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Title: Madness and idiocy: Rethinking a basic problem of philosophy of psychiatry

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Abstract: A basic question of philosophy of psychiatry is “what is madness (mental illness, mental disorder...)?” Yet contemporary thinkers err by framing the problem as one of defining madness in contrast to sanity. For the Late Modern thinker of madness, the problem was not one of defining madness in contrast to sanity, but in contrast to “idiocy” – the apparent diminution or abolition of one’s reasoning power. This altered reading of the problem has an important consequence. For what distinguishes madness from idiocy is not the failure, absence, or lack of reason, but its presence – albeit in a perverse and mutated form. For the Late Modern theorist, madness was always, by its very nature, infused with reason. This “infusion” of madness by reason has two consequences for philosophy of psychiatry today: it revitalizes the project of defining “mental disorder,” and it provides intellectual scaffolding for the emerging movement known as Mad Pride.

1. The problem of madness

A basic problem of philosophy of psychiatry is that of saying what madness is (mental disorder, mental illness). This problem comes before the problem of figuring out how mental disorders should be typed. It comes before deciding whether to classify disorders by symptom-cluster or mechanism. It comes before figuring out whether disorders are natural kinds, normative kinds, or some mixture of both.

The problem of saying what madness is has been stymied by a certain problematic, and historically very recent, manner of formulating that problem. The contemporary way of formulating the problem is this: “what is the difference between madness and sanity?” (Wakefield, 1992, p. 373; Kusters, 2020, p. 2). That is, for any empirically given, more-or-less stable psychological condition – alcoholism, or gender dysphoria, or objectophilia – we are inclined to ask of it, “is this a mental disorder, or just a normal variation in thinking or acting?”

This formulation of the problem of madness (“what is the difference between madness and sanity?”) was not how Late Modern theorists of madness posed the problem. (Here, I’ll take “Late Modern” to stretch roughly from the mid-eighteenth century through the end of the nineteenth.) That is because the Late Modern thinkers of madness were keenly aware that there were at least two *different* ways of failing to be sane: there was madness – and then there was idiocy. The question for them was not, “what is the difference between madness and sanity” but rather, “what is the difference between madness and idiocy?”

Separating madness and idiocy was not just an interesting theoretical problem of medicine. It was not just a practical problem for organizing guardianship of the “madman” or the “idiot.” It was a profound legal problem. As a rule, the “idiot” could not be blamed for his legal transgressions; the “madman,” depending on the situation, could (Jarrett, 2020).

How, then, did madness differ from idiocy? The short answer – and the one I will elaborate in the next section – is this. Sanity, idiocy, and madness are defined with respect to the *manner of functioning of the reasoning capacity*. While sanity represents its *proper* functioning, and idiocy its *abolished* (or diminished) functioning, madness represents its *perverse* functioning. Madness is not the absence of reason but the presence of reason, in a perverse, mutated form. For the Late Modern thinker, madness always carries reason around with it. This is not an accident or vestige, but part of its very essence.

In the following, I’ll begin by outlining the basic understanding of the relation between madness, idiocy, and sanity shared by the Late Modern thinkers (Section 2). I’ll proceed to fortify my historical claim through careful engagement with four different theorists: Locke, Kant, Wigan and Heinroth (Sections 3-6). I don’t carry out this historical survey for the sake of “doing historical work,” but for the sake of helping us recover the sense and meaning of the question for us, today. The final section (Section 7) will draw out two consequences for philosophical reflection on psychiatry. This way of reframing the problem of madness helps to revitalize the project of defining “mental disorder,” and it helps to provide intellectual scaffolding for the emerging movement known as Mad Pride, mad activism, or mad resistance.

Before beginning, it is worth pointing out that I use the term “idiocy,” first and foremost, to designate a conceptual construct of the Late Modern mind. I do not use it first and foremost to designate a particular group of people who, until recently, were called “idiots.” I am not concerned with whether there is a continuity or discontinuity, extensional or intensional, between the people formerly called “idiots” and the people now labeled as having a “severe intellectual (or developmental) disability.” Instead, I use the term “idiocy” to delimit a certain space in a conceptual landscape, a space in which we can fruitfully reconsider what madness is. Once we have localized madness within this conceptual space, we can dispense with the term “idiocy” altogether.

2. The function of reason

What, then, is the difference between madness and idiocy? Or better, how does the Late Modern thinker understand the three-way split between sanity, madness, and idiocy?

This three-way split is understood, first and foremost, in terms of the *manner of functioning of the reasoning faculty*, as I will shortly show. Sanity represents the normal (good, healthy) functioning of the reasoning capacity. Idiocy represents its diminished, or even abolished functioning. Madness represents its perverse functioning.

Roughly, in sanity, reason is functioning exactly as it is designed to. In idiocy, it may be functioning, but at a very low – and at the limit, abolished – level. In madness, *reason is*

functioning, but it is not doing what it is meant to do. It is impossible not to make an analogy between the sexual dysfunctions of the DSM-5, which pertain to *diminished* capacity for sexual pleasure (“idiocy”), and the paraphilic disorders, which pertain to supposedly *aberrant* sexual preferences (“madness”).

Two consequences can immediately be drawn from this characterization of sanity, idiocy, and madness. The first is that, while idiocy has *grades*, madness has *forms*. Idiocy comes in “more” or “less.” That is the only principle of classification. (For example, the legal distinction between “idiocy” and “imbecility” was one of lesser versus greater capacity to reason – see Jarrett, 2020, p. 25.)

