

Geography of Crazy Madness:
A Historical Mapping of Crazy and
an Exploration of Resistance in Counter Narratives from the Crazed.

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PART 2

Intro:

"And it is easy to slip into a parallel universe. There are so many of them: worlds of the insane, the criminal, the crippled, the dying, perhaps of the dead as well. These worlds exist alongside this world and resemble it, but are not in it...most people pass over incrementally, making a series of perforations in the membrane between here and there until an opening exists."

— Susanna Kaysen, *Girl, Interrupted*

Wars over the world of Madness have been fought for centuries. The people of this world, the mad, have lost pieces of themselves, their culture, their language, and their world with every war. Each system of power that seeks to conquer the world of madness does nothing more than pillage; taking what parts appear to hold value, constructing a perverted reality, forcing upon the mad this foreign construction. Histories of the mad have been appropriated and misconstrued leading to exploited falsities that support domination rather than honoring the lives of those who are labeled as mad.

Language is one of the most fought over characteristic of the mad. The language of the mad has been stolen, manipulated and perverted. This language that has yet to be heard by dominant ears; has been constructed time and time again, distorted in classrooms, offices of psychoanalysis and therapeutic sessions. Manipulated into the pages of literature, unrecognizable to those whose lips formed the sounds of this intimate knowledge.

With the language and histories of the mad stolen, misunderstood and exploited, I hope to open a dialogue, to start a conversation about madness, crazy and how these worlds have been historically constructed, the functions these constructions hold and how those who are mad, have been labeled as mad, and the crazed have been affected by these constructs.

Chapter 1: Historical Tenants

Foundational Ideologies And Theories

“It is sometimes an appropriate response to reality to go insane.”
— Philip K. Dick, VALIS

Let us begin this conversation with a common ground of language, exploration of theory and foundation of analysis. I will be utilizing Gee’s definition of “Big ‘D’ Discourses”(2012, p.2). “Discourses are ways of behaving, interacting, valuing, thinking, believing, speaking and often readings and writing, that are accepted as instantiation of particular identities by specific groups”(p.3). I will primarily be focusing on the Discourse of madness through both a medical and literary lens as well as current dominant Discourses of madness and the Discourse of crazy. I aim to explore how the Discourse of madness and the Discourse of crazy are innately different and how the boundaries of these Discourses have been blurred to maintain power systems and dominance of the mad.

“In our daily lives, the beliefs we have and the claims we make have effects on other people, sometimes harmful, sometimes beneficial, sometimes a bit of both, and sometimes neither”(Gee, 2012, p.19). Theory is a primary component when asserting a claim. With varying types of theories, primary and secondary (Gee, 2012), one must explore where theories originate from and how do we know these theories to be ‘true’. Claims about madness have affected those who are mad, labeled as mad and the crazy by imprisoning them to limited narratives that they themselves have no input or control over. The mad have been at the mercy of these dominant claims regarding their culture, ways of life, moral standing and social status. Claims about the mad have centered around moral deficiencies: lacking in cognitive abilities, dangerousness, illogical, abnormal, incapable of self-care, unable to control impulses, animalistic and violent are to name a few.

Ideology is a system of social beliefs, set of values and opinions. What social beliefs do we as a society hold about the mad? What values do we place upon or restrict from the mad? Gee (2012), identifies theory as “a set of generalizations about an area in terms of which descriptions of phenomena in that area can be couched and explanation can be offered”(p.13), “theories...ground beliefs and claims to know things”. They tell us how and where to look for evidence and what counts as evidence”. Where have we learned about madness? Who are the experts that can speak about madness? What were the books we’ve read, who were the people we’ve known, and what religious doctrine informed us of madness? How does one come to know madness? These are questions I hope to build a historical lineage to in order to gain a deeper understanding of how these questions might be answered.

My Kind of Crazy

“Madness strips you of memory and leaves you scabbling around on the floor of your brain for the snatches and snippets of what happened, what was said, and when.”
— Marya Hornbacher, *Madness: A Bipolar Life*

“‘Theory’ is always essential to making any claim”(Gee, 2012), in making a claim I am constructing it out of my own figured world, horizontal limitations and theories that shape my world. As previously stated theories aid us in understating our world, knowing who to believe and what is ‘truth’.

My truth is my own lived experiences, although I do not subscribe to all of these labels I have been diagnosed with depression, manic depression, obsessive compulsive disorder (OCD), post traumatic stress disorder (PTSD), borderline personality disorder and Bipolar as well as having to navigating the mental health system not only as a consumer but as a provider as well. Building my funds of knowledge in both sides of this

world I have constructed an understanding of my own madness, how madness is socially seen and thought about in academic Discourse for over 20 years.

I write this text with a lens influenced by whiteness, poverty, feminine discourse and madness. I write this text because our histories have been concealed from us. Because I have been warned that only those with college degrees and the ink of books on their hands, hold the keys to the world of madness. I have been told my entire life that I do not know what madness is, that my understandings of madness are invalid and inaccurate because I am mad. I have no ownership to my history, my narrative or my experience. Every construction of madness that I create through embodied experiences of madness, is inauthentic. My madness invalidates my feelings, thoughts and reactions: I am overdramatic, unreasonable and irrational. The sexual abuse that I suffered at the hands of the orderly at the mental hospital that I was confined in was not abuse but rather a fabrication to gain attention. My recollections of abuse and discrimination by others were dismissed as me being overly sensitive and inaccurate because bipolar and Post Traumatic Stress Disorder (PTSD) affect memory thus affecting the validity of my claims. I have had little say in what medication has been forced into my body, what 'treatments' I was subjected to, what labels were placed upon me and how my own words were unacceptable though quick to be used against me.

I ache to value my own words and know my own history. With every turn my life was bracketed into the shadows. I was imprisoned by formations dictated to me through the gospel of the DSM (diagnostic statistics manual), limited into performances that supported the dominant understanding of madness, forcing me to hide my madness leaving me feeling betrayed and wounded.

