Journal of Medical Humanities, Vol. 24, Nos. 1/2, Summer 2003 (© 2003)

Being Approximate: The Ganser Syndrome and Beyond

Mady Schutzman[1,2]

The Ganser syndrome, or "talking past the point," (originally identifying symptoms of inmates on remand when questioned by prison doctors), is explored as a form of insubordination against the stigmatizing effects of overdetermined diagnostic categories. The strategies of approximation that characterize the syndrome are likened to comedy routines/vaudeville styles and to their employment of punning, clownery, and ambiguity to challenge the more privileged cultural values of clarity, literalness, and precision. The seeming craftiness of Ganserians is related to the aesthetic tactics of the trickster figure and to the physical buffoonery of hysterics. Stylistically, this paper synthesizes the languages of critical theory, Gracie Allen routines, personal narrative, jokes, and poetic reflections on the notion of being approximate.

KEY WORDS: approximation; vaudeville; trickster; dissent; diagnoses; indeterminacy; Ganser.

I came upon the Ganser syndrome while doing research on hysteria. One of the goals of my research was to recast hysteria as a cultural and relational phenomenon rather than a disorder belonging to women's bodies (Schutzman, 1999). I was interested in positing hysteria as a disease of the social body whose representation was cast upon the female body by late nineteenth century medical science (in collusion with a rising cultural industry of visual typology and national advertising) as a means of disguising or deflecting the prevailing politics of power that disenfranchised women. I was particularly stirred by how the performative aspects of the hysterical narrative—an incomplete, simulated, and highly irregular narrative—suggested strategies of protest, and even of healing itself. The gestural language, the dramatic modes of exaggeration, the spectacle of discontent, all suggested how languages marked as deviant contained within them forms of

[1]MFA Writing Program, California Institute of the Arts, Valencia, CA.
[2]Address correspondence to Mady Schutzman, MFA Writing Program, California Institute of the Arts, 24700 McBean Parkway, Valencia, CA 91355.

1041-3545/03/0600-0147/0 © 2003 Human Sciences Press, Inc.

counter-discourse. I wanted to retrieve from the hysterical performance a paradigm that expressed the hysterics's underlying insubordination and bring it into critical consciousness as a trope of resistance.

The Ganser syndrome—one of several related to and representative of the hysterical dilemma—found a special place in my critical memory and called out for a similar cultural recasting. In 1898, Ganser first described his eponymous syndrome as a "hysterical twilight state" characterized by clouded consciousness, somatic conversion symptoms, hallucinations, and the offering of approximate answers to simple and familiar questions. Ganser hypothesized that the syndrome was an associative reaction occurring as a result of an unconscious effort by the subject to escape from an intolerable situation. The subjects that Ganser was working with were prisoners on remand and the intolerable situation was prolonged incarceration. The major psychopathological mechanism appeared to be a defensive and unconscious falsification of symptoms to protect oneself from anticipated punishment or to avoid the burden of responsibility (Apter, 1993). It has been referred to as an "exotic" reaction to juridical stress (Bromberg, 1986) and is medically classified (with some contention) as a factitious disorder.[3] It was the offering of approximate answers (*vorbeireden*), or what Ganser referred to as "talking past the point," that particularly intrigued me.[4] Doctors would ask simple questions such as "How much is two plus two? How many legs does a horse have? How many fingers do you have?" And, to prisoners, "Do you have problems with the police?" Approximate answers (e.g., two plus two is five) were interspersed with ridiculous answers (bearing no relation to the question), correct answers, and "I don't know" answers. Circumstances of awaiting criminal sentencing are laden with enough fear and distrust to understandably inspire strategies of benign falsification. The extremely simple and obvious questions that were asked must have seemed extraordinarily suspicious, some sort of trick (Whitlock, 1982, p. 202). The overtly indirect answers offered by the patients struck me as both clever and funny, savvy more so than factious. With further cogitating and musing, the discourse of doctor and Ganser patient seemed more and more like the banter of stand-up comedy teams or the cunning wit of a trickster. My imagination took me swiftly from medical science to vaudeville:

Doctor: How many noses do you have?