In contrast, madness has forms. It makes sense to try to catalog the forms of madness in the way one might catalog plants or toads. That is because there are as many forms of madness as there are perversions of the reasoning ability (recall the difference between sexual dysfunctions and paraphilias). Hence the problem, from Linnaeus to the DSM, of discovering the correct classification for madness.

The second consequence is that, while reason fails to work in idiocy, *reason is hard at work* in madness. Reason is quite busy. It is making connections, it is building contraptions, it is wrestling with phantoms. In a sense, the person with idiocy is incapable of madness because she does not possess enough reason to be mad. Madness requires a strenuous exercise of reason.

The fact that reason is hard at work inside of madness had important legal and forensic ramifications: while madness is artful, idiocy is artless. The mad person, by virtue of the reason at work inside of her, is able to *dissimulate* reason, at least for certain periods of time and in specific contexts. If she does not wish to be institutionalized, she can, at least for a time, feign sanity (Haslam, 1798, p. 28-9). In contrast, idiocy permits no such dissimulation, because of a deficiency or absence in the cognitive abilities needed to deceive others about one's mental competence (Jarrett, 2020, p. 50).

The fact that, in contrast to idiocy, madness is defined precisely in terms of "having" reason, opens a profound philosophical question. It is one that the Late Modern thinkers were preoccupied with, and it is one that we have nearly forgotten. The question is this:

How is it that madness can contain reason, but still be madness? Put differently, how is it that the mad person "has" reason, but is still mad and not reasonable? Or better: what is the relationship between the mad person and reason such that the mad person can participate in reason while failing to be reasonable – that is, while still being mad?

Of the twentieth century philosophers of madness, Foucault probably comes closest to seeing how, for the Late Modern thinker, madness is not the opposite of reason but a perverse expression of it. This is unsurprising, given his immersion in the historical texts. In *History of Madness*, speaking of a passage on madness and idiocy in Diderot and d'Alembert's mid-eighteenth century *Encyclopédie*, he notes, in passing, that "the previous simple opposition between the powers of reason and of insanity is now replaced by a more complex and elusive

opposition... The madman leaves the path of reason, but by means of the images, beliefs, and forms of reasoning that are equally to be found in men of reason.” (Foucault. 2006/1961, p. 184).

But even Foucault, despite his historical acumen, does not work out the implications of this discovery as rigorously as one might like, for two reasons. First, the overarching theme of *History of Madness* is to “draw up the archaeology of that silence” between madness and reason: to gesture towards the absolute separation of madness and reason (ibid., xxviii). The “story of psychiatry” is the story of reason expelling madness, defining madness as a nebulous outside of reason, and then conquering it through positive knowledge. But this is precisely the opposition that the Late Modern theorist of madness rejects, as illustrated by Diderot and d’Alembert. Idiocy is a better candidate for the opposite of reason than madness.

Second, even in the passage where Foucault identifies the resurgence of reason inside madness, he vacillates between at least three different interpretations of how this is possible. First, madness is infused with reason in that it is both delimited and categorized by reason: it is the *object* of reason and by virtue of that, madness must “take on a positive form” or have a “positive content,” rather than remain a nebulous outside (ibid., p. 184, p. 186). Second, madness is infused with reason in the sense that the mad person *mimics* the reasonable person and thereby threatens to expose the pretensions of the latter: madness is a “vain simulacrum of reason” (ibid., p. 184). And finally – and this is the sense at issue in this paper – in madness, the tools of reason (“images, beliefs, and forms of reasoning that are equally to be found in men of reason”) are deployed not for the end of truth but for the end of concocting elaborate illusions.

3. Madness as involving an intact inferential capacity

We owe the canonical formulation of the distinction between madness and idiocy to Locke. Although Locke is not a Late Modern theorist per se, his influence pervades the psychiatric writings of that era. What is important about Locke for our purposes is that he sets into clear relief the core philosophical problem of madness, which is not that of distinguishing madness and sanity, but madness and idiocy.

Locke's most important discussion of madness appears in Chapter 11, Book 2, of his 1689 *Essay Concerning Human Understanding*. By this point in the text, Locke has enumerated 6 or 7 different faculties, depending on how you count them: perception, retention, discerning, comparing, compounding, abstraction. Though these faculties are universal, they do not operate in the same degree in all people. Some have a relatively heightened or diminished capacity for, say, abstraction or retention. This is where he introduces the topic of idiocy and madness.

The "idiot" is one who has a "want or weakness" in the functioning of one or more of the mind's faculties:

How far *Idiots* are concerned in the want or weakness of any, or all of the foregoing Faculties, an exact observation of their several ways of faltering, would no doubt discover. For those who either perceive but dully, or retain the *Ideas* that come into their

Minds but ill, who cannot readily excite or compound them, will have little matter to think on...In fine, the defect in *Naturals* seems to proceed from want of quickness, activity, and motion, in the intellectual Faculties, whereby they are deprived of Reason (Locke, 1975/1689, II.11.12)

Here, Locke sketches a research strategy for grasping the origin of idiocy: in principle, careful observation should allow us to discern which capacity or capacities are diminished in idiocy.