I lived between the world of the sane and the world of the mad through the constructions of the powerful. In this, I hope to explore how madness has been historically constructed and how madness has been appropriated. How the Discourse of crazy broke off and was cast further to the shadows of the 'dark continent'. I want to know my own history and take ownership of who I am, my language and my ways of knowing while building an alliance within my community and shape spaces of ally-ship.

Chapter 2: Historical Mapping

Historical constructions

I will start the historical mapping of madness with the Greco-Roman constructions of madness. This historical mapping is not meant to identify a comprehensive historical lineage of madness, law, medicine, literature, religion and government in its detailed entirety, but rather to create a shared platform of knowledge so that we might open and further discuss madness and crazy with a common language and a shared brief historical context. This construction of madness reflects influences and investments in power structures such as capitalism and classism, as well as, medical Discourse, literary Discourse and religious dogma in regards to madness.

Let us start by looking at how madness was explained or theorized within the Greco-Roman construction. Thither (2004) states that "there are at least two specific explanations of madness in the Hippocratic texts, one dealing with its relation to wind heat and other natural influences; and the better-known explanation, the humors theory that dominated Western medicine for many centuries"(p.18). What we see here is a manifestation of the Western dichotomy of nature vs. nurture. Nurture being of external influences and nature being that of the soul, mind and body. We will see this foundational construction of

external and internal genesis of madness throughout history persisting into current constructions of madness that we see today.

The construction of madness through the eyes of the Athens was seen as a consequence of creation by fate, something you could not control but that was destined to afflict a person at any given time. The Greeks saw madness as a consequence or creation by the Gods that would afflict a person due to deviant behavior or departure from the will of the Gods. Athens constructions of madness perceived madness to liken more to an illness that would pass, while Greek construction of madness was seen as a moral issue with the afflicted person needing to pay penance to the Gods for their deviant behavior in hopes to be cured.

Collective: Nature vs. Nurture/Intrinsic vs. Acquired

Both the Athens and Greek views of madness identify an external locus of control to an extent. Although madness is bestowed or inflicted upon an individual one must have weak moral character and deviant behaviors to call upon such wrath, “only charlatans would invoke the gods”(p.21). One can draw similarities between Judeo-Christian concepts of madness, inferiority and worth with Greco-Roman constructions of madness. The connections between Athens and Greek concepts of madness and Judeo-Christian concepts of madness, both showing deep investment in morality, are further solidified with the story of Ajax. Ajax refuses the help from Athena, which, much like Judeo-Christian constructions of madness, refusing of the divine is also considered a form of madness. Athena curses Ajax with madness as a consequences for his refusal of the Gods. We will see religeous dogma throughout the history of madness as an underlying foundational influence.

Athens construction of madness saw madness as caused by external stimuli which illuminates a historical lineage to current constructions of madness through medical Discourse, as being some causality that is outside of the soul, a condition rather than a state. Greek constructions of madness then see it as being an intrinsic manifestation, a weakness of moral character, a consequence to wicked acts and thoughts, with no 'true' cure but rather a condemnation and penance to be paid.

We can draw correlations to current constructions of medical madness through this lineage with Athens construction of madness. Thither (2004) states, that madness is seen as being localized in the brain, disconnected from the soul "the brain is the seat of madness and delirium"(p.17).

Psyche vs. Body

"*Psyche* or self exists separate from *physis* or unfolding nature, and yet is subject to it"(p.17). Within the Greco-Roman 'rationalist world' "emerges the view of self as a *psyche* that is something separate from the world, a world that includes the body as a unified entity set against the psyche"(p.15). We see that there are distinctions being made between the brain and the soul (mind), though there is an influential relationship between these forces, but an argument is being made between the primary genesis of madness. Is it an intrinsic characteristic of ones soul that is affecting their interaction with their body and environment or is that ones environment, body and world, has an affect on the soul of a person? "The axiom of natural causality relates the mad, through their bodies, to the world of the phenomena"(Thither, 2004, p.17). Regardless of the genesis being the soul or the environment we see the space in which this war is staged is the body. The body is now identified as the battleground over which the constructions of madness will be performed,

enacted and fought. We now have the actors, the scene and the motives: next we will explore how this war will be played out.

Chapter 3: Confinement: Dominance and the Experience of the Mad

With the body being set as the stage, we will see the placement of the body as the initial manifestation of power by dominance. The mad were ostracized: physically, socially, and economically. The mad were placed into confinement, physically away from the community but holding a strong presence within the 'social imagination'. Within confinement there were no distinctions being made between madness and criminality in treatment or punishment, the constructions of origin or causality of madness and criminality were quite similar.

Middle Ages Onward

The middle ages exhibited aspects of humanitarianism for the mad. I see this as a rise in what I will be terming 'literary Discourse'. Literary Discourse is the construction of madness through the lens of literary examples of madness. This influenced by the framework and actors/characters from Greco-Roman mythology. This Discourse has its roots in storytelling and creative expressions of art. We will further the discussion of literary Discourse later on, though I feel that it is important to develop a basic shared knowledge of this discourse before we proceed any further.

Literary constructions of madness saw madness as a connection to the inner-self, the soul, we can quite easily draw connections between the moral/religious constructions of madness with literary constructions of madness, though there are some stark differences that we will explore in further chapters.

“Oriental and Arab thought” (Foucault, 1961, p.117) influenced the treatment of the mad during this time period. Constructions of madness were moving towards terms such as “illuminated” or “visionaries” having associated “celestial apparitions” with hallucinations (115). This movement led to the creations of buildings for the insane where the mad were placed in houses and confinements specially created for the treatment of the mad. “A sort of spiritual therapy was carried out here, including music, dance, and theatrical spectacles and readings of marvelous stories”(p.117). Treatment for the mad comprised of treatment not only for the illness but also for the whole person reflecting a more holistic treatment rather than a limited perspective of punishment reserved for the criminal.

From the end of the middle ages onwards, the mad were treated with a certain degree of ‘medical humanitarianism’, but this would not last long returning to more oppressive dominant ways of dealing with the mad. From the 14th century to the 17th century the specifications made for the mad started to dissolve. By the beginning of the 17th century the mad were reabsorbed into the criminal populace creating an undifferentiated mass.

