatıyo, nerde kalkıyo artık aile de başedemiyo yani bununla. işte bilinçsiz? ııı şimdi değil tabi geçmişten bahsediyoruz. bilinçsiz olduğun için de tedavi yöntemleri uygulanmıyo, sizin ((D.'ye)) dediğiniz gibi ilaçtır milaştır hiçbi şey yapılmayınca? sokaklarda sefilleri oynuyo ondan sonra.=

(A): =evet.=

E: =çoğu da erkek ama şimdi [şöyle bi düşününce? büyük bi konuştuğumuz] kişilerin=

N: [erkek? erkek?
yaa-ni hakkaten?]

E: =[büyük bi kısmı erkek.]

M: [ama işte? k111-] kız çocukları
[bizim ailelerimizde na- na- nnnamu-
namustur yani?]

T: [ama evet. yani onları o kadar kolay sokağa bırakmıyolardır yani.]=
 N: =en azından bağılıyolar [evlerine? yine salmıyolar.]
 M: [en azından onu kız çocuğudur]
 deyip zapt ediyolar [deli de olsa bilmemne de olsa.]
 E: [di mi? bağılıyolar bi şey yapıyolar.]
 Z: [evet salmıyolar.]=
 M: =salmıyolar.=
 N: =işte erkek çocuğunun [gücü de daha fazla(.) hani anneyi babayı itekler]=
 M: [ama erkek çocuğu? nasıl olsa bi şey olmaz diye?]
 N: =[çıkart gider] yani.
 E: [evet. evet.]

N: =then and also the family that is? as he/she grows up?(.) when he/she is little it's okay the family is able to look after at home. as they grow older you see they become young boys or young ladies and it is no more controllable at home. what happens? this kid finally ends up on the streets. from then on here and there, if it's a girl then her condition is worse anyway? because various things happen to her. but if it's a boy? you see where he sleeps, where he sits the family cannot cope with this any more. you see unaware? of course not at the present we're talking about the past. since you're unaware the treatment methods are not implemented, as you ((to D.)) told about medication and so on when nothing is done? then they play the miseries on the streets.=

(A): =yes.=

E: =but on second thoughts most of them are male? the majority of the persons we talked about=

N: male? male? I mean really?

E: =the majority are male.

M: but you see? the daughter- daughters are family honor in our families you know?

T: but right. I mean they wouldn't let them on the streets that easily you know.=

N: = at least they confine them in their homes? but they don't let them out.

M: they cope with them by thinking that even though she is mad or something she is a girl.

E: right? they tie down or do something.

Z: yes they don't let out.=

M: =they don't.=

N: =you see the boys are also stronger(.) you know they push away the mother and the father=

M: but the sons? they think nothing happens to them anyway?

N: =they go away I mean.

E: yes. yes.

In participants' accounts, the women are easier to manage at homes due to their physical weakness, and they also require tighter precautions due to the social norms on *namus* (family honor). The families could afford to let their male children live on the streets but it is different for their female children because they could be sexually abused, which means a serious assault not only on the woman but primarily on the family. In fact, madmen are also under the same risk of sexual assault, as it is also evident in the incidents some participants told me. There are rape cases for both male and female mad of the neighborhood. Still, according to the participants, differing social norms on gender seem to be operating in the families' perspectives and behaviors regarding their mad children.

In addition, many participants argued that the families' attitudes have undergone a transformation in time. They claimed that families used to be unaware and ignorant of treatment methods and dealing ways of madness in older days: and thus, they used to leave the mad on their own. According to some of the participants, increase in "public awareness" on mental illnesses changed the views of the families, and they began to see madness as an illness, which further led them to take action for the treatment of those people. Moreover, the number of special education and rehabilitation centers for the mentally deficient has dramatically risen. In line with these transformations, they argue that the prevalence of the mad of the neighborhood has decreased. Families have begun to attend to their children's mental health and seek for medical or psychological help if

needed. In short, participants think that increased public awareness, which is linked with the proliferation of psychiatric knowledge in public and the proliferation of psychological services, led families to take responsibility of the mad so that they are now called mental patients rather than being thrown in the streets and becoming the mad of the neighborhood.

From this viewpoint, the mad of the neighborhood and mental patient are viewed to be the same persons at some level. The difference is a matter of identity, which is constructed according to their living conditions and how they are named. Aybars (İst.-1, 35) made a similar claim:

(Ex. 40)

- A: =bence onların ıııı. kimlikleri değişti zamanla. biz eskiden mahalle delisi diyoduk? şimdi akıl hastası diyoruz. [zamanla]=
- M: [evet.]
- A: =onların?(.) sıfatları [değişti.]
- Mod.: [pekiii. aynı şeyi mi çağrıştırıyo?]=
- Ö: [ama bende değişik onların(.) şeyi.]
- Mod.: =yoksa?(.) yani.=
- Ö: =aynı şeyi çağrıştırmıyo.=
- A: =çağrıştırma derken? şimdi yine mahallede gördüğünüz kişi. sahipsiz bi kişiyle? hani(.) hanfendinin anlattığı gibi akademik bi şe- evinde oturan kişi(.) aynı kişiler değil. şey? aynı şeyi çağrıştırmıyo. ama aslında aynı kişiler. biri sahipsiz olması, sokağa atılması(.), güçsüz olması. diğeri?(.) gene yanında bi bakıcısı var, ilacını alıyor, kontrol altında tutulabiliyor.
- A: I think their. identities have chaned in time. we in the past used to call them as the mad of the neighborhood? at the present we use mental patient. in time=
- M: yes.
- A: their?(.) attributions have changed.
- Mod.: weeell. do they bring to your mind the same thing? =
- Ö: but to me their(.) things are different.
- Mod.: =or else?(.) I mean.=
- Ö: =they don't bring the ming the same things.=

A: =by saying bringing to mind? now still the person you see in the neighborhood. an abandoned person? you know(.) and an academic- a person living in his house(.) the one as this lady told about are not the same people. well? don't bring to mind the same things. but indeed they are the same people. one of them is abandoned, thrown in the street(.), helpless. the other one?(.) still has a caretaker by his side, is on medication, he could be kept under control.

Here, Aybars argues that though their identity is transformed in time, the mad of the neighborhood are *sahipsiz* (abandoned) and *güçsüz* (helpless) ones, who are thrown in the streets by their parents while mental patients are the “nursed” ones, who are kept under control by their families and doctors. Thus, even when participants think that both identities refer to the same person, they think that those identities imply different realities for that person.