The mad person, however, is not cut from the same cloth. Madness is not a question of diminished or abolished functioning in a capacity. There is a problem of a fundamentally different order: “Whereas *mad Men*, on the other side, seem to suffer by the other Extreme” (ibid., II.12.13). Although he does not say, explicitly, *what* madness represents the other extreme of, we can infer from the context that it represents the other extreme of a “want of quickness, activity, and motion.” Hence madness does not afflict the mind specifically by way of diminishing the faculties of the understanding:

For [*mad Men*] do not appear to me to have lost the Faculty of Reasoning: but having joined together some *Ideas* very wrongly, they mistake them for Truths, and they err as Men do, that argue right from wrong Principles. For by the violence of their Imaginations, having taken their Fancies for Realities, they make right deductions from them. Thus you shall find a distracted Man fancying himself a King, with a right inference, require suitable Attendance, Respect, and Obedience: Other who have thought

themselves made of Glass, have used the caution necessary to presence such brittle Bodies (ibid.)

This, then, is what the reasonableness of madness consists in: the mad person has an intact inferential capacity. They do not exhibit diminished functioning. They exhibit perverse functioning. Reason is functioning in a manner that runs contrary to its natural design. And the perversion of function consists in this: the premises upon which the mad person reasons are so faulty, that, given their intact inferential capacity, they can only arrive at faulty conclusions.

Whence these faulty premises? They arise from the workings of what he calls “association.” The nature of association in Locke is still highly contested in the scholarly literature (e.g., Tabb, 2019). Suffice to say here that in the mad person, association has forged a connection between two ideas in the absence of any natural link between them. Association, in his example, has forged a connection between the concept of self and the concept of a pitcher of water.

This, then, is how Locke answers what was to become the dominating question for the Late Modern theorist: How is it that the mad person can “have” reason but still remain mad? His answer is this: the mad person, in contrast to the idiot, possesses reason by virtue of possessing an intact inferential capacity. What ultimately makes him mad, and not reasonable, is that his premises are flawed by the unhinged power of association.

4. Madness and the systematizing power of reason

Kant's vision of madness changed during his life. His two main treatments of the topic are in his youthful (and somewhat satirical) "Essay on the Maladies of the Head" of 1764, and his more mature treatment in the *Anthropology from a Pragmatic Point of View* of 1798. Kant begins his "Essay" by dividing sharply between idiocy and madness. He distinguishes them in terms of "impotency" [*der Ohnmacht*] and "reversal" [*der Verkehrtheit*] of function. While idiocy involves an impotency – a diminution or abolition – of capacities such as memory, reason, and sensation, madness involves their reversal. (The term *Verkehrtheit* can with equal justice be translated as "perversion," as Sandford 2021 has emphasized.) Idiocy, unlike madness, is incurable, for "if it is difficult to remove the wild disorders of the disturbed brain, then it must be almost impossible to pour new life into its expired organs."¹

Turn, then, to madness. Madness, for the youthful Kant, is nothing but a "reversal" in one or more of the faculties of the mind. In fact, for Kant at this time, as a matter of necessity, there can only be three different ways of being mad. That is because there are three different faculties of the mind (experience, judgment, and reason) and each form of madness simply represents the failure of one of those faculties: Derangement [*Verrückung*] of the faculty of experience; dementia [*Wahnsinn*] the faculty of judgment; insanity [*Wahnwitz*] the faculty of reason.

In the *Anthropology*, this picture changes substantially (Frierson, 2009a, 2009b). Although there is much to say by way of comparing and contrasting Kant's treatment of madness in the "Essay"

¹ Kant (2011, p. 209-210); [Ak II: 263]. The latter citation refers to the volume and paragraph number of the Akademie edition of Kant's collected works, which can be found at <https://korpora.zim.uni-duisburg-essen.de/kant/verzeichnisse-gesamt.html>.

and in the *Anthropology*, here I focus exclusively on Kant's treatment of *Aberwitz* (formerly *Wahnwitz*), the pinnacle of all madness, which involves a reversal of the faculty of reason, rather than experience or judgment. For this is where he discerns, at the summit of madness, the continuous operation of reason. Of *Aberwitz* he tells us:

...there is not merely disorder and deviation from the rule of the use of reason, but also *positive unreason*; that is, another rule, a totally different standpoint into which the soul is transferred, so to speak, and from which it sees all objects differently...It is astonishing, however, that the powers of the unhinged mind still arrange themselves into a system, and that nature even strives to bring a principle of unity into unreason, so that the faculty of thought does not remain idle. Although it is not working objectively toward true cognition of things, it is still at work subjectively, for the purpose of animal life. (Kant, 2006, p. 110-111); [Ak VII: 216])

In this passage, Kant's attempt to catalog the forms of madness moves in a strange new direction. *Aberwitz* is no longer *merely* an aberration in the faculty of reason; but what he calls a "positive unreason" [*positive Unvernunft*]. *Aberwitz* now carries reason inside of it, albeit in a perverse, mutated form. His chief discovery here is that *Aberwitz* is distinctive in that it retains reason's *systematizing* quality. A person in the grips of *Aberwitz* still struggles, valiantly, to bring order and coherence into their psychotic eruptions. Moreover, the fact that, in *Aberwitz*, reason still struggles to systematize its own delusions is not by accident, but by design. It is part of *nature's* design. It is nature itself, he informs us, that has designed the mad mind to systematize in this

way in order to avoid the atrophy of this core function: "...nature even strives to bring a principle of unity into unreason, so that the faculty of thought does not remain idle."