Classical Age

The classical age was defined by only one form of confinement for both those who were categorized as criminals and as crazy. The mad were labeled using terms such as “frenzy” or “frenzied”, which were commonly used in “case law and medicine, and indicated quite precisely a particular form of madness”(Foucault, 1961,p.109).

Medical Discourse and legal structures created a reciprocal relationship within madness during this time. Medical Discourse constructed the organization and labelization

of the mad while law enforcement used these labels and organization to justify confinement, punishment and judgment of potential of recovery of madness. This relationship will endure to current day constructions of madness and social reactions to the mad.

Although minor attempts were being made to distinguish between madness and criminality, the mad and the criminal were housed or incarcerated in the same institutions, provided with the same treatment or punishments and subject to the same conditions. The power systems of the classical age justified this unanimous incarceration with the concept of “frenzy”, “by noting not that they were ill or criminal but simply that they were ‘frenzied’” (p.109).

In attempts to understand deviant behaviors, movements were made towards theorizing and constructing a Discourse of criminality and a Discourse of madness. Although those labeled as mad were confined in the same institutions that were used for correction, there was a distinction made between the disorders of the criminal and the disorders of the mad, “a disorder of the spirit, or a disordered way of life” (p.109). This distinction between ‘spirit’ and ‘way of life’ gave support to the arguments of both medical and literary causality of madness. These two domains of thought were then situated in power structures gaining more investment and interest in the process of understanding madness.

Conditions of Confinement

During the classical age of confinement those who were labeled as mad were confined in crowded areas, sleeping in single beds with multiple other ‘madmen’, being bound in “irons and chains”(p.110). With “one in ten of all arrests ...concerned the insane,

demented men”(p.108), areas were sanctioned and buildings were created to house them specifically.

With the indiscriminate placement, ‘treatment’ and correction of the mad as the primary response to madness, there came about a small but notable movement back towards Greek-romantic (literary) views of madness. Medical Discourse in France asserted that air was a valid form of both causality and treatment of mental illness. Medical Discourse claimed that the mad were not being treated correctly due to the current conditions of confinement. “How can the air in the beds be fresh, when three or four madmen were squeezed in to roll around and fight there”(p.110). This rise in medical discourse of madness and investment in medical understanding of the ‘humanity of the mad’ - ‘medical humanitarianism’, the mad were then moved to the countryside away from the criminals though still in confinement, allowing for fresh air and other medical treatments. Although the mad “had a special place that assured them a quasi-medical status, the majority resided in houses of confinement, and led in effect a correctional existence”(p.111).

“It was not therefore surprising that houses of confinement had the appearance of prisons, and that often the one was taken for the other, so much so that at times the mad were placed in both almost indiscriminately”(p.113). So, we see that although actions were taken to differentiate between the mad and the criminal, they were superficial performances at best, doing nothing to honor the lives, experiences, histories or souls of either the mad or the criminal.

Criticisms about these institutions were documented stating “too harsh a regime to look after their charges”(p.119), “to walk them around stick in hand...if any of them

stray...or failed to keep up with the others, they are beaten with batons so harshly that some of them are permanently disabled, others had their heads broken and have died from the blows they received”(p.120). Other criticisms were in regards to the lack of information about the mad who were kept in confinement. “Even preventing those where were sent their for being simple-minded or corrupt in their ways from informing their families of improvement in their ways, in order to keep them there for a longer period”(p.119). We can see themes of capitalism exploiting the economy of the mad by benefiting from the confinement of the mad.

In response a committee was created to study the conditions of the mad ‘Poor lunatics of England’. This committee found that it was just as likely to find the mad in prisons throughout Europe as they would houses of confinement. They also found that the experience of the mad during this time was that of “part confinement, punishment and correction”(p.114). This identified the social place of the mad as well as how they were socially viewed during this time. Medical and legal Discourses were at the center of this construction influenced foundational tenets of morality.

With this we see a demonstration of the relationship between law and medicine. Medical Discourse was used to justify actions arising from legal Discourse maintaining their positions of power and domination over the mad. To explore this concept further lets look at the experiences of the mad and the types of confinement they were subject to.

There were two types of houses of confinement for the mad during this time in France, in which the person was “judged incurable when they arrived...and they received no treatment there”(p.112) and the other was likened more to like a waiting room for confinement.

Medical discourse believed air to be an agent of contagion and healing, heat was also seen as another origin of evil and madness thus open country air was an acceptable cure. The 'waiting room' was set in the country with fresh air to circulate the heat but with no other treatments offered, many remained 'mad' and were eventually sent to the previous confinement which was meant for correction rather than a cure, "cure was neither a meaning nor aim"(p.112). "Some establishments only took in the mad to an extent that they were theoretically curable, while others took them in in order to rid society of them"(p.114). Foucault states that curing the mad was not an intended function of confinement during this time, but rather social control and isolation of the mad. "Confinement was intended to be a punishment, and if was given as a term, it was not to coincide with a cure, but with an acknowledged process of repentance"(p.113).

Along with the 17th century came the unraveling of quasi- 'medical humanitarianism', distinguishing the mad and the criminal "less clearly, and reabsorbing them instead into an undifferentiated mass"(p.118). The institutions that were built for the treatment of the mad were now open to anyone the reigning powers felt needed correction or confinement. The reigning powers were able to send anyone they felt needed confinement into these prisons. This is not a new concept but rather given authenticity and validity through the support of medical and legal Discourses.

The use of confinement as punishment or isolation had serious consequences for the mad. The development of reciprocal support from medical and legal Discourses led to the conception of organized visible power hierarchies within madness. They set about to categorize madness, creating a hierarchical value system within madness. Three categories within the larger category of madness were first the "fools": "who could bear witness,

make will and marry but could not take holy orders”, the “imbeciles proper”, “could be given no responsibility, as, like children under seven”, and the “stupid”, “were worth no more than stones”.