Furthermore, public awareness is again pointed out as one of the reasons for the transformation from the mad identity to the mental patient identity. Participants from different groups indicated that people did not know different types of madness in the past, and they used to call all of them simply as “mad” whereas they could now differentiate between schizophreniacs, alzheimers, autistics, depressives, and so on. Therefore, the participants realize at some level that the mad is not that different from the mentally ill but the introduction of diagnostic terms of psychiatry has influenced how they are perceived and named. In addition, they stated that the term “mad” was highly stigmatized in the society in the past. People were afraid of *deli damgası yemek* (getting stamped as mad) and they used to be more reluctant to seek psychiatric help since there was social pressure manifested by the social label of mental health practitioners as *deli doktoru*

(the men in white coats). Due to the stigmatization of the mad, some families preferred to conceal and confine their children at home, which I previously mentioned, rather than seeking treatment for them. For example, Mehmet (Ant.1, 56) said that “[bi de sakladı bizim halkımız benim çocuğuma dedi deli demesinler, bu [ailede deli çıkmış demesinler diye? onları ört bas ettiler yani.]” (and they hid it our people they covered it up in fear that? they will call my child mad, a mad came up from this family you know.). However, the participants claim that those people are usually called mental patients, and their doctors are called psychiatrists and psychologists nowadays. Therefore, the social pressure on families has decreased, and they could now more readily take the responsibility of the mad.

In fact, it is difficult to determine which term is more stigmatizing, either the mad or the mental patient, since the mental patient is also stigmatized as dangerous as we have seen in the first section of this chapter. Although the mad of the neighborhood evokes more sympathetic images for some participants, the term “mad” might represent a social stigma with negative connotations for some others because some participants from different groups asked me why I choose to call them as “the mad of the neighborhood” instead of figuring out another name. Although it was not a phrase that I personally developed but rather existed in public discourse, they claimed it was an outdated and offensive way to refer to those people. For instance, Metin (Ant.2- 55) argued that they do not call them as *mahallenin delisi* (the

mad of the neighborhood) in Antalya out of common courtesy, even though the participants in the other Antalya group did not make such an objection. In other words, some people think calling them “mad” is improper though “the mad of the neighborhood” is a conventional term generally laden with positive values and images. A few participants preferred to use terms like *akli dengesi bozuk/yerinde olmayan kimse* (unbalanced/nonsane person) instead of the “mad”. In spite of some negative connotations of the term “mad”, the mad of the neighborhood generally seems to be viewed more sympathetically and less stigmatized as compared to the mental patients, and especially schizophreniacs, who are commonly stigmatized as being harmful.

To conclude our discussion in this chapter, the mad identities are stigmatized in any case, whether as the mad of the neighborhood or the mental patient. However, the mental patients, and especially the schizophreniacs, are far more stigmatized as dangerous and harmful than the mad of the neighborhood. Psychological disorder and mental illness are viewed to be dangerous because they are associated with sickness and morbidity whereas madness is viewed to be closer to mental deficiency, both of which are infantilized and viewed as harmless. Thus, the mad of the neighborhood is favored to be accommodated in the neighborhood while the confinement of mental patient through institutionalization is favored because they are “sick” people, either treatable or too dangerous to live among the society. In this line, mental patient is associated with diagnosis, treatment, medication, doctor control, and confinement. The mad of the neighborhood,

on the other hand, brings a more sympathetic and innocent image to most of the participants' minds.

According to the participants, the prevalence of psychological disorders has grown in contemporary society due to social decay, and people in general are more aggressive and harmful as compared to the past. In contrast, the prevalence of the mad of the neighborhood has decreased due to the increase in public awareness on psychiatric treatment methods and the psychological services. The mad of the neighborhood are viewed as people who are harmless but casted out by their families so that they lead a life in the neighborhood with the social support given by the community. They were used to be embraced by the neighborhood until neighborhoods has gone through changes in the recent years, a shared claim that we explored in the previous chapter. The participants proposed that local "houses" established by the state could take the social responsibility the neighborhood used to share for the mad. Mental patients, on the other hand, are viewed as people whose families have taken responsibility and provide treatment. However, institutionalization is linked more with confinement of the mental patient for the sake of social order rather than treatment of the mental patient. In short, the two identities are viewed as belonging to different social spaces.

CHAPTER VII

TOWARDS A POLITICS OF MAD IDENTITY THROUGH THE POLITICS OF PUBLIC SPACE

“What difference could there be
between the situation of one person who was sane
while all the rest of the world was mad,
and that of one person who was mad
while everyone else was sane?
None.
Their situations are the same.
Madness and sanity are the same,
in isolation.”

Susan Sontag,
Reborn

This study originally aimed to explore the discursive construction of the mad of the neighborhood as a social identity by non-professional people. The narratives on the mad of the neighborhood revealed that they were commonly known by their (nick)names, they were strongly associated with their regular location, and they were especially identified through their physical appearance and habitual behaviors. They were sometimes the object of curiosity and hearsay in the neighborhood, sometimes the object of fear and social exclusion but most of the time, they were the object of amusement and ridicule. They were looked after and watched out by the neighborhood community. Hence, they are associated with social values implying social responsibility and other social values that are collectively termed as *mahalle kültürü* (neighborhood culture), which are also said to be disappearing. They were able to participate in the daily life of the

neighborhood by attending the funerals, managing the traffic and doing small tasks that shopkeepers assign them. They acquired certain social roles as the city symbols or the mascots of the neighborhood. From time to time, they are compared to the homeless, the beggars, the alcoholics, the thinner-addicts, the children and the street animals. When considered in relation to the mental patient, they are viewed to be harmless, abandoned by their families, and nonetheless eligible to live among “us”.

In this chapter, I will first discuss the mad of the neighborhood and the mental patient as distinctively constructed social identities. Albeit both terms refer to the mad, the mad of the neighborhood is constructed as a public identity whereas the mental patient is constructed as a medical and institutional identity. I argue that the differences in the respective constructions of the two identities further influence the mode of social relations with the mad and the perspectives on the confinement of the mad. Secondly, I will move on to a discussion of the neighborhood since the group discussions suggested that we need to understand the neighborhood, as a form of public space and locus of particular mode of social relations and its transformation in recent years to be able to fully account for the mad of the neighborhood identity. I argue that the ongoing spatial and social transformation of public space in terms of the neoliberalization of the cities produce new relations of social control, regulation, and exclusion in the neighborhoods. The public spaces are redeveloped and regulated in ways to

reduce social encounters with the mad and similar “others”, which contributes to the disappearance of the mad of the neighborhood as a public identity.

