The Logic of Madness: Beyond the Possible Therapies and Treatments

By Robert-Tate Groome

Polonius: Though this be madness, yet there is method in't.

Shakespeare, *Hamlet* Act 2, scene 2

Part I - Introduction to the Problem

After the interminable debates between psychiatrists and anti-psychiatrists from the end of the last century, we are still left today with a dichotomy: on one hand, those psychiatrists and psychologists reducing the mental symptom to a causal explication of nature; and on the other hand those anti-psychiatrists, critical psychologists, and critical theorists reducing the mental symptom to cultural conditions. Whereas the former are most likely to prescribe pills for the treatment of a mental disorder or illness, the latter are predisposed to talk therapies and alternative remedies for what may be called existential problems. My lecture aims to address this dichotomy of nature and culture in a new way, while providing a construction that should be useful to the everyday practitioner.

Despite the differences of approach and the good intentions of those working in either field, what the nature/culture approaches have in common is that they are all therapies, that is to say, only *possible* modes of treatment with no *necessary* consequences. This situation is unfortunate since many get caught in the divide between nature and culture, pill therapy and talk therapy, and resign themselves to exhausting the *possibilities* or getting no help at all. Indeed, today in the field of mental health to even speak of a cure is unheard of, for what can only be claimed is, at best, various ways of managing a symptom and remedies.

I want to reopen the question of the cure today by refocusing the attention of the clinic away from the nature/culture divide to a problem of *modalities*:

What would it mean to shift from a myriad of *possible* treatments to a more *necessary* one?

The key words are *necessary* and *possibility* as these determine the *mood* of the verb: the *manner* with regards to how the action of the verb is achieved: is it *necessary* (must)?,is it *possible* (can/may)?

is it *contingent* (will)? or *impossible* (can't)? Schematically, we arrive at a square of modal logic:

Possible **Contingent**

Impossible **Necessary**

The problem with the current *possible* therapies is that they avoid situating the *presentation* of the clinic. I mean by this that they avoid the *mode* or *manner* a symptom is presented in a clinic, while reducing it to simply being an effect of an underlying disorder, i.e., a chemical imbalance, a family disturbance, or environmental problem. In so doing, the causality of the symptom is reduced to a thematic analysis of a natural or cultural disorder. This is unfortunate since one is left with unsubstantiated claims that a mental illness, like any disease, is merely natural, or inversely, it is cultural, and not really an illness at all but a rupture of a norm.

Yet, when at a dinner table anyone knows that if you want the salt or pepper and it is a bit out of reach, what is important is not *what* you ask for, the salt or pepper (nature/culture), but the *manner* you ask.

This *manner* of asking-presenting in aesthetics can be called a *style*, in logic it is called a *modality*, in ethics it is a *more*. Should a *manner, style*, *mode*, or *more* become exaggerated, it may be called a *symptom*.

My aim is to show how, by concentrating on the *modality* of the mental symptom, we can bring together this highly diverse semantic field of ethics, logic, and the clinic in a way that does not get bogged down in the nature/culture debate or a rivalry between schools.

Indeed, in bypassing these questions centering around the *modality* of the clinic, one avoids an intrinsic approach to an e*thics* since the problem of clinical *mores-manners* is reduced to a de-ontology. Thus, in the everyday world of employment problems of *ethics* becomes nothing more than a regulatory board that oversees the professional *character* of a mental health clinic. In such trivializations of ethics, the problem of the *mores*, *manner*, and *character* is in no way made intrinsic to a clinical construction of the symptom itself. Yet, if one were to follow the history of the clinic back to the ancient Greek doctors, virtue, like an illness, is not defined as a state or an act, whether it be of nature or culture, but a *disposition,* a *manner* of acting, a *modality* of choosing or being determined by an action. It is both an ethical, clinical, and logical problem. Here, *logic* (logos) is not something abstract, but the very *manner* that things can be presented with a certain prudence.

Towards A Logic of the Contingent, but Necessary

Unlike a cultural theorist, I will not go so far as to say that a mental disorder is not natural, but this does not mean I agree with the neuroscientist that it is natural – in the sense of being an empirically verifiable disease. What is the logic of this statement?

When a patient of Freud declared, *'You think it was my mother, but it is not mother",* Freud then concluded with a certain prudence *"it is his mother"* and that this de-negation is the mark of the unconscious. Indeed, it is precisely this *contingency* of the presentation of a symptom that allowed Freud to conclude his analysis was *necessary*. Or again, in the celebrated paper of Roman Jakobson on *Aphasia*, a scene is described where a child diagnosed with an aphasia is asked to say 'no'. The child refuses to speak or say 'no' until he is pushed to a limit where he finally exclaims, "*No, I can not say 'no!'*" without recognizing he is saying 'no'. Jakobson explains this aphasia not as a mere physical illness, but the loss of the metaphorical axis of language: the boy could only express negation metonymically, in fragments, without accounting for the act of saying it.

Is there a similar symptom to the modern mental health clinic today? '*You think the cause of the symptom is not natural or a physical illness, but you will always find someone else to tell you it is'*.

Twenty-four years after the 1961 publication of Szasz's celebrated *The Myth of Mental Illness*, Martin Roth published his *Reality of Mental Illness*. For every Michel Foucault's *History of Madness* indicting liberal institutions, psychiatry, and the reality of mental illness, there is a retort of a Gladys Swain and Marcel Gauchet's *Madness and Democracy* championing them. Unable to account for the logic of its *contingent* statements on myth and reality, unwilling to construct the de-negations on the cultural and natural conditions of the mental symptom, psychiatry, psychology, and psychotherapy today are left at an impasse: a place where something is not being written and goes unheard of in a metonymy of *possible* treatments and rivalries between schools. My goal is to show how, in a second and more refined look, we can read and write this 'something' in a logic of *contingent* statements and disavowals, then show how this construction leads quite simple to a more *necessary* treatment of the clinic. My goal is to present a clinic of the mental symptom in its structure, not a history of mental illness or disease.

Part II - Definitions: Differentiating the Contingent-Necessary From the Possible Treatments (to be presented/continued in the conference)

Robert-Tate Groome Founder and Analyst at PLACE, www.topoi.net tate@netwood.net