The relationship between medical and legal discourse led madness to be used more blatantly as a means of oppression and control. The Justice of the Peace, doctors and anyone in a Church position could claim madness and thus need for confinement upon anyone they felt were mad. With entities of the law, religious peoples, and medical peoples as primary judges of the mad, madness was a tool of dominance. These power structures continually “refined its analysis of madness”(Foucault, 1961,p.127), which allowed the use of madness to prevail as a powerful, and justifiable dominance tool in the eyes of the reigning powers..

Identifying madness became much like a ‘witch hunt’. Anyone could suspect or make a claim, that anyone else was mad and in need of confinement. Lawyers having no experience in madness or medical training could identify the mad, though in some spaces and times only physicians were thought to understand madness thoroughly enough to identify someone as being mad and able to order them into confinement

With accusations of madness and confinement on the rise, family members of those in confinement could appeal to the Court with a “letter de cachet”(Foucault, 1961,p.125), though that rarely produced someone being let out of confinement. This functions to support medical discourse that positions the mad as incapable of making decisions placing all authority in the hands of the ‘experts’ and the powerful.

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In this chapter we have created a shared knowledge about the historical lineage of the mad, while shining light on some of the experiences of the mad during this time. If we look at this historical mapping, we can start to draw connections to the dominant power systems: medical, legal and literary, that lead to the constructions of madness. I would argue medical and legal discourses position themselves in alliance with each other while literary discourse is positioned in opposition with medical/legal discourse. This dichotomy of the two leading power systems, medical and literary, attribute to the dominant views of madness today. Both medical and literary Discourses have the most influence on the dominant constructions of madness.

We can see a cyclical relationship of power between these primary Discourses, medical/legal and literary. Neither Discourse falls out of power but rather steps back while the other takes the spotlight of dominance. Though these two Discourses, which we will explore more deeply in chapter 5, may seem to be very different and have contradictory views, they both benefit from the dominance of the mad and support each other in nuanced and subtle ways. Let us next take a step back and explore how madness has been exploited and manipulated to be used as a tool of control and dominance not only for those who are mad but as a tool for comprehensive social control.

Chapter 4: The Fear of Madness

"Words have no power to impress the mind without the exquisite horror of their reality"
— Edgar Allan Poe

I would assert that it is an innate human response to fear what one does not know or understand. I also believe that this is why fear has been harnessed as one of the greatest

tools for social control. Madness has and is currently used as a discursive practice to control and dominate through the function of fear. Madness and unreason have been/are currently positioned against sanity, reason and morality.

Within the construction of the fear of madness, fear is maintained through blurred realities and misinformation from those who are labeled as ‘experts’. Lived experiences are manipulated and contorted through hushed voices, spun under breath to take the perverted form of cautionary horror stories rather than embodied experiences and personal histories.

Madness has been historically used to control through the social construct that at any time you could be overcome with madness and anyone could petition to the Court for you to be confined. I assert that this still stands today. This fear conjures images of witches, devils and steely-eyed creatures that come slinking across your path on dark nights—possessed individuals foaming at the mouth, spitting vulgar slurs and exploding with violence. Fear of the unknown, unpredictable and violent haunt our histories and banish the crazed to the shadows. I find this to be ironic, as we can see from this quick glimpse into history, the mad have more to fear from the ‘sane’ than the sane have to fear from the mad. At any given time someone could claim insanity and you would be removed, chained and locked, your freedom taken away and your voice no longer holding any weight or value. In certain spaces within our nation this scenario is not so far fetched. As sad as this makes me, I have seen minors of my community forced into ambulances and taken against their will to ‘hospitals’, with no say as to when they may be released or the necessity of this removal. Stories of death by police tazers and injuries at the hands of the ‘experts’ structure how the mad see their world. The mad learn to be inconspicuous, silent and

unseen. Fear structures not only the world of the crazed but the world of the sane. The sane are conditioned to fear the mad while the mad are conditioned to fear the sane. This fractures the human connection, creating caverns between our worlds.

In this chapter I look to explore how fear is utilized as a tool of social control while simultaneously marginalizing the mad forever relegating them to an animalistic existence, equating them to a dangerous criminal.

Within this introduction I have called upon some common images that have been constructed within the history of madness to explain, or understand madness. The use of symbols and images to distance the mad to the status of the other have been employed for centuries. Through “social disgrace: the torn clothing, arrogance in rags, the insolence that was tolerated and whose worrying powers were silenced with amused indulgence” (Foucault, 1961p.351), “the madman was once again a character on the social stage”.

*

There are two primary ways that madness has been historically used as discursive tactics of control through the lens of fear: 1) fear of confinement and 2) fear of contagion. Let us start with a recap of fear of confinement.

Fear of confinement functions through the fear of being imprisoned and the deplorable conditions of imprisonment, as well as loss of self and voice. As preciously discussed: historically the mad have been removed from the larger community into designated spaces where they could not ‘harm’ or impose themselves on the ‘sane’. With developments in confinement as in prisons, to confinement in ‘hospitals’, the placement of the mad became a more important characteristic in the history and domination of the mad. Whether in hospitals or in prisons, fear dominated the construction of madness.

Confinement facilitated the fear of captivity but also bred a new more powerful fear: the fear of contagion. A fear birthed of medical terms twisted with deep investment in morality. Spaces of confinement would be seen as a breeding ground for evil. "Houses of confinement were no longer simply the lazar house on the edges of towns, but became themselves a form of leprosy that scarred the face of the town"(p.355).

The mad were moved to the literal outskirts of villages and removed from the direct sight where they were no longer observable. This diminished the power of the fear of the mad as a tool for social control, out of sight out of mind. This led to the mad being used through visual images building upon literary and moral imagery: "chain gangs were marched through the towns, leaving a trail of disease in their wake" (p.355). Madness now has a two-fold effect in form of fear: fear of contagion and fear of confinement. This formed a dualistic relationship of fear that supported the others positionality of power, in partnership constructing a fear that could reach the inner most part of a human. "Like the recoil of confinement, they reappeared with redoubled strength"(p.355).