Here, then, is Kant's solution to our puzzle. How is it possible for the mad person to "have" reason, while still being mad, that is, not reasonable? What is the relation between the mad person and reason such that the mad person participates in reason while falling outside of it? For Kant, the mad person participates in reason by virtue of the fact that he retains the systematizing power of reason. Moreover, this systematizing tendency of madness is neither a vestige or a fluke, but a designed feature.²

5. Madness as a clash between reason and unreason

Like Locke, the English theorist Arthur Ladbroke Wigan, in his 1844 *A New View of Insanity: The Duality of the Mind*, grasped the basic theoretical problem of psychiatry, which was not, "how does madness differ from sanity?" but "how does madness differ from idiocy?" Madness differs from idiocy in that the reasoning power is working not in a diminished, but in a perverse, manner:

² There is another way that the *Anthropology* differs from the "Essay:" By the *Anthropology*, Kant has discovered disorders not merely of cognition, but of emotion. He now recognizes three new disorders: disorders of the imagination, of affect, and of feeling. I think Jon Tsou for helping me to see this clearly.

Much confusion has been created by the habit of classing idiocy among the forms of insanity or dementia. Idiocy seems hardly worthy of attention at all...the organs which should furnish *mind* do not exist...Insanity supposes the possession of average intellect, that is, of organs of the average degrees of completeness...(Wigan, 1844, p. 334-335)

In order to be mad, one must, by definition, possess an “average intellect.” This leads to our problem: how is it possible, then, that the mad person participates in reason while at the same time falling outside of it?

Wigan’s answer is that the mad person has *two* brains, one reasonable and one unreasonable. Madness arises in the clash between the two. In its very essence, madness involves a conflict or struggle between reason and unreason. One way that idiocy happens is when reason loses the struggle, and unreason establishes a complete hegemony in the brain. Such a person cannot, by definition, be mad, for the logical requirement of madness is absent.

Understanding Wigan’s trail of thought requires a brief foray into his basic ontology of the brain.³ When we open the skull, we see two hemispheres packed tightly into a small space. We call that entire structure “the brain.” But this is perplexing. I have *two* eyes; I don’t have a single, spatially distributed structure called “the eye.” I have *two* kidneys, not a single, spatially distributed structure called “the kidney.” Why should we not, then, say that each of us possesses *two* brains, and not one? Plain observation reveals two brains packed closely together. (Needless to say, Wigan did not fully understand the function of the corpus collosum; he thought it was

³ For scholarly treatments of Wigan, see Harrington, 1987; Clarke, 1987; and Hacking, 1991.

something like a dense packing material: “a wall of separation rather than a bond of union.” See Wigan, 1844, p. 52.)

For Wigan, all of psychiatry and psychology, and even philosophy, is hampered by the illusion that there is only one brain, rather than two. As soon as we recognize that each of us has two brains, then certain recalcitrant psychological phenomena have an easy, even obvious, explanation. Ambivalence happens when one brain believes something the other rejects. Akrasia (weakness of will) happens when one brain wants something the other detests: “every man is, in his own person, conscious of two volitions, and very often conflicting volitions” (ibid., p. 30). Madness happens when the one brain is reasonable (anchored in reality and able to make correct inferences) and the other, likely due to an organic disease, is unreasonable.

At this juncture, one might be tempted by the following thought: “if madness happens when one of my two brains becomes unreasonable, then what happens when *both* of my brains become unreasonable at once? Suppose, say, the organic dysfunction that undermines the reasonableness of one brain leaps across the corpus callosum and devastates the second brain, too. Such a person would be completely mad, right?” No, not at all. According to Wigan, this condition would no longer be madness, but idiocy. This is how essential it is for Wigan that madness always carries reason along with it. Once that remnant of reason is stripped from the mad person, they are, in a sense, liberated from their madness: “Folly seems generally to reside in one brain only, and to be perfectly compatible with another brain of ordinary vigour and perfection...Imbecility is a different affair; it is an imperfection in both brains, and graduates down to idiocy” (ibid., p. 296-297).

Here, then, is Wigan's attempt to answer the fundamental theoretical problem of madness: how is it that the mad person can "have" reason without being reasonable? It is because the mad person possesses two minds, one of which is reasonable and the other unreasonable.

6. Madness as a coping strategy

Our final thinker who struggled with the problem of reason in madness is Johann Christian August Heinroth, the first chair of psychiatry in Europe and the first person to use the term "Psychiatrie" in print, in his massive *Textbook of Mental Disturbances* [*Lehrbuch des Störungen des Seelenlebens*] of 1818.⁴

Heinroth makes short work of idiocy. Idiocy, he claims, contrary to some of the theorists of his day, has no place in a textbook devoted to disturbances of the soul: Idiocy "cannot be the subject of our considerations, since we are dealing with disturbances of soul life [*Seelenleben*], and not with soul lives which have never begun to exist" (Heinroth, 1975/1818, p. 195).

In one sense, Heinroth's textbook is a fairly conventional medical one.⁵ By medical, I mean that, *as a rule*, Heinroth sees the forms of madness as *so many different ways the mind can err*. In short, there are three faculties of the soul: mind, spirit, and will [*Gemüth, Geist, Wille*].

⁴ For biographical information, see Marx, 1990, 1991; Steinberg and Himmerich, 2012.

⁵ This is not to ignore the moral and religious aspects of Heinroth's thought, which have been carefully considered by Marx (1990; 1991).

Moreover, there are three different ways each faculty can break, through “exaltation, depression, or a mixture of the two” (Heinroth, 1975/1818, p. 146). Thus there are nine *fundamental* forms of madness, which themselves can be combined in various ways, resulting in a profusion of ways of being mad.