The Politics of Mad Identity

From a Foucauldian perspective, I examined how the mad of the neighborhood is positioned in the participants’ accounts and experiences, and the power relations underlying the subject positioning process. As it is stated, people, willfully or unwittingly, position themselves and others while speaking in terms of agency, power and so on (Benwell & Stokoe, 2003). The participants in this study generally positioned the mad of the neighborhood as unable, deficient, *eksik* (lacking; incomplete), *muhtaç* (needy; helpless), and *mazlum* (underdog) vis-à-vis themselves, the “normal”, complete, and rational subject. The implicit, and at times explicit through their comparison with children, infantilization of the mad of the neighborhood is a common inclination since their care is collectively fulfilled among the neighborhood community. They are positioned as the objects of care. The notion of social responsibility for the mad of the neighborhood is implied in all the social values associated with this figure, namely social conscience, tolerance, and the values linked with neighborhood culture.

Moreover, they are frequently represented as passive and with little or no agency. All the emotions associated with this figure point out to their passivity in the social interactions; they are the objects of curiosity, fear, or

amusement. Especially daily teasing of the shopkeepers and children in the neighborhood indicates that the inhabitants underestimate their agency. The common habitual behaviors of the mad analyzed in the third chapter reveal that the mad in general do not deliberately scare or entertain people, they talk, sing or shout by themselves, ask for money and so on. It is generally the people who actively set the tone of the social interactions with the mad. When we evaluate those underlying dynamics of the relationships between the neighborhood community and the mad, it becomes apparent that the mad of the neighborhood were not acknowledged and treated in the same manner as a regular inhabitant of the neighborhood. Such claims on the part of some participants are more like a myth, and those claims reflect the romanticization of the social relations rather than reflecting the core reality of those relations. The mad of the neighborhood were still constructed and treated as “other” but as “unfortunate”, “harmless”, and “needy” others rather than dangerous others.

In addition, the mad of the neighborhood, as the name suggests, is constructed as a public identity. Their names and habits are widely known by the inhabitants, and they spend most of their time in public spaces such as *çarşı* (downtown), *kahve* (coffeehouse), mosque, and the streets of the neighborhood so that they are identified in those places, and they are strongly associated with their regular locations. Their basic needs and care are collectively supported. In this way, they come to be viewed as one of the basic components of the neighborhood. They become public personalities

through their association with the social environment of public space. They are even mentioned as the symbols of the city and the mascots of the neighborhood, and these forms of celebrity-like reputation of the mad of the neighborhood is a manifestation of how they are constructed as public identities.

The mad of the neighborhood narratives in city monographs and other books, which I mentioned several times, also point out to the same tendency. The fact that the mad of the neighborhood are mentioned in texts about cities in the first place illustrate that they are highly associated with the city, and acknowledged by the inhabitants of the city. They are mentioned side by side all the other interesting and prominent aspects of the city that are promoted in those books. Hence, they are constructed as one of the “beauties” and one of the “cultural treasures” of the city. Although this is also an indication that they are turned into one of the “spectacles” of the city, it also reflects that they are viewed as belonging to the city and as one of the constituents of that social space.

A comparison of the mad of the neighborhood to the mental patient identity reveals that the former is an identity that is constructed through people’s firsthand experience and interactions with the mad whereas the latter is constructed through modern psychiatric and institutional discourse. Although the participants sometimes use “the mad” and “mental patient” interchangeably, people do not view the two identities as one and the same. I have discussed that the mad of the neighborhood are positioned as

“harmless” vis-à-vis the mental patient, albeit the mad in general are stigmatized as potentially “dangerous”. In a similar manner, the participants associated *ruhsal bozukluk* (psychological disorder) with extreme dangerousness and violence. They indicated that “normal looking” people could be in fact dangerous mentally ill people whereas the madness of the mad of the neighborhood is overt, and it is viewed as closer to mental deficiency. Illness is associated with danger, aggression, and harm whereas deficiency is generally infantilized. Stemming from these common perceptions of harm, the participants agreed upon the institutionalization of the mentally ill due to the danger they pose to the society whereas they argued against the confinement of the mad of the neighborhood due to their harmlessness. Instead, they proposed the establishment of spaces similar to nursing “houses” for the care and security of the mad of the neighborhood. The interesting fact that they call those imagined spaces as “houses”, and they avoid forming any link with the hospitals, is an implication that the mad of the neighborhood is not positioned as a medical or institutional identity.

Foucault (1997a) states that madness was initially viewed as “a form of error and illusion” and the mad could live in the community until madness was viewed to be dangerous and the mad was confined in the hospitals. He (1997b) argues elsewhere that the notion of “dangerous individual” is constructed through a process he terms as “the psychiatrization of delinquency” starting with the nineteenth century, and he analyzes the steps of psychiatric intervention in legal processes. He claims that legal

investigations and interrogations were unable to account for extremely violent crimes that were commonly committed by people who did not show any signs of dementia or mental deficiency before or after the crime (Foucault, 1997b). Psychiatry intervened the legal processes to account for those crimes, and constructed a new term, that is “homicidal mania” (a condition referred as *cinnet* in public), to account for these cases of “unmotivated” crimes. The view that “insanity is ultimately always dangerous” is produced and maintained through psychiatry’s emphasis on this type of “antinatural and irrational” crimes, on the homicidal mania. The reason behind the construction of this new link between the criminal and the mentally ill, which was a fictionalized link rather than scientifically supported, was that psychiatry, as a discipline in its formation stages in the nineteenth century, sought to gain power and autonomy as a discipline through associating itself with its functioning in “public hygiene”.

Psychiatry legitimized its practice of “therapeutic confinement” of the mentally ill through the association of madness with social danger (Foucault, 1997b). Danger is encoded as something “inherent” in madness, and hence, the mentally ill is reflected as a potentially dangerous individual. In this way, psychiatry could claim its right to evaluate “the danger inherent in individuals”, and even more, restrict their freedom for the “protection” of the rest of the society. Foucault (1997a) writes:

“[w]hen the great asylum structures were put into place at the beginning of the nineteenth century, they were justified by a

marvelous harmony between the requirements of the *social order* (which demanded to be protected against the disorder of madmen) and the needs of therapeutics (which called for *the isolation of patients*)” (p. 47-48, my emphasis).