The transition from confinement to contagion still had elements of morality, fear was a manifestation of the medical Discourse of madness redefining its power. Medicine and the medical field had become a power entity, which influenced the social milieu and moral value ideologies. Doctors were revered as experts, supporting an unquestioned power status that only operated to reinforce the medical discourse of madness and its domination qualities. Medical Discourse was constructing an entire history upon the mad, reaching its spindly arms into the most intimate aspects of society, medical madness performed dominance with many masks.

A “Mysterious Sickness”

With fear of madness being in part constructed out of medical discourse: a “mysterious sickness”(p.355) was born. This sickness found its origins from the “houses of confinement...soon to spread throughout the cities”. This “mysterious sickness” termed ‘rottenness’, ‘evil-rot’, and ‘spoil’: an “air, a dark intimation that the purity of its nature had been lost”(p.356) seeped into the minds of the community.

By labeling the mysterious sickness, madness had now become a contagion with a geography and origin. Not only were we, the mad, considered to be devilish and animalistic beasts, but also now we were ‘hosts’ to an incurable illness. Being able to identify a tangible observable source breathed new life into a more powerful tool for dominance not only for the medical entity but for the literary and religious entities as well. Fear of madness “made its presence felt afresh, but it now bore the imaginary mark of the disease that lent it its power to terrorize”(p.358).

Fear and panic was encouraged to fester within the communities, “there was talk even of going to burn the buildings at Bicetre”(p.357). “A whole literary mechanism was at work, exploiting ill-defined fears on a pathetic and perhaps even political level”(P.357).

Foucault states that madness was communicated through fear meeting with a “confused danger that emanated from inside the walls of confinement”(p.358) between “corruption and vice”. This construction of madness can also be seen as a genesis of the place madness occupies in modern culture.

The concern of contamination and confinement supported a new concept for confinement, “the new dream was of an asylum, while preserving essential functions, would be set up in such a fashion that disease could vegetate there without spreading, an

asylum where unreason would be entirely contained and offers as a spectacle without ever threatening spectators, where it would have the power of example and none of the risks of contagion”(p.359). This dream of a ‘sterilized’ asylum functioned to reinvigorate the traditional investments of encaging the mad. This can be seen as a manifestation of the cyclical relationship, previously mentioned, between the literary world and the medical world, from treatment to isolation.

The 18th century capitalized on this tangible imagery rooted in moral and literary imagery. The fear of contagion operated as “notorious dangers that constantly threatened to slip the shackles of confinement”(p.360). Much like in the 17th century, “confinement figures so strongly...ordered around images of the fortress, the cell, the dungeon, the convent, the inaccessible island”(p.360) appeared to be the perfect geographical localization of madness. Cast out to the edges of the villages, towns and cities. This functioned as an observable manifestation of the othering of the mad. To move the mad away, to create a geography and origin of madness and sanity supported the threat and danger of madness. “The fear of madness grew at the same rate as the dread of unreason, and for that reason these twin obsessions constantly reinforced each other”(p.362).

As the mad were positioned as origin and location of evil and deviance, both literary Discourse and medical Discourse profited from this construction. Although rarely in power at the same time: these Discourses positioned themselves in counter to each other. I argue that this is a discursive practice, a sleight of hand if you will, to direct attention only when and how these power systems want your attention to be given.

Let us now move into understanding a little about the constructions of madness through the Discourse of both literary and medical thought.

Chapter 5: Distinctions between medical madness and literacy constructions of madness

Madness is talked about having a “divided consciousness”(Foucault, 1961,p.129). A divided consciousness reflects the two main discourses that have influenced the construction of madness. Identifying two domains of thought, making distinctions between those who aim to cure madness and those who aim to correct madness.

I assert that there is a cyclical relationship of power that continued to recycle upon itself subjecting those who were deemed mad to offensive, horrific, inexcusable treatment, which has never had accountability or recognition for.

Literary madness and medical madness position themselves in opposition with each other. Literary madness privileges romantic views of madness as connections to the inner-self, the imagination and the soul, while medical madness identifies madness as an illness caused by both nature and nurture, it is a disease to be treated. Through historical contexts, ‘unreason’ has been used to identify literary constructions of madness.

The Discourse of unreason (literary madness) and the Discourse of madness (medical/legal) mirror each other in some primary ways, but that they are two different tools used for the perspectives of medicine and literature. I see that unreason is used by literary Discourse and madness is used by the medical Discourse, they are very similar and will merge at various points within the construction of Madness to support the other in their position of power.

Thus far we have looked at foundational constructions of madness through a glimpse into the history of madness. With this as our basis we can start to investigate

current constructions of madness, continue to compose a historical mapping of madness, building a lineage of madness as we see it today.

Modern Madness

Continuing with the construction of madness: literary and medical madness are at the heart of this construction, let's step back a few years to look at when madness started to gain a bit of notoriety that is still in our social memory.

Modern discourses of the treatment of the mentally ill are most commonly associated with Sigmund Freud (1856-1939). There is another that is as equally responsible for the current construction of the treatment of the mentally ill though, he is much less well known. Emil Kraepelin (1856-1926) is the 'father' of psychiatry while Freud is the 'father' of psychoanalysis. Kraepelin is associated with neuro-analysis while Freud is considered to be more of a literary artist that is interested in the depths of the subconscious. Freud and Kraepelin became the faces used to further the power and dominance of both literary and medical constructions of madness.

Emil Kraepelin

Kraepelin "understood madness in terms of fixed syndromes, or nosological entities, that are not causally defined. These syndromes describe internal states that evolve in time—and thus allow some regularity of prognosis once a proper diagnosis has been undertaken" (Thither, 2004, p.228). Kraepelin saw madness like an "inner world"(p.228), with biological and hereditary causality. Kraepelin's movement of madness developed more towards individual manifestations of madness with emphasis on phenomenology moving away from causality. Kraepelin's development of madness saw a return to the

mechanical man, a man disconnected from his spirit, experiences and feelings. A man made more of passive organic components rather than of soul of essence.