About halfway through his textbook, however, he encounters a form of madness that cannot be treated merely as a way of going wrong, but a way of going right as well. This is *Wahnsinn mit Verrücktheit und Tollheit*, which Schmorak translates as “insanity with dementia and rage”. In this condition, the mad person has decisively broken with reality, not because of an organic brain disease but because reality is too awful to bear. Her detachment is a protective mechanism with a therapeutic function:

In a life which has been deprived by neglected education, circumstances, and guilts, in which excited sensuality, perverted concepts, and prejudices are prevalent, in which the intellect has been totally neglected or has been strained by brooding or spurious speculations, in which unrestrained arbitrariness rules, in which many embarrassments, restrictions, inhibitions, and dangers have been the lot of the patient, in such a life a moment may come when the measure is full and runs over, and the imagination becomes strained to the limit in trying apparently to effect a full compensation and to transform the evil fate as though by the touch of a magic wand (ibid).

This form of madness is still a perversion of reason, as all madness is, but it is “a wholesome desire of nature to cure a perversion through another perversion [*ein heilsames Bestreben der*

gesunden Natur, Verkehrtes durch Verkehrtes zu heilen]” (ibid., p. 163). The perversion of the reasoning faculty is orchestrated by nature in order to heal the perversion of one’s terrible life circumstances. This theme of madness as a perversion that heals another perversion is a constant motif in the antipsychiatry literature of the 1960s, such as Laing’s *The Politics of Experience*.

How, then, for Heinroth, does madness contain reason inside of it? I want to suggest, here, that madness contains reason by virtue of being *pragmatically rational*. We can grasp the “reasonableness” of madness to the extent that we can see the mad person as having a fundamentally reasonable goal, that of protecting themselves from a painful world.

Of course, this mad detachment is dangerous. The journey is designed by nature to culminate in a return to health and well-being. But that does not always happen. The mad person can become trapped in their madness. Their system of delusions can rigidify, crystallize into a more or less permanent delusional structure (ibid). The mere risk of failure doesn’t entirely rob *Wahnsinn mit Verrücktheit und Tollheit* of its reasonableness. It has the reasonableness of a gamble in which the gambler risks everything.

7. Defining “mental disorder” and Mad Pride

To summarize, the basic problem of philosophy of psychiatry is, *what is madness (mental illness, mental disorder)*? Theorists, today, frame the problem of defining madness as equivalent to the problem of saying what the difference is between madness and sanity, as if those are the only

two states that a person's mind can inhabit. Here, I have urged a reformulation of the problem that is more in harmony with Late Modern thinking: the problem of defining madness is the problem of distinguishing madness and idiocy. Or, better, the problem is that of marking a three-way distinction between madness, idiocy, and sanity – keeping in mind that by “idiocy” I do not intend to refer to a specific, empirically determinable group of individuals, but to a Late Modern conceptual construct, one that helps us to demarcate, rather precisely, a region in the conceptual landscape of mental health and illness. The most important consequence for us is that it allows us to see that madness, by its very nature, isn't antithetical to reason; it carries reason inside of it.

The fact that madness has reason inside of it – that reason is, as it were, what makes madness, *madness* – carries rich philosophical implications for us today. *First*, recontextualizing the problem of madness not in terms of madness and sanity, but madness and idiocy, revitalizes the philosophical problem of defining “mental disorder.”⁶ For when we contrast madness with *sanity*, we are tempted to define madness *via negativa*, that is, as that state of affairs that obtains when one fails to be sane. For example, theorists like Boorse and Wakefield would define mental disorder merely in terms a dysfunction of the mental faculties – perhaps along with some harmful consequences – but not in terms of the presence of some additional, psychological, factor.

The Late Modern theorist would have been unable to succumb to such a temptation. Madness, for them, must be defined positively; as Kant puts it, it involves “positive unreason.” It is not just the absence of “normal” reasoning but the presence of an altered sort of reasoning, a “perverse”

⁶ For an overview, see Tsou, 2021, Chapter 3, and Faucher and Forest, 2021.

reasoning rather than a “diminished” one. We must relearn what it is to define madness positively, in terms of a positive trait or essence or capacity.

There is a second benefit of recontextualizing the problem of madness in this way: it contributes to the project of providing philosophical foundations for the movement alternately known as Mad Pride, mad resistance, or mad activism. The purpose of Mad Pride, at the most general level, is to force us to think of madness outside the stale confines of the medical model and to compel society to think differently about what it means to be mad, in a way that no longer supports the marginalization, exclusion, infantilization, silencing, forced hospitalization, etc., of those labeled as having “serious mental disorders” (Hoffman, 2019; Rashed, 2019).

As Rashed notes, however, the very idea of “Mad Pride” holds, for some, a paradoxical resonance. Some, when hearing of Mad Pride for the first time, have the following reaction: “Mad Pride is a contradiction in terms. That is because if someone is truly mad, they are incapable of recognizing their marginal position; they are incapable of seeing themselves as a historically disadvantaged group; they are incapable of forming bonds of solidarity with other mad people for the greater goal of changing social perception. For these are all capacities that we associate with reason, not madness.”

In contrast to the contemporary mind, the Late Modern thinker would have found no special paradox in the idea of Mad Pride. They might have loathed the idea; they might have been terrified by it, but they wouldn’t have seen in it a contradiction in terms. That is because madness is defined in terms of the presence of reason, not its absence. In fact, given that the nineteenth

century is now generally regarded by historians as the era of the “great confinement”, a major practical problem for theorists such as Pinel, Haslam, and Heinroth was precisely that the mad person did not *want* to be confined, and therefore must become practiced at projecting the appearance of reason as a way of dissimulating their madness.⁷ There was no contradiction in seeing the mad person as possessing enough reason to recognize their marginalized state, to project the appearance of being perfectly sane, and even to forge bonds of solidarity with others deemed mad, in order to escape their unenviable position.