He (1997b) further states that the issue is always framed in terms of the “dangerous individual” and whether the danger was intrinsic to the individual whereas the question of freedom, always at the core of the issue, was not given such importance. In one of his published interviews, Foucault (1996b) indicates that the prisons and the mental institutions are the different spaces for the same social practice, and they both serve the same purpose, which is the social exclusion of the so-called dangerous individual. He proposes “police” as a term at the meeting point of legal and therapeutic control, and he describes it as “a practice that is selective, exclusive, confining, etc., upon which legal, psychological, etc., practices and discourses are built” (1996b, p. 85).

After all, the term “homicidal mania” is discarded in time, and psychosociology of delinquency underwent through changes. Yet, as Philo (1994) suggests, the mad as a violent figure for the others and the self is still found to be the most common representation regarding madness, and this particular image is continually reproduced via various branches of mass media (as cited in Parker et. al, 1995). The media is influential on the representation of the mad because the participants in this study also mentioned the violent crimes in the daily news in reference to “psychopaths” and mentally ill people. In fact, the dangerousness of madness is nothing

other than a myth since “‘mentally ill’ people are not more dangerous than the rest of the population”, and the probability of being murdered by an acquaintance is much higher than being killed by the mentally ill, according to criminal statistics (Parker et. al, 1995, p. 133). Still, the assumption of danger prevails regarding the mental patient. Psychiatry as a discipline, as a knowledge-system, established and secured its place and power in social control whereas dangerousness is pathologized, and the assumption of dangerousness is generalized and inscribed on the mentally ill through the criminalization of madness.

The participants’ views on the mental patient as dangerous individuals requiring confinement is underlined by psychiatric discourse since psychiatry legitimized the so-called “therapeutic confinement” of the mentally ill through constructing the mad as a “dangerous individual”. On the contrary, the social contact and personal interaction with the mad, which people used to experience in their neighborhoods in the past, was efficient to overcome these presumptions and the strong stigma on the dangerousness of the mad. Although the mad might transgress social norms, the neighborhood used to embrace them and regulate them within itself without the need for the institutional intervention of psychiatry. However, the mental patient is more stigmatized as “dangerous” and as the “other” since it is an identity that is scientifically and institutionally constructed as such.

Although the modern institutional discourse in Turkey aimed to replace the term *deli* (mad) in public discourse with *akıl hastası* (mental patient) in

order to overcome the stigmas on the mad as mentioned in the first chapter, this study depicts that the term mental patient and the specific diagnostic terms for disorders, such as schizophrenia, are even more stigmatized than the mad and madness. They evoke notions of danger and harm in people's minds, which is constructed at the outset of psychiatry's formation as a discipline as Foucault illustrated. The findings of the present study are parallel to the findings of some of the attitude survey studies that I mentioned in the second chapter. They also argued that the schizophreniacs are the most stigmatized group among the mentally ill (Arslantaş, Gültekin, Söylemez, & Dereboy, 2010; Sağduyu, Aker, Özmen, Uğuz, Ögel, & Tamar, 2003), and their institutionalization is favored due to their dangerousness (Aker, Özmen, Ögel, Sağduyu, Uğuz, Tamar, Boratav, & Liman, 2002; Bilgin, 2007; Işık, 2010; Sağduyu, Aker, Özmen, Ögel, & Tamar, 2001). Moreover, people avoid social contact with patients who have such diagnoses (Taşkın, Şen, Aydemir, Demet, Özmen, & İçelli, 2002). In short, mental patient is an identity in which the "other" is constructed in more negative terms such as harm and danger as compared to the mad of the neighborhood, which is also viewed as the "other" but constructed relatively in more positive terms such as harmless and amusing. The particular constructions of the two identities further influence the level of social distance and exclusion. The negative appraisal of mental patient identity leads people to restrict their social interaction with them, and they opt for their confinement.

Foucault (1987) states that although the first madhouses in Europe were opened during Renaissance, madness experience was in general dealt with more “tolerance” in the West until the midst of the seventeenth century; that is to say, madness “[...] circulated throughout society, it formed part of the background and language of everyday life, it was for everyone an everyday experience that one sought neither to exalt nor to control”, and there were even “famous madmen who were a great source of entertainment for the public” (Foucault, 1987, p. 67). The present study reveals that until recent times, the social relations with the mad have been in a similar manner to some degree in Turkey. The experience of madness was part of the daily life in the neighborhood. The mad and social transgression on the part of the mad was less controlled or less excluded in the community.

Foucault (1987) further claims that “[...] the experience of madness in the Western world was very polymorphic” (p. 65), and only in modern culture has it been confined to a single interpretation, that is illness. Modern psychiatry has failed to see the positive elements in mental illness when it marginalized it as “deviance”, and stripped it of any kind of social role (Foucault, 1987). In this way, modern culture attributed the origin of morbidity to the deviant individual himself, and excluded the so-called abnormal people along with their deviance. Similarly, the interpretations on the mad of the neighborhood were polymorphic among the participants; some of the mad are more infantilized, some of them are viewed in religious terms as holy people, some of them are seen as excessively intelligent people, and so on.

One way or the other, madness was an integral part of the society, and it was even valued until it was devalued, controlled, and turned into an excluded experience through psychiatric confinement and internment. Therefore, the mad of the neighborhood as an identity represents the different form of socially relating to the mad and madness experience that was commonly prevalent before the proliferation of modern psychiatric discourse in Turkey, which is more recent as compared to the Western countries that Foucault (1988) analyzed. From then on, madness has come to be viewed primarily in terms of illness, which intensified the exclusion of the mad and madness experience from the daily life.

In an interview, Foucault (1996a) states that his primary objective in his *Madness and Civilization* (1988) was to analyze the transformations in the experience of madness that are brought about with the formation of a new positivist science, that is psychiatry, and a new form of exclusion, that is confinement. Since his invaluable contribution on the issue, numerous studies have explored the influence of psychiatric knowledge and discourse on the perceptions of madness from various angles, one of which is Narter's study (2003) from Turkey. As she (2003) argued, the increasing popularization and circulation of psychiatric information in media discourse led to transformations in commonsense knowledge and public discourse on madness in Turkey. The present study supports this view in that the participants were generally familiar with treatment methods in psychiatry and they occasionally used some of the diagnostic terms of psychiatry.