Patient: I do not know if I have a nose.

[3]Ganser syndrome has been differentiated from factitious disorders in which the patient's intent is to assume a patient role. Current medical classifications, nonetheless, place Ganser syndrome in the category of factitious disorders.

[4]*Vorbereiden* has also been translated as "looking past the point" or "talking beside the point" (Auerbach, 1982, p. 31). While *vorbereiden* is the term most often used in the literature to describe the symptom of the approximate answer, according to Enoch (1967), Ganser himself used the term "*vorbeigehen*, 'to pass by,' which appears to describe the symptom more accurately, i.e., the patient 'passes by' the correct answer to the question and gives one near to it" (p. 47).

Doctor: How many fingers am I holding up?

Patient: I can't be certain that those fingers are yours.[5]

Comic l: What is the height of dumbness?

Comic 2: About six feet, aren't you?

Comic 1: Do you know how rude you are?

Comic 2: No, but if you hum a few bars, I'll tap my feet.[6]

In my rhetorical leap, I discovered a performative trope—a slippery kind of verbal humor—that epitomized "talking past the point" and relocated its dynamic outside the boundaries of medical science. The Ganser syndrome unfolded its aesthetic dimensions and resonated with strategies of comedic punning, clownery, and social parody—performative vehicles that employ ambiguity. When brought back to the realm of the doctor/patient dyad, this ambiguity effectively problematizes medical categories and stigmatization. How can we theorize certain kinds of behavior—in this case what I am calling "approximation"—that are sanctioned deviations in certain circumstances (comedy/ humor), and dystopic and pathologized deviations when performed in anomalous situations (outside the circumstances of recognized social humor)? When behaviors move beyond their socially authorized realm—"past the point"—they are subject to institutional shaming that can foreclose, in my opinion, an exploration of their most potent cultural meaning and value.

Jokes rely upon "getting the point" just at the boundaries of the point; that is, jokes are about sidestepping the point, a kind of punning, taking the literal and tweeking it, bending it so that we are made precisely aware of what was "past," what was expected, precisely from the vantage point of the unexpected. A master of this form of comedic repartee was Groucho Marx. "Outside of a dog, a book is man's best friend. Inside of a dog, it's too dark to read." Or, "Time flies like an arrow. Fruit flies like a banana."

Another master was Gracie Allen. The following is an excerpt from a 1952 routine, offered in greater length to better appreciate the ludic sensibility. Gracie (G) welcomes a school principal (D) into her house:

G: (walking around D in shock) Kirk, what have they done to you?

D: I beg your pardon?

G: Are you sure you're Kirk Douglas?

D: Kirk Douglas? Goodness, no. I'm Mortimer Douglas. Mrs. Burns, are you having fun with me?

[5]These last four lines of dialogue between doctor and patient are derived from case histories of Ganser syndrome patients.

[6]These last four lines of dialogue between comic 1 and comic 2 are derived from vaudeville routines.

G: Not as much as I would have if you were Kirk. Sit down anyway and I'll take your hat. So, Mr. Douglas, if you can convince me that you have a good school I may have 3 customers for you.

D: Customers?

G: Well, yes, the three Kelly sisters. They are going to move down here from San Francisco.

D: Well, I'm sure we'll have no problem 'cause our system here is the same as San Francisco. We may grade a little differently.

G: What?

D: Grade. Here it's A-B-C-D-F.

G: Oh, it is different from San Francisco. There it's G-R-A-D-E.

D: Why don't you have them come over with their mother. (D rises from his seat to go.)

G: Oh, that chair isn't comfortable? Well, sit in this one. (G gets up from her seat and offers it to D). That'll be much better. Sit right down there. (They switch seats.) Well, continue.

D: Now, where were we?

G: Well, you were sitting here and I was sitting there.

D: I mean what were we talking about?

G: Oh, spelling. And by the way, you have to help the oldest Kelly girl with her spelling.

D: Oh, I'm sure we can help her.

G: Can you help her with geography?

D: Oh, yes.

G: Oh, good. She's never been able to spell it.