Kraepelin, seen more as a teacher, invested in tradition styles of academic dissemination of knowledge. Accounts depict him as standing in auditoriums filled with medical students putting on display the mad. Creating another more valued form showcasing the mad, utilizing the mad as a spectacle. We can see that this draws from theatrical and historical exploitations of the mad as social cautionary tails and spectacles to be gawked at, inspected and dissected. This theatrical display of madness positioned the mad as disease spectacles with no regard as to our voices, feelings or experiences. I assert that the current construction of madness within academic and medical settings does not veer far from this account of madness.

Sigmund Freud

Freud saw madness similarly to romantic literary perspectives of madness often in stark contradiction to Kraepelin. Freud saw deviance as normal, influenced by heredity and biology. "It is normal development of a continuum of deviance for which there are no clear criteria for deciding what is healthy and unhealthy... cultural norms are also deviant, at least by some obscure rational standard"(Thither, 2004,p.245). Taking the literary perspective Freud saw madness "as privileged path leading to 'internal psychic reality'"(p.246). Freud drew upon theories of the unconscious and dream states to understand madness. We can see how Freud's construction of madness shares much with the Greco-Roman constructions of madness. He saw madness as a window to the soul, innate desires that one must master. Freudian theories and psychoanalysis can be seen

most clearly in the current constructions of behavioral therapy, therapists positioned as internal investigators of the soul.

Freud's investment in 'talk therapy' and accessing the subconscious led to an investment in literary discourse of how to talk about madness, how to understand and access madness through literary expression. Though this pathway to madness came with a price. This connection to the "lost self", as therapist saw, is the primary issues since this "communication is most difficult"(p.137), due to the power of the mad "to manipulate the real"(p.138). The mad were not to be trusted to explore or identify their madness through themselves. The therapist was positioned as an investigator, a literary archeologist excavating the crazed soul. This created a power hierarchy that allowed salvation from madness only through the voice and language of the therapist.

The mad were given space away from the incurable contaminated specimen but were still caged in the limitations of psychoanalytics. To be cured is to assimilate to the dominant notions of control, while articulating impure thoughts and desires in a confessional-esque space. Freud positioned himself and other psychoanalysis as the savior and the mad as the damned. Only through their verbal excavation and analysis could the therapist judge the mad if they were cured or not. Only through the therapist could the mad be saved.

Though Freudian perspectives gained a lot of notoriety, I argue that it was very damaging to the mad. To use Freudian language: Freud was projecting his own insecurities and emotional distress upon the mad, much like a vulnerable canvas. Freud painted a very ugly, sad picture of the mad that we have yet to separate ourselves from.

Kraepelin held little hope or investment that the mad could be cured, while Freud perceived that madness could be cured through investigation into the subconscious and mastering of the animalistic impulses. I see correlations to the current philosophical debates between psychiatry and psychology, between chemicals and talk as treatments for the mad. This divided consciousness is alive and well, maintaining the dominance of both literary and medical power systems over the mad.

Freud, Foucault and Literary Power

“Literary...vitalism meant that the mechanical image of mind could no longer be invoked to explain madness as the garbled production of ideas by a dysfunctional machine”(Thither, 2004,p.134). Literary discourse saw madness as a link to the “self lost”(p.137). This discourse saw madness as being synonymous with imagination and fantasy: madness as being a connection to the self of creativity, imagination and art.

Shoshana Felman (Felman, S. & Laub, D, 2003) is a prominent feminist theorist that has written various books on madness and trauma. Felman identifies that there are three main writers of madness to explore when attempting to understand literary constructions of madness: Michel Foucault (1926-1984), Gérard de Nerval (1808-1855) and Jacques Derrida (1930-2004). Foucault, Nerval and Derrida are extremely distinguished writers and philosophers that are known for their work in analyzing and critiquing literary and philosophical texts.

I chose Felman, Foucault, Nerval and Derrida for this section precisely because of their positionality within critical communities. These writer/theorists have deep investments in white bourgeois ideologies and I argue have exploited the mad in attempted to ‘unpack’ literary and philosophical texts. These writer/theorists have constructed their

postionalites and gained notoriety at the expense of the mad. I assert that the writings of these theorists in regards to madness, is ill-informed, misguided but created a space for constructions of madness to be resisted by those labeled as mad. I believe that this is the birthplace of the Discourse of crazy. That in resistance to the oppressive constructions of madness, that have been used to dominate and marginalize us, the Discourse of crazy was shaped and pushed further underground.

I would like to take us now more deeply into the literary construction of madness. To explore the power hierarchies created within this construction and illuminate how madness has been manipulated through literary discursive practices to keep the mad in chains, be it figurative chains. I would like to explore how literary Discourse utilize language as the primary instrument to construct madness and to erect figurative cages that bound the mad.

Nerval, Foucault, and Derrida write about the 'double impossible', the 'unwritable book'. These writer/theorist position themselves on a task to do the impossible, to write and understand madness. Identifying that they themselves have an intimate knowledge of madness through embodied experiences but are now sane and write from a position of legitimate authority.

Engaging in previously composed deficit language to describe and write about madness: illness, disease, absence, and monster are used to identify the madness that they speak of. Felman (2003) writes of having an "attack of madness"(p.62). Although these writer/theorists self-identify their own experiences with madness, it is of the positionality of sanity that they write from: "now that I have recovered"(Felman, S. & Laub, D, 2003,p.63). I ask; is this truly madness that these writings come from? Is madness a

transient state that comes and goes? I assert that madness is not a fleeting feeling or experience, rather, madness is an eternal state. Madness is not a transitory construction of how one sees the world, madness is ones world.

Here I make the distinction between madness and crazy. Madness is a dominant construction, having been formulated for centuries, madness is an ambiguous construction that serves the purposed of the medical and literary power systems to keep these systems in power and maintain those who are labeled as mad, relegated to the periphery of existence.

The Language of Madness

The language of madness is composed of a few essential elements that distinguish the language of madness from the language of crazy. The language of madness writes about madness from either a perspective of being previously mad—now sane, or an ‘expert’ trained in the science of madness. The language of madness privileges traditional notions of encoded text, with extreme investment in White, bourgie speaking and writing styles.