Moreover, the participants indicated that “public awareness” on madness and mental illness has increased, and people began to differentiate among the different types of mental illness rather than calling every condition simply as madness. They also stated that many people are able to receive psychiatric and psychological treatment nowadays as compared to the past, when psychiatric support was not common and also negatively evaluated in public. These are all signs that psychiatric discourse is operating in the construction of madness as an illness in public discourse. However, another study found out that mental patients who seek psychiatric help for the first time are afraid of stigmatization (Arslantaş et. al, 2010); in other words, psychiatric help is still stigmatizing contrary to the views of the participants but maybe less stigmatizing as compared to the past. Even though framing madness as an illness might have reduced the stigmatization of psychiatric support, it also stripped off madness from its positive meanings and roles, as I have already discussed.

Furthermore, the participants linked the disappearance of the mad of the neighborhood again to the increase in “public awareness” and to the proliferation of psychiatric services. As we have seen in the second chapter, medical and psychiatric help is more common in help-seeking behavior as compared to traditional healers (Güleç, Yenilmez, and Ay, 2011; Kaya and Ünal, 2006; Sağduyu et al., 2001; Sağduyu et al., 2003; Ünal et al., 2001; Ünal, Kaya, and Yalvaç, 2007). This finding supports that psychiatric support is more acknowledged nowadays. However, I argue that the disappearance

of the mad of the neighborhood is *not only* due to the introduction of modern psychiatry and the foundation of modern mental institutions in Turkey but also to the transformations in urban public space in accordance with neoliberal schemes of urbanism.

Mad Identity and the Politics of Public Space

As we have seen, the mad of the neighborhood is constructed as a public identity, and hence, viewed as belonging to the neighborhood as a public space, while the mental patient is constructed as a medical identity and viewed as belonging to the mental institution. Additionally, the particular identity constructions influenced the social relations with the mad and the spaces that were allocated to the mad. Foucault (1997d) indicates that “the practice of freedom”, “the practice of social relations”, and the “spatial distributions” of people are tightly interwoven, and therefore, they need to be analyzed reciprocally (p. 356). He adds that any form of exercise of power is intrinsically bound with the question of space. Likewise, the mental institution and the neighborhood are two separate spaces, the former being a medical and institutional space whereas the latter a public space. They *reproduce* different forms of social relations, different structures and relations of power, and different discourses on the mad identity.

As Foucault (1997a) emphasized in his criticism of Anti-psychiatry movement’s attack on mental institutions, the formation of particular

knowledge-systems, discourses, and power relations are prior to the spaces in which they are reflected. Therefore, the abolishment or reformation of mental institutions would not resolve the pattern of power relations inherent in psychiatry. Psychiatric discourse and power relations inherent in psychiatry are prior to the hospital setting but they are continually reproduced in those spaces. Since the present study is concerned primarily with the mad of the neighborhood, and it did not take the mental institution as its site of research, I will move on to a discussion of the neighborhood and the power relations that construct and transform this public space. If building social relations with the mad, and the familiarity that is formed through social interactions are the crucial points on how the mad identity is constructed and how they are accommodated, then we need to take a closer look at the particular spaces and social conditions that made social encounters with the mad possible.

In accordance with Foucault's standpoint on power and space, Rabinow (2003) illustrates that the development of modern urbanism, as an autonomous scientific discipline, has a highly political and sociological background due to its role in *social control* and *regulation*. For example, the privatization of public space, through redevelopment and gentrification processes, is part of the construction of a "neoliberal city" (Mitchell & Staeheli, 2006). The implications of such processes in urban space are important as regards to "the marginalized groups". As Mitchell and Staeheli (2006) indicate:

“[a]s cities have redeveloped, public space has become a key battleground- a battleground over the homeless and the poor and over the rights of developers, corporations, and those who seek to make over the city in an image attractive to tourists, middle- and upper-class residents, and suburbanites” (p. 144).

In other words, they claim that the relations of certain social groups to the public space are contested by the private or public entities that carry out the transformation processes of public spaces. Similarly, the present study illustrates that the transformation of public spaces, such as neighborhoods and downtowns, in the cities the study took place influence the daily practices, experiences, and social relations with the mad. However, there are two points that requires emphasis in terms of my discussion on public spaces and social relations. Firstly, I neither argue that the three cities have undergone the same processes of urban transformation nor provide a comprehensive discussion on the neoliberal urbanism and the particular ways it is practiced in those cities. Although there is a general trend of urban expansion and renewal in those cities, the specifics of these processes for each city are not the focus of this study. Instead, I argue that the consequences of their respective transformations in terms of neoliberal urbanism are similar concerning the participants’ social contact with the mad since similar comments came up in the groups from all the three cities.

Secondly, my arguments on this issue are based on a *critical* evaluation of the participants’ perspectives on social and urban transformation, which we have explored in the fifth chapter. The participants in general expressed nostalgia for the social life in the old neighborhoods.

They reminisced together for the disappearing of the close social ties within the neighborhood community and of the neighborhood culture that represented “the old Turkish values and customs”. Foucault (1997d), in fact, warns us against this type of nostalgic approach to the past, which he calls as “a cheap form of archaism”, and he says that people are inclined to construct “some imaginary past forms of happiness” and to underestimate the hardships of those times when appraising the past in comparison to contemporary life conditions. Similarly, the participants in this study praised the protective and supportive environment of the old neighborhoods whereas they, especially the women participants, only slightly mentioned the restrictive aspects of the neighborhood culture. In other words, they tended to overlook the “neighborhood pressure”, a term which did not come up at all in the discussions, and they were in a tendency to romanticize the old neighborhood relations just like they overestimated the embracement of the mad in the neighborhood. Thus, we cannot take all their comments on the neighborhood at face value, and we need to focus more on their accounts on the actual social relations with the mad of the neighborhood within the neighborhood community.

Keeping those points in mind, let us move to an example on the social influence of transformations in public space in terms of the marginalized people. In their study of downtown redevelopment in San Diego, Mitchell and Staeheli (2006) illustrate how the management and regulation of the homeless people in public spaces became the central issue in the process of

redevelopment. They explain the process through which the regulation of public spaces and the social control of the homeless in downtown is undertaken by a private organization through a program called “Clean and Safe”, which is funded by downtown business and property owners. Their work reveals that not only “privately owned public spaces”, such as malls, but also “publicly owned public spaces”, such as parks, are regulated by private entities. The rules of exclusion are applied on the “undesirables”, or the “street people”, since their presence on the sidewalks, on the streets, and in the parks reduces the property values of the district and intimidates the customers and the inhabitants. Mitchell and Staeheli (2006) conclude by stating that “the neoliberalization of the city” is accomplished in this way, through the transformation of the meaning of public space in the sense of the people who have a right over it and the entities that have control over it. In this way, “[a]lthough homeless people are nearly always in public, they are rarely counted as part of *the public*” (Mitchell, 1995, p. 11). Their visibility is undesired, their right to public space is ignored, and they are excluded from those spaces.