The "right" answer within the frame of a joke—the unmarked ordinary—is always in sight of where Gracie, as joker, takes us; as listeners we always remain within range of the intended response. Her entirely unselfconscious comments function as delinquent pointers, aberrant signs. In the space of a joke, we must attend to the uncomfortable disparity between the obvious and the odd—to the very lapse created by an approximation. It is a speculative space—a place of amazement and instability. It's also a place of challenge and dissent. In refusing the predictability of "the point" we wonder, what is the point anyway? Is it deserving of our trust? How did it come to be taken as fact? Who benefits from our complicity with it?

Being approximate is a compelling, albeit subtle, way of questioning the reliability of evidence and the apparatus of belief itself.

But does this apparent power of the joke function between the doctor and the Ganserian? While the patient—a prisoner on remand or not—may challenge the doctor's need to categorize, to find evidence in keeping with the terms of predefined categories, the doctor does not experience the system of classification to be undermined. The doctor, the audience, does not "get the joke" because the doctor is disinterested, from the perspective of authority, in experiencing the kind of fracture of positive order and rational reasoning that the joke initiates. He is intent upon the act of diagnosing, recognizing something he already knows. In any event, the doctor is also operating from a vantage point of empathy, and joke theorists agree that empathy kills humor. Rather than being lured by the approximate, medical science constructs pathology of the approximate—the aberrant sign becomes a symptom of a disorder, not of a social body bent upon a certain kind of knowing, but of the patient exhibiting the sign. Medical science's threshold for uncertainty—for seeing not just the point but beside the point as well—ultimately determines the kind of boundary (from porous to impenetrable) that is fabricated between health and sickness. I am interested in playing with approximation as a way of exploring the potential porosity of diagnostic thinking.

Being approximate. Talking past the point. Moving beyond the unmarked place that is "the place to be." Perhaps in being approximate we bring to public attention that the point that should not be passed is nothing but an indeterminate intersection of fictions, speculations, guesses. This place of intersection is called "collective truth" and is enforced by a pervasive and yet often veiled power center. Passing the point refuses the public secret, that which we all agree to in spite of our urges to gossip, to retell, to modify, to approximate a story but not quite reproduce it. In being approximate we choose metaphor over literalness, difference (however slight) over sameness, fuzziness over accuracy. In that gap, we draw near to but do not meet, we resemble but do not duplicate. We are more or less correct.

A clown holds a huge canister with various foods that he has thrown into it to blend. He separates his legs widely and places his feet carefully and evenly apart to get a solid grounding before he begins to shake. He extends his buttocks out behind him and extends his arms equally forward, his elbows extended out to each side. He's ready. And then he shakes and shakes and shakes, but not his arms. The canister remains perfectly still as the clown shakes his bum uncontrollably.

To be approximate is to be a boundary-bender, existing in the gaps created by almost, barely, beside, nearly, quite, but not exactly. Being approximate conjures a kind of ambulant approach to knowledge and fact, putting the very notions of precision and accuracy, correctness and literalness into doubt. What do we compromise in our obsession with correctness? Do the characters of clown, fool, trickster not

demand that we question the moral righteousness of the straight-man, the one who always seems to know?

A clown stands on a stage with a broom. He can't seem to sweep away the pool of light that he is standing in. A boss-character enters and points up to the stage light that is casting the circular light on the floor. The clown sees no connection between the glaring bulb above and the stain on the floor. He keeps sweeping, enjoying the gentle sway of the bristles against the puddle of light. The boss, incapable of reasoning with the clown, becomes more and more frustrated. His attachment to cause and effect in the face of the clown's playful deviance turns him into a deviant as well. His face contorts with rage and disapproval, anger bloats his body as if about to explode. His attachment to logic is hurting him far more than the clown who simply continues to wonder with delight about the strange phenomenon of a perfectly round pool of light hugging his feet no matter what he does to whisk it away.