It's worth taking a moment to clarify what I'm not recommending. I'm not encouraging philosophers of psychiatry, and other theorists of madness, to busy themselves with distinguishing between mental disorder and intellectual disability. Rather, I use the Late Modern distinction between madness and idiocy merely to draw attention to an underappreciated and essential feature of madness: its inherent rationality. Philosophers of psychiatry, now recognizing the intrinsic rationality of madness, can pursue philosophical problems from a new, and superior, vantage point.

⁷ See Haslam, 1798, p. 33-4 on the problem of “exposing” the mad person’s madness in the face of these dissimulations.

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Title: Lack, Perversion, Shame: Response to Commentaries

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Abstract: This is a short response to the seven commentaries written by Awais Aftab, Konrad Banicki, Valentina Cardella, Richard Gipps, Sofia Jeppsson, Wouter Kusters, and Jonathan Tsou.

I'm extremely grateful to all of the commentators for giving me so much food for thought. Space considerations prevent me from engaging with all of the interesting points they raise, or even responding at the length they warrant. For that reason, I chose to structure my response in terms of three recurring themes or distinctions: lack/perversion; madness/mental illness; shame/pride. Hopefully, the philosophical richness of the commentaries has already indicated the fruitfulness of returning, anew, to the Late Modern distinction between madness and idiocy.

Lack and Perversion

Several commentators directly challenge my characterization of the distinction between idiocy and madness as one between a lack, and a perversion, of the ordinary powers of reason.

On the one hand, commentators point to the extent to which Late Modern theorists of madness still frame madness in terms of a lack, rather than a positive being. Jeppsson points out correctly that the Late Modern theorist still insists that madness stems from a lack of *some* sort or another: “one *lacks* proper premises to draw conclusions from, *lacks* a proper appreciation of reality.” Madness is not merely a different *mode* of reasoning about the world, but one that issues from a certain absence. Kusters, similarly, points out that the projects of Locke and Heinroth “remain insufficient because they remain focused on the mad as lacking something...a lack that prevents them from being part of the communal” – although he thinks Kant’s *Aberwitz* comes closest to a genuinely positive account. Tsou minimizes the relevance of the distinction between madness and idiocy by pointing out that both represent deviations from (hence they both “lack”) “normal psychological reason.”

On the other hand, Banicki points out that even to construe madness in terms of a “lack” or “failure” (a failure of function, of reason, of action) is to presume, at least indirectly, a positive account of madness: after all, the mad person can only properly be said to “fail” in the exercise of their reason because they are the sort of being that participates in reason. A tree or a stone cannot be said to “fail” in the exercise of its reason (as Gipps wonderfully puts it, “a baobab cannot jump to conclusions”). These commentators have helped me to clarify and sharpen the distinction between lack and perversion and the way they intersect with the categories of idiocy and madness.

To put my view summarily: idiocy is, in its essence, *just* a way of lacking reason, in the same way that being poor is, in its essence, *just* a way of lacking wealth. But madness is not, in its

essence, a way of lacking reason. It is a way of exercising reason, but via perversion, where perversion must be understood as having the resonance both of *excessive* and also of *driving toward an unexpected end*.

As I indicated in the paper, the distinction between lack and perversion is easiest to think about in terms of sexuality. A person may lack sexual desire: they may find themselves for long stretches of time with little to no desire for sex, the absence of sexual fantasies, the inability to stimulate themselves or be stimulated by others. Crucially, being devoid of sexual desire is not a *way of being sexual*, any more than being dead is a way of being alive, or being a fish a way of being a mammal. By contrast, having a meager sexual desire *is* a way of being sexual, but via a lack or diminution: it's a way of not having much of it around.

In contrast, one can have what is called a “perverse” sexuality: sexuality infused with the desire to dominate, or be dominated, or to be watched from afar, or to couple with beasts or machines. This is a *way of being sexual*; it is even a kind of rampant sexuality. One talks of “harnessing” their sexuality, “restraining” it, “unleashing” it. For some, perversions may be terrifying to contemplate, almost unthinkable, even revolting. For others perversion is ecstatic; it transports one to another world in which one sees everything differently; the one who exercises her perversions morphs into an exalted being who has cast off arbitrary social limitations on pleasure. The fact that we can contemplate perversions as a revolting abomination or an exhilarating excessiveness shows that the mere idea is, in itself, not wedded to a particular moral or emotional valence: one can be quite content with one's perversions. The crucial point is that, at its core, perversion is not a way of lacking sexuality. It is a way of having it in an unexpected

form. The bare conceptual distinction between lack and perversion is among the clearest and simplest the mind can consider, even if we disagree about its exact application.

It is true that perversion may be associated with a lack of *something* or other: it may be associated with a lack of moderation or taste, a lack of conventional sexuality, or a lack of regard for social propriety. Perhaps one *should* lack regard for social propriety. Perhaps we should all strive for such a “lack.” But it is not a way of lacking sexuality. Moreover, Cardella and Tsou are absolutely correct that both lack and perversion are ways of deviating from a norm: they are ways of “not being normal.” But they are two quite different, even incompatible, ways of “not being normal,” which is all I wish to establish here.

I want to say that the Late Modern distinction between idiocy and madness instantiates the abstract distinction between lack and perversion, and in that sense parallels, quite precisely, that between lacking sexual desire and sexual perversion. For the Late Modern thinker, idiocy is, in its essence, *just* a diminution or abolition of reason, in the same way that asphyxiation is, in its essence, *just* a diminution or abolition of oxygen, death is, in its essence, *just* a diminution or abolition of life, or poverty is *just* a diminution or abolition of wealth. Of course, there are many more facts to be collected about idiocy: its degrees, its other physical and psychological manifestations, its origin, its outcome. But those are incidental: they are of a merely empirical character. (Moreover, idiocy did not begin until one lacked reason to a sufficient degree: before that point, one was merely absent-minded, or a simpleton.)