In our case, the cities in question used to be much smaller in the past, and their downtowns were the most socially lively neighborhood in the city. The *çarşı* (downtown), *kahve* (coffeehouse), streets, and parks were also the spaces where the mad, whether additionally homeless or not, would hang around and interact with the shopkeepers, inhabitants, and passers-by. However, the downtowns are either resituated to a newly developed area of

the city, as it is the case in Antalya, or they are redeveloped during the process of urban transformation in recent years. It is no coincidence the majority of participants stated that they do not encounter the mad on their present neighborhoods any more. It stems from a neoliberalization process parallel to the one that is explained by Mitchell and Staeheli (2006). The downtowns and other central neighborhoods, which were previously regulated by the neighborhood community, are now planned and “cleansed” by city developers by way of applying their rules of exclusion. The homogenization of people who have access to those renewed public spaces has led to a dramatic decline in the possibility of social encounters with the mad or the other marginalized groups in contemporary city, at least the ones in question in this study. Although the mad of the neighborhood used to be public figures, who even took place in the books on the cities, they are now in the unwanted list of the city centers and central neighborhoods, which are now the playground of city developers and planners.

On the other side, Glassner (1999) states that there is intensification in the feelings of insecurity and fear in contemporary society. Those feelings, he argues, are constructed through dramatizations in media coverage rather than being based on actual rates of crime. He illustrates that a “culture of fear” is produced, especially through the media, in the United States, and this constructed collective fear is manipulated by several public and private entities for various purposes, from political to economic (Glassner, 1999). As I also previously discussed, media contributes to the reproduction of the

“dangerous individual” image regarding the mental patient, which is constructed by psychiatry in the first place. Similarly, some participants in this study expressed their concern for the increasing instances of violence by providing examples from the daily news. In their views, madness, which is harmless, is in decline whereas *ruhsal bozukluk* (psychological disturbance), which is associated with violence and aggression as we have seen in the previous chapter, is on the rise in the contemporary society. The strategic organization of fear through media increases the fear of the mad as well as fear of other marginalized groups.

As I pointed out in the second chapter, one of the widespread examples of neoliberal restructuring of neighborhoods in connection with “the discourse of fear of violence and crime” are the gated communities (Low, 2003), which spread like a wildfire in the cities. In a case study on gated communities in İstanbul (Bartu Candan & Kolluoğlu, 2008), Göktürk, as an example of gated towns, and Bezirganbahçe, as an example of public housing projects, are explored in relation to each other to illustrate the different modes of social isolation of their inhabitants from the rest of the city. The authors argue that “social and spatial segregation” in the city is accelerated due to the practices of neoliberal urbanism, making way for the emergence of “new spaces of poverty and wealth” (p. 7). They state that:

Bezirganbahçe is an example of one of the public housing projects constructed as part of the *gecekondu* transformation projects, whose population has become the target of the emerging discourse of urgency and urban fear. Göktürk, a gated

town, is an example of an emerging space of urban wealth, the inhabitants of which justify it by reference to urban fear (p. 19).

Just as Low (2003) illustrated in her study, gated communities in Göktürk also display “physical markers of separation” such as walls, security staff, controls at the gates, and surveillance systems, whose function is to limit the relations with the “outside” (Bartu Candan & Kolluoğlu, 2008). The residents of such spaces prefer to keep their social distance from the center of the city, which they view as distressful, threatening, chaotic, and crowded by various potentially dangerous groups. They feel safer in the homogeneous social environment of their gated communities, which they share with other “familiar” residents with similar lifestyles and social practices.

In the accounts of the residents, poverty is commonly criminalized, and even the “signs of poverty in and of themselves are perceived as dangerous and threatening” (Bartu Candan & Kolluoğlu, 2008, p. 35). It is claimed that the fear and anxiety of the gated community residents concerning lower classes and the city center is mostly produced and maintained through media since the residents did not have any personal experiences of violent instances. Those gated communities help them to reduce the possibility of their social encounters and contact with different social groups by way of disconnecting them from the city center, a space relatively more heterogeneous and unpredictable. It is argued that the daily lives of the residents are commonly centered around family and children, and they generalize this pattern to the whole of those enclosed spaces; they feel

at home and secure in the gated community. In the meantime, the urban public space and public services are privatized in those enclosed spaces, and the regulatory practices make sure that, as Low (2006) also commented, only the “members” of such communities have access to them rather than the “citizens” (as cited in Bartu Candan & Kolluoğlu, 2008).

Although Bartu Candan and Kolluoğlu (2008) discuss gated communities as “exclusionary spaces” primarily in terms of socio-economic class divisions, the social regulation, exclusion, and division that are heightened through such communities could be considered in terms of other marginalized groups as well. Together with the analyses of Mitchell and Staeheli (2006) on the neoliberal downtown redevelopment strategies and practices regarding the homeless people, these case studies illustrate how the fear and anxiety over the “other” is fed through mass media, and a discourse of crime and security is reproduced by neoliberal urbanism in order to legitimize the privatization of public spaces. Delimiting the possibility of social encounters with the “other”, in our case “the mad”, further annihilates the opportunity to break those negative assumptions regarding the “other” through social proximity or social interactions. I agree with Low (2003) when she argues that pre-existing systems of exclusion, which are class and ethnic based in her case but “normality” based in our case, have become visible with the erection of walls and gates in between, and have intensified the social divisions. In short, we are left with a vicious circle, in which the fear of the mad, reproduced through media and psychiatric discourse, and coupled

with the decrease in social encounter with them in public spaces, is maintained and continues to justify the exclusion of the mad from public spaces and contribute to the legitimization of their psychiatric confinement. It is now possible not only to confine the mad in the mental institutions but also to confine ourselves in the so-called secure environment of the gated communities rather than sharing the same social space with them as in the older times.