The shift from verbal approximation to physical clownery does not extend us beyond the realm of medical cases of the Ganser syndrome. Ganser patients are also known to perform approximate actions such as brushing their tongue instead of their teeth.[7] I soon made the connection with another hysterical syndrome—the buffoonery syndrome (or fasen psychosis). The buffoonery syndrome is another name for the second phase of hysteria, or the "phase of clownism," a term used by French neurologist Jean-Martin Charcot to describe the hysteric's awkward and exaggerated physical gestures.[8] Even during Charcot's tenure at the Salpêtriére in the late 19th century, hysterics were praised for being excellent comediennes, performing bizarre routines often under hypnosis for the medical community of Paris. Showalter (1985) helps conjure the visual humor:

> Some of them smelt with delight a bottle of ammonia when told it was rose water, others would eat a piece of charcoal when presented to them as chocolate. Another would crawl on all fours on the floor, barking furiously when told she was a dog, flap her arms as if trying to fly when turned into a pigeon, lift her skirts with a shriek of terror when a glove was thrown at her feet with a suggestion of being a snake. Another would walk with a top hat in her arms rocking it to and fro and kissing it tenderly when she was told it was her baby. (p. 148)

Even outside the hypnotic suggestion, hysterics were known for performing their desires corporeally, dramatically, and clownishly. Sarah Bernhardt frequently visited the Salpêtriére to study the "leading ladies of hysteria" who performed their

[7] Perhaps related to this example of approximate action, Ganser patients sometimes suffer an array of somatic symptoms including ataxia (partial inability to coordinate voluntary bodily movements) and a disorder of balance. Patients exhibit difficulty moving limbs, and posture may be characterized by flaccidity on some occasions and unnatural rigidity on others.

[8] Bleuler described the buffoonery syndrome as a form of hyperkinetic catatonia. His apparent medical judgment is paraphrased in Whitlock (1982): "The patient makes disconnected, caricatured grimaces and gestures and indulges in a number of contrived, stupid, and silly acts" (p. 203).

simulated "attacks" in the hospital amphitheater under Charcot's direction.[9] Indeed, their dramatic presentations became the source material for many of Bernhardt's famous neurasthenic-like performances.

Verbal nonsense (Ganser syndrome) and physical nonsense (buffoonery syndrome) within the realm of medical science are pathologized conditions. Verbal nonsense (as in vaudeville, joking) and physical nonsense (as in slapstick, clowning) within the realm of entertainment (both on and off the stage) are conditions of art. They are also forms of social commentary that have the notion of approximation, at least in part, at their core. Imprecision, innuendo, and mimicry are often indirect forms of objection against definitiveness, purity, and fixity; they challenge canons and masters incumbent upon order. The figures of the clown, fool, and buffoon, although not identitical as historical and literary characters, all refuse normalcy—both in language and body. They all, along with the hysteric, embody an act of alienation. And yet normalcy is always pointed to as they both resemble and transgress it at once; we see clearly what it is that they will not or can not be. In this way, they "talk [or walk] past the point," the "point" representing standards and constraints of social propriety: their innocent silences and incomprehensible gibberish cast "normal" talk as a kind of meaningless lunacy of its own; their awkward and precarious gait—the incessant tripping and slipping—puts into question our prevailing values of stability, depicted as two feet planted firmly on the ground; the impertinence of the white-faced clown (the boss clown) appears frighteningly similar to the absurd cloak of conceit we see performed by our political leaders; an inability to control their bodies proclaims the gross side-effects of enacting proscribed cultural scripts every day; the contagious and spectacular violence expresses a state of endless humiliation that we all endure, and the repetition of this violence upon often innocent and passive bodies suggests a kind of melancholic hope for something beyond our daily routines.

Being approximate. Being not quite one's self, situating one's self in an alienated position from a more habituated self. Becoming a reader of one's own cultural part and in the approximation, revealing, and perhaps reveling in, that creative space between face and mask. In approximation the self points to the apparatus that fabricates his or her roles. The self can hold oneself remote from the character he or she portrays, and in this way suggests criticality, wonder, and the opportunity for metamorphosis. Being able to mask and unmask the self is part of one's freedom. I am waxing on the A-effect, on the liberatory, Brechtian potential of being approximate, and of the mimetic faculty.[10]

When Charlie Chaplin plays Hitler in the movie *The Dictator*, he juggles a huge balloon representing the world with a perversely infantile tyranny. He mimics madness until his naiveté and playfulness slip into uncontrollable ugliness.