In contrast, madness is a way of having reason in the same sense in which perverse sexuality is a way of having sexuality. Reason is there – even abundantly – but it is not driving toward its natural end. Like sexual perversion, madness might strike one as frightening, or as exhilarating, or as toggling back and forth between both. As in sexual perversion, the mad person may be construed as lacking *something or other*, but it is not a lack of reason. Jeppsson notes that the mad person may well lack a “common but destructive prejudice or reasoning bias,” or even “common sense,” and points out that “it need not be bad to lack something.” Kusters entertains the possibility that madness *is* a response to a lack, “but not a lack on a psychological level that can be repaired or filled, but an ‘essential’ lack or negativity within reality, including all accounts of this reality.” I don’t contest either of these descriptions but simply wish to emphasize that a lack of reason isn’t constitutive of madness in the way that it is of idiocy, and that the mad person, if they can be said to “suffer from” something, suffer from something of an entirely different nature than idiocy – and that the goal of the Late Modern thinker was to capture this “different nature.”

The commentaries raise further questions about lacks and perversions that do not touch on the conceptual clarity of the distinction but its application in any given case. Cardella, after an illuminating survey of some of the specific and empirically-documented ways in which rationality manifests itself in schizophrenia, delusions, and depression – work that she has made invaluable contributions to (see Cardella 2020) – poses, sharply, the question of what, exactly, constitutes the “norm” in relation to which both idiocy and madness are defined: “who decides when reason is deployed in a perverse manner?” Does society define it? Does nature define it? Is there a fact of the matter about which forms of sexuality or reasoning are perverse and which are

not? But these are all questions about its application. My project is, as Banicki colorfully suggests, that of the conceptual geographer – one charged with hastily sketching the outlines of these land masses to avoid “intellectual and conceptual shipwreck.” To even contribute to alleviating the *appearance* of paradox in the claim that “schizophrenic patients can be more logical than healthy people,” that “delusional patients can be perfectly rational in defending their ideas,” or that “depressive people can be more realistic than non-clinical subjects” would in itself, in my view, be a worthwhile accomplishment.

Madness and mental illness

I want to clarify certain potential misunderstandings about my project, particularly regarding the relationship between madness and mental disorder, misunderstandings no doubt fostered by my own brevity on the topic. Aftab notes my recognition of the need to “offer a *positive* account of mental illness,” but he worries that “broad generalizations about the nature of reason in the mental disorders would be simplistic at best and inaccurate at worst,” given that “psychopathology [as currently understood] is inclusive of both idiocy and madness.” Tsou describes my view as “reject[ing] the...assumption that mental disorders are paradigmatically marked by the *absence of reason*,” and points out, to the contrary, that “there is no general agreement that all mental disorders necessarily involve such detriments [to rationality].” Tsou (2013) himself has usefully developed the theme of the latent rationality of mental illness with regard to depression.

I do not entirely agree with Aftab and Tsou when they describe my goal as one of providing an account of *mental disorder* in terms of the presence of reason. My goal here is not to provide an account of mental disorder, but of madness – though I anticipate that reflecting on the distinction between lack and perversion will provide rather indirect benefits for thinking about mental disorder, too. But to clarify how my project bears on madness, rather than mental disorder, I must be clearer about how I view the link between them.

Madness is not the same thing as mental disorder (incidentally, I use “mental disorder” synonymously with “mental illness”). Madness and mental disorder overlap partly. Specifically, mental disorder is what I called the “medically-sanitized analogue” of madness. It is what happens when you take this very public, intuitive *phenomenon* of madness – “behaving crazy, looking crazy, talking crazy,” as Porter (1987, 35) describes it – and conceptualize it as a medical problem, as a problem that falls under the jurisdiction of medicine, as something that doctors have a natural “say” in, as something it’d be reasonable and appropriate to “go see a doctor about.” Madness is then transformed into a species of “disorder.”

From the moment medicine asserts its authority over madness, it begins not only to catalogue its forms and cultivate techniques for its “treatment,” but to enlarge its domain. I suspect this is, in part, because of a greater or lesser market demand for techniques and products that are seen as some help in the ordinary problems of life, too. “My younger brother can’t sit still for more than five minutes at a time before he is off climbing a tree – can you help him, too?” “I’m starting to drink earlier and earlier in the day and my family wants me to stop – can you help me with that?” “Sometimes my son gets so sad that he cuts himself, and it scares me. Can you help him?”

“When I hit 40, my life lost all of its meaning; I was doing everything I was ‘supposed to’ in terms of career and family, but I just feel hollow. A friend said you have pills that can help me?” “I can’t make love to my husband anymore.” “The words on a page all jumble together.” “I get off on stealing.” “I can’t keep a job.” Over the last four decades in particular, thanks to a historically unique blend of altruism, social control, and profit motives – and a vaguely-defined notion of “mental disorder” at its disposal – psychiatry’s alleged sphere of jurisdiction has expanded uncontrollably, like an untreated weed or fungus. “Mental disorder” is meant somehow to characterize this sprawling domain.