Exploring the writings of Felman, Derrida, Foucault, and Nerval, one cannot escape the investment in white bourgeois ideology and investment in ‘sanity’. To have a legitimate voice in literary constructions of madness one must write from a place of ‘recovery’ of sanity. Invariably within the text the writer must establish that they are no longer mad, though having glimpsed madness they have a more familiar knowledge of what madness really is, they are no longer mad so they have an authentic but valid voice in which to construct madness.

The way that madness is written about within literary Discourse, privileges reason and centers logic and reason as the ideal. Madness is something that one can recover from then write about. The way that Felman writes about madness using Foucault, Derrida and Nerval to support her arguments continues to reinforce the binary of madness and reason and re-center the power positionality of sanity over madness. We see how these and many other writer/theorists utilize literary Discourse language to access the “invisible world”(p.71), yet maintain legitimacy through the positionality of sanity gaining authenticity of their position of power.

This situates those who are mad and see madness as an unending characteristic of themselves as being inferior to those who only have glimpses into madness. Those who recovered have authority over the crazed to speak for them. To construct a false account of crazy, that the crazed are forced to be subject to. Those who have recovered from madness have no fear of the magnitudes of various constructions of madness because they are cured. They no longer are inflicted with such illness. Those who are eternally crazed are in constant danger, subject to the social cages; treatments and cures that are devised not by them but by the hands of those who claim to know madness from a spectators view.

Felman also contradicts her investment in dominance and literary salvation of the silent mad when she says that the language of madness is a “language, which sticks in the throat, collapsing before having attained any formulation”(2003,p.42). I ask, does madness then have a voice? Does literary expression give madness a voice or does madness have a voice and literary expression misunderstands madness?

Another example of dominant literary expressions of madness is Philippe Pinel (1745-1826), he was said to give voice to the mad by attempting to change social attitudes

towards madness and those who were thought to be mad. By taking the mad out of chains, he attempted to change the relationship between dangerous and crazy. Morphing the discourses of literary and medical constructions of madness—Pinel brought to light “literary voices...that are not afraid to speak madness and demand recognition of its human singularity” (Thither, 2004, p.131). This position is especially prominent and dangerous as it positions literary expression in an even more primary function. Not only is literary expression seen as the only way for those who are mad to be saved but also for those who are mad to have a voice, positioning the mad as a silent unsavable mass.

Let’s start with the theory that the mad are *given* a voice through literary expression. This asserts that the mad do not have a voice to begin with and that their knowledge, experiences and constructions of reality are not worthless but non-existent. We see language as being wielded in a ‘double-bind’ fashion. Only through the literary expression of the voice can one find salvation, but the mad does not have a voice so it is an even more imperative function of literary Discourse to provide the platform and the language so that the mad can be saved.

I will focus predominantly on language because as I see it, language is both the key and shackle that bound the mad. “Language does not always determine what we take to be reality, but it codifies the rules for gaining access to reality”(Thither, 2004,p.3). Thither (2004) identifies a term I find to be very valuable within the discussion of madness. “Language games”: “discursive practices, with implicit and explicit rules governing the way the practice is conducted”. Through language we can see how madness is constructed, how the prominent actors perform dominance within this discourse and

how the discourse situated itself socially and politically. Lets us next explore these connections and how they function to oppress and dominant the mad.

Chapter 6: Functions of Madness

“This is a mournful discovery.

- 1) Those who agree with you are insane
 - 2) Those who do not agree with you are in power.”
- Philip K. Dick, VALIS

Economy of Madness: Madness as Capital

Looking at writings of madness by Foucault, he superficially identifies the capital gain from confinement institutions stating that “mental medicine finds their guarantee of its eternity here”(Foucault, 1961,p.116). Though he identifies the investment in keeping the mad confined and marginalized to maintain the economic and capital gain of such oppression, he does not turn that critical lens upon himself.

We can see manifestations of the economy of madness through various systems of power: religious dogma, medical Discourse and literary Discourse. Religious dogma, which I have previously identified as being the underlying theme of both medical and literary constructions of madness, identifies madness as being a consequence of weak moral fortitude, evil bewitchments, deviant unholy behavior. I term this as the morality of madness. Madness functions within religious dogma as a tool of social control. An example of what might happen to you if you stray from the righteous path.

Within literary and medical systems of power, madness functions to maintain their positions of power and those who subscribe to the ideology of these power systems. Madness ensures their existence and necessity within our social construction. Madness is

what keeps them in business. Without a disease, why identify a cure, without a dangerous monster; there is no need for protection from this beast.

One can easily conjure images of the mad by tapping into what I term as social memory. By keeping stereotypical images that denigrate the mad fresh in the social mind, power systems such as medical and literary discourse can evoke images of the mad and harness hysteria as a tool for social control and dominance.

Once we have an understanding that literary and medical systems benefit from the economy of madness we can then start to see how they support each other however politically they position themselves against one another. We can see this with the divided consciousness of Kraepelin and Freud, both profiting off the exploitations of the mad, utilizing research and ideology of the other, all the while critiquing the positionality of the other. I see this as a trick, a sleight of hand. If you are focused on the false contention between us you will not see the performances of trickery and degradation.

Literary View: Madness and Imagination

Thither's term of "fictional imagination"(2004, p.1) furthers our discussion of social memory. Fictional imagination is used to explain the construction, maintenances and justification for treatment of the insane, "that legal and religious power had accrued...the power and authority to exercise force over the body of the insane, the sick and the possessed"(Thither, 2004,p.1). Fictional imagination is the construction of false realities and narratives imposed upon the mad. Narratives that cast the mad into scenes of violence and possession, or the laughable character too dim-whited to know any better.

Madness was and is still seen as a social role which provided various social functions: comedy and entertainment, examples of consequences if one were to go against

the dominant power systems and an “othered” state to position ‘normalcy’ against madness to ensure social order. Madness is seen as weakness of the moral character and the inability to master ones impulse and passions. “For only the stoic elite...can escape insanity”(Thither, 2004,p.40).

Madness has been classically used to justify control, consequences and cures for those considered mad or deviant due to refusal of dominant religious systems and power structures often stated as a “disease of the state” (Thither, 2004,p. 29). Positioning madness as an internal, moral problem “ready to bring about destruction.