[9]It is interesting to note that the hysterical attack appeared only after hysterics were housed in the same ward with epileptics, apparently appropriating and modifying the epileptic fit when seen that it attracted the attention of attending medical professionals.

[10]See Brecht (1964).

He becomes the mask as he simultaneously relays the actor beneath convulsing in the seduction of power. In his book *On Clowns: The Dictator and the Artist*, Norman Manea (1992)points to that fine line between dictator and artist, between the mimetic strategies employed by both Hitler and Chaplin. He reminds us that children alone recognized how Hitler approximated the clown, how "the children laughed at the tyrant and couldn't understand why all the adults around them let him gain so much power over them" (p. 39). It is in this drawing near to something—especially something that may harm us—that we discover the imperative for reflection, artistry, and mutation. We become like children, sublimely versed in the language and value of play and best able to recognize creative distance, metaphoric space, shifting frames, connections of dissimilars, and the hope in what is otherwise banal.

I am well aware that patients who suffer the Ganser syndrome, even if they are consciously manipulating language and its incumbent rules, are not performing the overthrow of tyrannical realism or advancing a revolutionary ludic dialectic. I have made a shift from the private and power-laden realm of doctor/patient to a far more public and generalized sphere of performance, inclusive of an audience serving as witness and barometer of the comical potential around any issue. I am juxtaposing these two realms not only as a way of re-viewing Ganserian behavior outside its medical context but also in order to explore the power relation that informs the two, differently and thus co-informatively. The power of the doctor over the patient is real, immediate, and privatized; the power alluded to in jokes, clown acts, and staged comedy routines is an invisible, disembodied, implicit power. Either a "straight-man" stands-in for the voice of convention, order, or authority, or the power being challenged is a virtual, internalized, ever-present but often unseen social injustice. Within the frame of theatrical illusion, power is approximated in a phenomenological sense. An audience listens and watches in the sometimes disquieting space between sense and nonsense, between assumed values and transgressive behavior, shifting constantly in the uncharted territory between them, reconsidering their own boundaries of propriety, wondering whether something is, in fact, funny or offensive, having to ask oneself if deep held moral codes and moorings are, indeed, disputable, at least not universal and definitive.

An elderly man was at home, dying in bed. He smelled the aroma of his favorite chocolate chip cookies baking. He wanted one last cookie before he died. He fell out of bed, crawled to the landing, rolled down the stairs, and crawled into the kitchen where his wife was busily baking cookies. With waning strength he crawled to the table and was just barely able to lift his withered arm to the cookie sheet. As he grasped a warm, moist, chocolate chip cookie, his favorite kind, his wife suddenly whacked his hand with a spatula.

"Why?" he whispered. "Why did you do that?"

"They're for the funeral."

There is ample room to tolerate the meaning and effect of such repositionings sitting in a dark crowd at a public performance with nothing immediate or personal at stake. Resistance is far easier to reflect upon and rehearse in one's imagination than to actually embody in the face of potential injury; one-on-one resistance will necessarily, justifiably, be cloaked in trepidation, and trepidation necessarily distorts the performance of resistance. As I ruminate on approximation as a tool, as a metaphor for a strategic disalignment of routinized social proclivities, I do not forget the large spectrum of contexts that must be considered when evaluating and conjuring more concrete interventions. Nonetheless, I appreciate my encounter with the circumstances and responses of the Ganser patient as inspiration for a kind of action, both private and public, that perhaps the Ganser sufferer could not embody him- or herself.

Alongside my seeming advocacy of being approximate in the course of this writing, I continually draw my thoughts back to the cases on the page, to the details of the stories and the multiple (and often contradictory) clinical interpretations that surround them.[11] I do not want to extrapolate so far into a metaphoric realm making associations so ample or absurd that I encourage my own irrelevance. There is a limit, I suppose, to the extent of one's approximating, of moving not toward but away from a given point in so many small progressive degrees that resemblance fades into strangeness. I find myself recalling personal experiences in which approximating manifested itself as a viable force.