Occasionally, and as a reaction to this explosion of its presumed sphere of jurisdiction, thoughtful individuals wonder what exactly these “mental disorders” are. What distinguishes genuine mental disorders from the ordinary problems of life? They may have a passing familiarity with research on the harms of medicalization, such as stigma and pessimism about treatment outcomes (e.g., Pescolido et al. 2021; Schomerus et al. 2022; Schroder et al. 2022). If they are philosophically inclined, they might suspect that defining “mental disorder” clearly would be a useful remedy for psychiatry’s expansionist tendency, and that it might help firm up psychiatry’s proper scope and boundaries. Historically, such worries have given rise to what philosophers call the “demarcation problem:” how to distinguish disorder from non-disorder? This is an important problem, even a socially urgent one. But it is not the problem I am dealing with here. Rather, I seek, among other things, to indicate the way in which philosophy’s demarcation problem represents the outcome of multiple conceptual transformations, and return to a more archaic way of thinking about madness.

That said, it is true that reflection on the Late Modern conception of madness should bear fruit for those who think about the demarcation problem, and specifically in the following way: just as the Late Modern thinker chose to approach madness not merely *via negativa*, not just as a lack or absence, but as a positive being, what would it mean for the contemporary theorist of the demarcation problem to do the same? What would it mean to think of disorder, or that subclass of disorders we call mental disorders, not merely in terms of lack, absence, or failure, but positively? What would it mean to think about mental disorder in terms other than “failure of functioning,” “failure of action,” “failure of rationality?”

But my restrictive focus on madness provokes a new question: what is the contemporary relevance of pondering the nature of *madness*, rather than *mental disorder*? Unless this is intended merely as an exercise in the history of ideas - which I have adamantly denied - of what use is it today? My view is that the task of speaking of madness, of approaching madness, of describing madness, is still very much alive and pressing. That is because, among other things, it gives us a vantage point from which to view, clearly, the historical and cultural contingency of psychiatry, and most importantly, to discern its edges. That - if it is still possible - would be an invaluable intellectual and cultural achievement. At the moment it is nearly impossible to think clearly about what psychiatry is because we cannot see outside of it. My interest is in contributing, alongside philosophers such as Kusters (2020), Jeppsson (forthcoming), and Richard Saville-Smith (2023), to the task of carving out a notion of madness and its philosophy that goes *beyond* psychiatry and draws everything along in its wake.

Shame and Pride

My view is that rethinking madness in terms of its Late Modern contrast with sanity, on the one hand, and idiocy, on the other, can provide “intellectual scaffolding for Mad Pride.” That is because it helps us dislodge madness from the confines of the medical model, and moreover, to appreciate how madness is always, as it were, infused with reason and therefore the kinds of reflection and possibilities of collective action associated with rationality. Some of the commentators did not see how that was so, and considered how pride, shame, and conceptions of madness might interrelate.

Gipps describes three general points of view about the shame of madness; of these, I probably accept what he dismisses as the “romantic” view. (As he describes this view, “you haven’t lost your reason; it’s simply of a different sort, or you’re putting it to a different use, implementing it in an unusual manner.”) My view is that madness is not inherently shameful, but becomes shameful because of social attitudes about it (compare: masturbation and same-sex attraction are not inherently shameful but become so because of social disapproval). My belief is that the current, and rather burgeoning, empirical literature on stigma (indicated above) tends to support the view that stigma is not, as it were, an inherent feature of madness but largely a byproduct of specific, historically contingent, framings. In particular, standard biomedical (dysfunction-centered or deficit-centered) framings of mental disorder are associated with an increase in the tendency to see people with mental disorders as unpredictable, an increase in the desire for social distance from people with mental disorders, and an increase in pessimism about treatment outcomes. What Gipps seems to see as a largely ahistorical feature of madness (“the mad can

suffer, on account of their madness, a blow to their pride”) is, I believe, a product of those framings.

Aftab rejects my claim that the Late Modern construal of madness provides “intellectual scaffolding” for Mad Pride on the grounds that Mad Pride “doesn’t center itself around any particular notion of madness” and that any such conception would be “restrictive for its purposes.” But that phrasing is surely too strong. Mad Pride, as a loosely-structured historical formation analogous in some ways to the Black Power or gay liberation movements of the 1960s, starts with a rejection of a medicalized conception of madness (E.g., Curtis et al. 2000; Hall 2016; Bossewitch 2016; for philosophical approaches see Hoffman 2019; Rashed 2019). I cannot do better than to repeat what I have said in my book:

mad pride, mad resistance, or mad activism...is helmed by mental health service users (ex-patients, survivors) who demand, above all, that society adopt new forms of conceiving of, and engaging with, madness, who insist that madness, far from being a deficit or pathology, has a truth of its own to reveal, that it has a *positive being* and not simply the being of a negation, lack, or failure. The very terminology of “mental illness” or “mental disorder” is, as a rule, shunned because such language attempts to strip madness of this positive being; it places madness on a shelf as a kind of medical *curio*, along with a two-headed fetus or oversized tumor. The mad are not a curiosity; madness is not always a disease to be cured but a force of disruption to be reckoned with (Garson 2022, 12).

If Aftab is merely insisting that Mad Pride should not align itself too tightly with any highly specific definition of “madness,” I agree entirely. A goal of resurrecting Late Modern thought on madness and idiocy is to provide a lever for lifting us out of the dominant medical framing of madness, rather than to give us something like a set of conditions for the correct application of the term. Moreover, I cannot see how any form of mad activism can proceed without adopting a vantage point on madness which recognizes it as partly constituted by rationality – precisely such a vantage point that the Late Modern mind possessed and that we have largely lost or abandoned today.

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