Still, there were other forms and rules of exclusion operating in the old neighborhood. For example, the old neighborhood community used to watch out for each other and “protect” the neighborhood against the outsiders, as some of the participants indicated. However, the mad was an insider to the community, they were the “other” within the community, and the inhabitants in general did not avoid social contact with the mad. The sense of familiarity with the “other” that is formed through social contact used to reduce the level of fear of the inhabitants in the neighborhood. Hence, this sense of “familiarity”, which refers to getting acquainted with the “other” and a familiarity established among heterogeneous groups of people in the neighborhood, was different from the sense of “familiarity” that the residents of gated communities seek nowadays. Those residents prefer sharing their neighborhood with people who have similar lifestyles and living standards to theirs, and in fact, it is one of the basic reasons that they choose to live in those communities since it feels safer when similar “others” are around rather than the different “other”. On the other hand, the nostalgia for the old

neighborhoods is even used as a marketing strategy for the gated housing estates of today. For example, one of them is named as *Mahalle İstanbul* (Neighborhood İstanbul), and it is promoted as a space that will revive “the neighborhood spirit with its solidarity, friendship circles, in other words, with all of its beauties” (www.mahalleistanbul.com). Apart from the problematic romanticization of the old neighborhoods that I previously discussed, similar claims in this type of publicity are highly contestable due to the important differences in the social composition of the old neighborhoods and the present gated communities. In short, the homogeneity of the gated communities and the sense of familiarity it provides to its residents is qualitatively different from the heterogeneity of the older neighborhoods and the sense of familiarity generated among different types of people in those spaces.

As I have illustrated through other case examples, the spatial arrangement of neighborhoods changed in a way to reduce contact, and stimulate and organize fear of the “other”. The “sense of obligation”, which Harvey (2006) argued the bourgeoisie used to have for the lower classes when they used to share the same spaces, seems to be diminishing in neoliberal cities. Similarly, the sense of social responsibility for the mad among the neighborhood community, which the participants emphasized through social values associated with the mad, disappears since the mad is no more perceived as a infantilized and harmless figure but rather they are viewed as dangerous and harmful patients. There might be some exceptions

to the rule, just as Beylerbeyi in İstanbul is pointed out as such by the participants. The neighborhoods which preserve more or less their old spatial arrangements and social relations still exist but the spatial and social transformation of neighborhoods on the basis of neoliberal urbanism is apparent in the majority of neighborhoods of the cities in question. In short, the restructuring of public spaces through privatization, redevelopment, or renewal processes, denote the changing forms of social regulation, segregation, and exclusion in the city. The main targets of exclusion might be people from different socio-economic classes, ethnic groups, and so on but, in the end, it is the “other” that people avoid social contact more and more, and the mad have their share of this increased level of social segregation.

Limitations and Suggestions

Foucault’s accounts on the discursive production of the subject is criticized for its underestimation of human agency and reflexivity to the “subject positions”; and thus, the following Foucauldian line of identity theories have searched for ways to account for the processes of individuals’ internalization of or resistance to the subject positions (Benwell & Stokoe, 2003). Similarly, this study did not explore the issue from the perspective of the “mad” subjects. I mapped out the distinct subject positions constructed for the mad in connection to social relations and social exclusion. The other side of the story, which is how the people who are called as “the mad of the

neighborhood” or “the mental patient” relate to those identities, still waits for an inquiry. There is a lack of ethnographic studies, which explore the social contexts of mental institutions, in Turkey. The mode of social relations between the medical staff and the patients, and the specific constructions of the mental patient identity could be examined in terms of institutional structures and practices in a similar manner to Goffman (1990), or in terms of the discourses on the lived experiences of the patients as in the comprehensive study conducted by Van Dongen (2004). In other words, this particular study provided an analysis of the two distinctively constructed identities for the mad in public but it did not delve into how those identities are negotiated by the “mad” in social interactions and in different social contexts. Further research might take this aspect as its point of departure.

Moreover, I preferred to focus on an analysis of the politics of mad identity in terms of social relations, social exclusion, and public space. However, this study also provides other interesting findings on the mad identity that could be examined in more detail. To give some examples, the presumptions on the gender of the mad, the perceived gender differences in terms of the attitudes of families and confinement, and the perceived difference between madness and psychological disorders and its relation to the “social decay” that the participants mentioned, and other similar points, which I did not include in my discussion due to their irrelevance to my main arguments, could be further questioned.

Lastly, the social and spatial transformations in public spaces of the cities in question are analyzed only in their relation to the construction of the mad identity because a general politics of public space did not constitute the focal point of this study. Further research might address the specifics of redevelopment and transformation processes of downtowns in Turkey in terms of the marginalized groups. The particular strategies for social regulation and control of the “other” could be studied from the standpoint of public and private entities involved in redevelopment and transformation processes as well as the particular strategies of negotiation or resistance could be explored from the standpoint of the “street people”.

In conclusion, modern psychiatric discourse with its claim on “public hygiene” by way of its promise regarding the social control of the “dangerous” mentally disturbed on the one hand; neoliberal discourse of urbanism with a similar claim on the “hygiene” of public spaces through the social regulation of the “undesirables” on the other hand influence the dynamics of our social contact and social relations with the mad. These dominant discourses in contemporary society, in conjunction with the particular visible or invisible changes they brought about in our daily experiences, contribute to the different constructions of the mad identity. The mad of the neighborhood, which is positioned as a public identity, was embraced among the neighborhood community through infantilization and could lead a life in public space. In contrast, the social exclusion of the mental patient, who is positioned as a medical and institutional identity, is legitimized through their

criminalization. It seems that it is our appraisal and construction of the mad identity and our exclusionary practices, which have become more brutal and violent as compared to the past, rather than the mad people. It is of primary importance that we *diagnose* the *ills* in our culture in terms of how the mad is primarily positioned before we so eagerly *diagnose* madness, readily *spot* the mad among the crowds, and confine either them or ourselves in separate spaces only to lose forever the chance to get to know them.

APPENDICES

Appendix A

Focus Group Interview Guiding Questions

Opening Questions:

1. Lütfen sırayla adınızı, büyüdüğünüz şehir ve mahalleyi, ve şu an yaşadığınız yeri söyleyerek bize kendinizi tanıtır.

Introductory Questions:

2. Büyüdüğünüz mahalleyi düşünürseniz, size tuhaf gelen ya da 'mahallenin delisi' olarak tanınan birisini hatırlıyor musunuz?
3. Bu kişiye dair neler hatırlıyorsunuz? (Bu kişiyi genellikle nerede ve ne yaparken gördüğünüz?, Ailesi kimdi?, Nerede yaşıyordu?, Hastanede yatmış mı ya da tedavi görmüş mü?)