I grew up in a family of frustrated Borscht-belt comics. Consequently, for years I suffered a joke phobia, freezing whenever any of my relatives ask, "Wanna hear a joke?," terrified that I would miss the seemingly obvious moment of recognition and laughter, that I wouldn't get it, that I would be asked to explain the joke's essence and eventually be disgraced by my ignorance and naïveté. In my phobia, I was the potential brunt of every joke I heard. But outside my phobia, I knew that the joke provided a kind of sense one can never entirely get at. My relationship to jokes initiated a love of paradox and incongruity which years later provided me, ironically, with the most sensible approach to oppositional politics—a kind of non-oppositional, indirect form of resistance. I found in the work of Augusto Boal a reflection of this indirect approach.

Augusto Boal is a Brazilian theatre director, social activist, and author.[12] Within the aesthetic language that he created, Theater of the Oppressed, he discusses notions of identification, recognition, and resonance. When presented with an image, identification occurs when someone can say, "I am exactly like that"

[11] See Apter (1993), Auerbach (1982), Enoch (1967), Whitlock (1982).

[12] Boal is author of *Theatre of the Oppressed*, *Games for Actors and Non-Actors*, *Rainbow of Desire*, and *Legislative Theatre*. His work includes several different types of dramatic forms including image theatre, forum theatre, invisible theatre, legislative theatre, and cop-in-the-head. The techniques of cop-in-the-head—focusing on internalized oppressors—are the ones that best demonstrate the merits of ambiguity, resonance, and imprecision. Also relevant, is Boal's "joker system," discussed in *Theatre of the Oppressed.*

(Boal, 1995, p. 68). The viewer's own personality animates the image being seen. In recognition, one says, "I am not like that at all, but I know who he is, I know people like him." In these instances, the mobilizing factor is knowledge of another he or she knows well. Resonanceis the most diffuse of the relationships between person and image, but in Boal's lexicon, of no less import. Resonance encompasses a wide range of reactions inspired through a range of feelings and emotions and associations that can only be vaguely delineated. When relating through resonance, ambiguity and imprecision are foregrounded and given as much pedagogical, therapeutic, and pragmatic value as identification and recognition. Boal employs resonance in order to exploit the ambivalences and polysemies that mingle with our perceptions of an event. There are times when superpositions, double meanings, the nebulous, and the hidden guide our senses to an understanding that would otherwise remain indiscernible. It is a way of allowing approximation to steer us out of the oppression of overdetermined categories whether they be of racial, sexual, criminal, or medical types. A way of allowing us to recognize ourselves in others who are positioned in more or less privileged groupings with more or less power in order to determine the boundaries of those very groupings.

I am interested in considering "being approximate" as an analytic lens for perceiving not only the concept of medical diagnoses but of the power dynamics that inform them. The character of the trickster seems a fitting "type" to offer in conclusion. If the doctor—abiding by the categorical logic of personality diagnoses—was taken symbolically as boundary keeper, the Ganserian, "talking beside the point," would be, respectively, the trickster, or boundary dweller. When speaking of types, of personality positions or characteristics, the trickster is always nearby, and through his or her antics points to medical standards of rationality and common knowledge precisely as he or she violates them. As with Ganserians, "where the answer is wrong, it is never far wrong, and bears a definite and obvious relationship to the question, indicating that the question has been grasped" (Anderson & Mallinson, cited in Auerbach 1982, p. 31). Doty (1993) speaks of the Greek figure Hermes as a trickster who balances our obsessive singularity and specialization; he is a "never-too-literal deity" (p. 59) wary of the excessive literalness instilled in us by the slant of our own cultural science. Hermes refuses any one essence, providing a language for transitions and discoveries; multiplicity and paradoxicality are his commanding features.