The social memory or fictional imagination is important because it is vital for the maintenance of the discourse of crazy/madness, and dominance within this domain to be supported by a tangible, observable other. The mad were paraded around the towns, church clergy urged their members to take their children to the houses of confinement to show their children what could happen to them if they strayed from the holy word. Literature on *National Benevolence* distributed by a priest (holy expert), in support of the social discourse that was employed at the time; to be a ‘good’ parent it would be wise to take your children to “these dark places”, to see the “guilty souls...showing them these places where shame and moral turpitude are attached to crime, and demonstrating that men who have soiled the essence of their being often lose forever their rights to which society has entitled them”(Foucault, 1961, p.359).

These are the tangible, observable instances that compose the social memory, the fictional imagination. It is imperative for the maintenance of dominance of the mad to have images of dangerous mad readily at hand. Although the mad are no loner marched throughout our cities, we see manifestations today in film, music and literature. Tales and

images of the mad are being splayed across the screens of nightly news, and front pages of social articles. The fastest most undisputed way to vilify someone is to claim they are crazy.

Chapter 7: The Spectacle And The Gaze

“When you are crazy you learn to keep quiet.”
— Philip K. Dick, VALIS

Madness and the mad function as entertainment or opportunity for those who are privileged enough not to be mad to place their gaze upon the mad. We have seen how the mad have been exploited and fashioned into a cautionary exhibition. Crazy has been used within dominant language to devalue, dismiss and denigrate individuals whose thoughts or behaviors are counter to the ideologies of systems of power. Terms such as crazy, insane, bipolar have become so commonplace within our society that we see these terms being misused even within the dominant definitions of these terms. “That girl is crazy”, “you’re so bipolar” are hurled at each other without a second thought.

Exploring writings from Shoshana Felman: we see she asserts that madness as a discursive term and theory have become “commonplace”(Felman, S. & Laub, D, 2003,p.14), through the liberation of the mad, the mad is still ‘confined’ though not “locked up...confined within the reductionist limits of the concept ‘mental illness’”(p.15). We see here that Felman is positioning literary constructions of madness in contrast with medical discourses of madness though her critical lens does not extend to herself. I agree that madness is “confined within the reductionist limits of the concept of mental illness” though I would argue that madness is not commonplace but rather deficit manifestations of constructions of madness from dominant power systems such as literary and medical

perceptions are what is commonplace. Constructions of self identified histories from the mad, their voice and their embodied experiences are what is missing.

A function of dominance is to blur the boundaries of madness, and pervert the histories and experiences of the mad. Efforts to distort descriptions of madness, with a new classification yearly from the DSM, serve to provide confusion and misunderstanding of madness which only further lends to the construction of fear of madness, fear of the unknown.

As the mad, we have learned through everyday experiences that it is dangerous to be crazy, that one can almost feel ones worth seep out of their skin when accused of madness. It is dangerous because of these false narratives, social memory and fictional imagination of madness. It is dangerous because at any moment you are subject to the will of another, what you say and what you do will always be seen within the framework of madness whether it is medical or literary. To mad is to be condemned, diseased and dangerous.

Literary Expression and Crazy

Next I would like to explore how we have attempted to know madness through literary expression. Felman (Felman, S. & Laub, D, 2003), states that she set about to explore “why and how do literary writers reclaim the discourse of the madman”(p.2). Felman asserts that “the mentally disturbed are thereby robbed of subjectivity: they are observed and talked about, but their own discourse is invalidated”(2003,p.3). She also says “literary knowledge mirrors psychiatric knowledge and in many ways competes with it (p.3). I think that this is a very important statement. To proceed any further in this text one must keep this framework in mind. We must know how madness is positioned within

literary expression; within medical Discourse, literary Discourse and in resistance to these oppressive dominant Discourses.

I agree with Felman that the mad are robbed of our own history, which we are the spectacle for the sane and righteous to gaze upon and use how they see fit. I also strongly agree with Felman that our discourse had been invalidated, though I am concerned that she is positioning herself to claim that she *knows* madness rather than claiming to have glimpsed madness.

Felman boldly states that only through literature has madness “survived as a speaking subject” and “the madness silenced by society has been given voice by literature”(p.15), “literature and madness are informed by each other”(p.16). I argue that literature and crazy do not inform each other as crazy does not have representation or space within dominant literary expression and Discourse. Crazy has no need to be *given* a voice, we *have* our voices.

This positionality makes her next statement even more perplexing. She purposes that if we were to speak about madness then what language would we use? She identifies “the necessity for commuting between languages”(p.18), though she only alludes to the implications of madness and navigation of languages. I agree that we need to first honor the language of crazy and acknowledge that between languages we must translate, to have an authentic reciprocal relationship.

She states that language is strange and to “import into one language the strangeness of another; to unsettle the decisions language has prescribed to us so that, somewhere between languages, will emerge the freedom to speak”(p.19), to make visible the invisible. “The place from which one is silent...speaks from a plural place”(p.20).

From this plural place comes a 'conflict' and 'interaction' an 'ex-centering'. What she speaks of here is so important, theories of 'third space' can be seen in her proposition of communicating between and through languages, though she is quick to re-center her positions of power. In theory what Felman speaks of is revolutionary, though her performance and enactment of dominance diminishes her critical perspective. Felman identifies how dominant systems have constructed madness into silence by a "radical misunderstanding of the phenomenon of madness and a deliberate misapprehension of its language....expelling madness from the confines of culture and robs it of its language, condemning it to silence"(p.38).

Although Felman explanation of dominance, madness and crazy is conflicting at best, I would like to use Felman's concept of communicating between and through languages to transition into the next segment of this text. I feel it necessary to build upon Felman's concept of communication with theories of community cultural wealth, funds of knowledge, third space and borderlands theories. We have explored literary expression from dominant views that are limited in critical analysis and invested in Whiteness, bourgeois and masculine ideologies, next I would like to expand our exploration into literary expression of madness by investigating counter literary expression and resistance expression of the dominant constructions of madness by the crazed.

PART 2

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