Transition Questions:

4. Siz sokakta bu kişiyi gördüğünüzde ne hissederdiniz? Onunla hiç konuştunuz mu? (Hayırsa, acaba konuşmamanızın sebebi ne olabilir?) Onunla ilgili gördüğünüz ya da anlatılan bir olay hatırlıyor musunuz?
5. Bu kişinin size tuhaf görünen davranışları ve özellikleri nelerdi? Size göre bu kişinin en belirgin özelliği neydi?

Key Questions:

6. Sizce neden böyleydi? Neden böyle davranıyor, böyle yaşıyordu?
7. Mahalleli genel olarak onu nasıl algılıyordu? Ona nasıl davranıyorlardı? Kimler ona yardımcı olmaya çalışıyordu? Ondan rahatsız olanlar var mıydı?
8. Sizce bu durumdaki insanların mahallede mi yoksa hastane gibi yerlerde mi yaşamaları daha uygun? (ya da başka ne önerirsiniz?)
9. Delilik size ne ifade ediyor?
10. 'Mahallenin delisi' ve 'akıl hastası' size ne ifade ediyor? Bu iki kelime kafanızda neler canlandırıyor?

Ending Questions:

11. Tüm bahsettiklerimizi düşünürseniz ve sizden bize burada bahsettiğiniz kişileri (ya da mahallenin delisini) birkaç kelimeyle tanımlamanızı istesem, onu en iyi tanımlayabilecek sözcükler sizce nelerdir?
12. Şimdi konuşmalarımızın ana hatlarını özetleyeceğim (Konuşmanın ana hatları birkaç dakikada özetlenir). Sizce bu yaptığım konuşuklarımızın yeterli bir özeti oldu mu? Söylediklerimize eklemek ya da belirtmek istediğiniz herhangi bir nokta var mı?

Appendix B
Katılımcı Bilgi ve Onam Formu

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi

Araştırmamanın adı: Delilik Üzerine Söylemsel İzlekler

Araştırmacının adı: Aysu Arıcan

E-mail adresi: aysuarican@gmail.com

Telefonu: 0533 633 32 25

Sayın katılımcı,

Boğaziçi Üniversitesi Eleştiri ve Kültür Çalışmaları Programı öğretim üyesi Yrd. Doç. Dr. Didar Akar danışmanlığında bilimsel bir araştırma projesi yürütmekteyiz. Bu çalışmada bize yardımcı olmanız için sizi de projemize davet ediyoruz.

Bu çalışmaya katılmayı kabul ettiğiniz takdirde sizinle toplam altı katılımcının bulunacağı, hem video hem ses kayıt cihazına alınacak ve yaklaşık iki saatinizi alacak bir grup görüşmesi yapacağız. Görüşme soruları, “mahalle delisi” kavramı üzerine deneyimlerinizi ve görüşlerinizi paylaşmaya yönelik sorulardır.

Bu çalışmada katılımcıların kimlik bilgileri kesinlikle gizli tutulacaktır ve çalışmaya katılmak tamamen isteğe bağlıdır. İstedığınız soruya cevap vermeme veya istediğiniz anda grup görüşmesini bırakma hakkına sahipsiniz. Eğer bu araştırma projesine katılmayı kabul ediyorsanız, lütfen bu formu imzalayıp görevli araştırmacıya teslim ediniz.

Yukarıdaki metni okudum ve çalışma hakkında soru sorma imkanı buldum. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi anladım. Bu koşullarda söz konusu çalışmaya katılmayı kendi isteğimle kabul ediyorum.

Formun bir örneğini aldım / almak istemiyorum (bu durumda araştırmacı bu kopyayı saklar).

Katılımcının Adı-Soyadı:.....

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

Araştırmacının Adı-Soyadı:.....

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

Appendix C
Katılımcı Bilgi Formu

- Adınız ve soyadınız:
.....
- Yaşınız:
.....
- Nerelisiniz:
.....
- Eğitim durumunuz:
.....
- Şu an çalışıyor musunuz? (Çalışıyorsanız, mesleğiniz nedir?)
.....
- Yakın çevrenizden psikolojik tedavi gören bir tanıdığınız var mı?
.....

Appendix D Transcription Conventions

- [] Overlapping utterances
- = Continuous utterance by the same speaker, or else, latching by different speakers
- (3.0) Silence exceeding two seconds both within and in between the speakers' utterances
- (.) Micropause or silence shorter than two seconds
- . Falling intonation
- ? Rising intonation
- , Continuing intonation
- word Stress or emphasis
 - ° The following utterance is markedly softer than the beginning of the talk
- °word° The utterance within is markedly softer than the talk surrounding it
- h Laughter; the more *h*'s, the longer laughter
- (()) Transcriber's notes
- (word) Uncertainty of the transcriber on the utterance
- () Indistinguishable talk
- [...] Discarded talk (used when necessary in the extracts in the findings chapters)

Appendix E
Tables Illustrating Demographic Information

Table E1. General Demographic Information

		İstanbul	Antalya	Afyonkarahisar
Gender	<i>Women</i>	6	8	3
	<i>Men</i>	6	6	4
Age		52	46	45
Education	<i>Primary</i>	2	2	1
	<i>High</i>	3	4	4
	<i>University</i>	7	8	2

Table E2. Demographic Information for Afyonkarahisar Group

Participant	Age	Gender	Education
H. B.	39	M	High Sch.
H. Ç.	39	M	High Sch.
M. E.	59	M	University
Ş. A.	60	M	High Sch.
S. K.	35	W	University
B. Y.	44	W	High Sch.
E. Ö.	44	W	Primary Edu.

Table E3. Demographic Information for Antalya Groups

Participant	Age	Gender	Education
D. Y.	35	M	University
Z. Y	43	M	Primary Edu.
M. A.	51	M	High Sch.
M. S.	55	M	University
M. T.	56	M	University
M. K.	65	M	University
T. K.	35	W	University
S. G.	36	W	University
A. Y.	39	W	High Sch.
E. Y.	40	W	University
L. K.	45	W	High Sch.
H. Y.	48	W	Primary Edu.
S. G.	49	W	High Sch.
N. T.	53	W	University

Table E4. Demographic Information for İstanbul Groups

Participant	Age	Gender	Education
A. D.	35	M	University
N. Ö.	35	M	University
S. Ö.	48	M	University
Y. D.	49	M	University
A. Ü.	60	M	High Sch.
M. A.	65	M	Primary Edu.
Ö. Ö.	46	W	University
A. D.	47	W	University
Z. Ü.	47	W	University
Ş. Ş.	58	W	High Sch.
F. G.	64	W	High Sch.
L. D.	74	W	Primary Edu.

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