Determination of what constitutes health or sickness remains with the doctor even as the Ganser patient hovers around the edges of medical evidence. But outside the medical context, the latent disordering of Ganser-like approximations finds manifest forms—in verbal and physical wit, in the structure of jokes, in generative resonances in everyday life—that allow us to question the conventions of evidence and overdetermined boundaries. "Wit may be a pharmakon (preventative medicine) with which to confront death," says Doty (p. 61). Being approximate, as a mechanism of wit, may be a pharmakon with which to confront authority. Or, more precisely, a means of addressing the privileging of visibility (the point

made, the obvious) by attending to the invisible (the resonating and disputable terrain surrounding the point made, the obvious). According to scholar Lewis Hyde (1998), author of *Trickster Makes This World*, "[trickster] knows how to slip the trap of culture" (p. 204).

Dr. Leroy, the head psychiatrist at the local mental hospital, is examining patients to see if they're cured and ready to re-enter society.

"So, Mr. Clark," the doctor says to one of his patients, "I see by your chart that you've been recommended for dismissal. Do you have any idea what you might do once you're released?"

The patient thinks for a moment, then replies, "Well, I went to school for mechanical engineering. That's still a good field, good money there. But on the other hand, I thought I might write a book about my experience here in the hospital, what it's like to be a patient here. People might be interested in reading a book like that. In addition, I thought I might go back to college and study art history, which I've grown interested in lately."

Dr. Leroy nods and says, "Yes, those all sound like intriguing possibilities." The patient replies, "And the best part is, in my spare time, I can go on being a teapot."

Hyde poses the dilemma of what a society can do in the face of the trickster: "Groups can either expel or ingest their troublemakers. The most successful change-agent avoids either fate and manages to stay on the threshold, neither in nor out" (p. 224). While the actual Ganserian has been incorporated into the myth of medical science, I want to leave readers with a symbolic Ganserian—a creative troublemaker, a rearticulator of the margins, a sliding signifier who points to the ceaseless guesswork embedded in all our scientific endeavors.

REFERENCES

Apter, A. (1993). The Ganser syndrome in two adolescent brothers. *Journal of the American Academy of Child and Adolescent Psychology, 32*(3), 3582–3584.

Auerbach, D. B. (1982). The Ganser syndrome. In C. T. H. Friedman & R. A.Faguet (Eds.), *Extraordinary disorders of human behavior* (pp. 29–46). New York: Plenum Press.

Boal, A. (1979). *Theater of the oppressed.* C. A.& M. L. McBride, Trans.). New York: Urizen Books.

Boal, A. (1995). *The rainbow of desire: The Boal method of theatre and therapy.* (A. Jackson, Trans.). London: Routledge.

Brecht, B. (1964). Alienation effects in Chinese acting. In J. Willett (Ed. & Trans.), *Brecht on theatre* (pp. 91–99). New York: Hill and Wang.

Bromberg, W. (1986). The neglect of Ganser syndrome. *American Journal of Psychiatry, 143,* 937–938.

Doty, W. G. (1993). A lifetime of trouble-making: Hermes as trickster. In W. J. Hynes & W. G. Doty (Eds.), *Mythical trickster figures: Contours, contexts, and criticisms* (pp. 46–65). Tuscaloosa, AL: University of Alabama Press.

Enoch, M. D., Trethowan, W. H., & Barker, J. C. (1967). The Ganser syndrome. In M. D. Enoch (Ed.), *Some uncommon psychiatric syndromes* (pp. 41–55). Bristol: John Wright and Sons.

Hyde, L. (1998). *Trickster makes this world: Mischief, myth, and art*. New York: North Point Press.

Manea, N. (1992). On clowns: The dictator and the artist—notes to a text by Fellini. In N. Manea (Ed.), *On clowns: The dictator and the artist* (pp. 33–61). New York: Grove Press.

Schutzman, M. (1999). *The real thing: Performance, hysteria, and advertising*. London: Routledge.

Showalter, E. (1985). *The female malady: Women, madness, and English culture, 1830–1980*. New York: Pantheon.

Whitlock, F. A. (1982). The Ganser syndrome and hysterical pseudo-dementia. In A. Roy (Ed.), *Hysteria* (pp. 185–210). New York: John Wiley and Sons.