

**Wouter Kusters**

**Afterword to the English edition of *Pure Madness***

In the autumn of 2004 I published my book *Pure Madness* in Dutch. Earlier that year the unpublished version of this book had won the ‘Van Helsdingen Prize’ for the best essay on the borderland between psychiatry and philosophy. In april 2005 I won the ‘Socrates Cup’ for this book, for the best and most stimulating philosophy book written in Dutch of the preceding year. Since then, more than ten years have passed; what happened in those years?

After the publication of *Pure Madness* I drew considerable attention from various written and spoken media and I gave numerous lectures on the themes of this book, both for the general public as well as for mental health professionals. To my surprise much that I said was new to the audience. Alas, I had expected my book to be informative and clarifying for psychiatric patients and their families and friends. Since a psychosis begins often quite suddenly and seemingly out of nowhere - and since you are not informed beforehand about what is going to happen - not everybody is able to react optimally. Many do not have the most appropriate words and descriptions at hand for what is going on -- and not everybody, to be sure, recognises oneself in the lingo of the psychiatrist, who is mainly talking in terms of disorder, illness and medication.

The mad - or ‘psychotic’ - experiences are sometimes euphoric, sometimes fearful, sometimes lucid, but always ‘extra-ordinary’, to say the least, and never only ‘disordered’. Many (former) patients have great difficulty making sense of their experiences, digesting their own memories and they often have no other discourse than the sickening illness terminology of the psychiatrist. If there is any positive result of this book during the last ten years, it is the encouragement of people to shape and develop their own words, their own language for their experiences.

However, it was more surprising that psychiatrists and other professionals in mental health care also found my book innovative and insightful. This indicates a lack, or even a ‘disorder’, in the profession of psychiatry in the Netherlands. Of course, it was flattering to receive such positive attention, but they should already have been aware of what it is like to be psychotic. Shouldn’t that be part of their education?

I became even more surprised when I found out that the essence of much of what I describe and argue in *Pure Madness* has indeed already been thoroughly described in specialised psychiatric literature, and that, unfortunately, these older comprehensive and informative studies and reports languish in archives and libraries. There are excellent and

detailed studies of ‘what is going on’ with someone turning mad. Especially in Germany in the first half of the twentieth century considerable, classic studies were done into the mad worlds and the extraordinary experiences of the mad soul and psyche.

But those were different days, and psychiatry was another kind of *métier*. At that time psychiatrists felt more affinity with ‘spiritual life’, culture and philosophy, and were less inclined to position themselves as medical specialists. Of course, also in that period psychiatrists maintained a practical profession and were mainly focussed on concrete actions. But there was still some kind of wonder or amazement -- I would almost say, *humanist* amazement -- concerning life and experiences of the strange, and alienated other. This wonder seems to have been progressively replaced over the years by a greater interest and investment in technological machinery and statistical control by which they hope to capture and constrain the spirit of madness.

Here I should add that I perhaps idealize the German history of psychiatry of the first half of the twentieth century too much. In spite of all their engagement many German doctors were accomplice to the murder of about 180.000 psychiatric patients in the Second World War. And although there still occur suspicious deaths in contemporary psychiatry -- think of Wim Maljaars’ passing in an isolation block of a psychiatric ward in Amsterdam in 2008 -- patients today are seldom killed on purpose.

In our age of brain fetishism and professional bio-delusionism this peculiar strand in psychiatry nevertheless still subsists, although it has become a minority. Little chance that the local psychiatrist in the clinic -- let alone the general practitioner -- has ever heard of it. Since a couple of decades this phenomenological approach has even become more alive and kicking again, partly due to the work by Louis Sass in his magisterial *Madness and Modernism* (1992).

So I found out during the last decade that my book *Pure Madness* was part of a long and fruitful tradition. Over the last few years I have thoroughly explored and studied this psychopathological tradition, however, as I announced in the introductory chapter of this book: ‘Because of time pressure many ideas could only be discussed summarily, succinctly and indirectly. That’s why this book is nothing else than an ‘essay’, literally a try or an attempt. In the coming years I hope to elaborate further on these ideas.’

During this elaboration I have not only studied phenomenological psychiatry, but also all kinds of philosophical approaches that, directly or indirectly, had something to do with

madness. Initially I focussed on the ‘usual suspects’, twentieth century modern philosophy and its postmodern successors and off-shoots. Later I delved deeper into the history of philosophy; to Schelling, Hegel and Kant, and further back to the origins, to Plotinus and Greek philosophy. I also employed various writings about religious, mystic and psychotic experience in order to compare and expand the ways in which we talk and think about madness.

In addition to my public presentations and performances in many psychiatric and semi-psychiatric settings and my armchair philosophy study, my research into madness gained further momentum, power and insight in an unexpected and paradoxical way. In the summer of 2007, exactly twenty years later, I was admitted involuntarily again into a psychiatric hospital -- and again, with inclusion of a stay in the isolation cell. Thanks to this period of obligatory field work, my memories of madness from 1987 -- on which *Pure Madness* leaned fully -- had come alive again. Indeed, my narratives and analyses about 1987 run the risk of becoming a little worn-out, and this return visit provided the opportunity to re-enact madness in a new and unexpected way.

The results of these psychopathological -- and ‘philochotic’ -- investigations can be found comprehensively in my other book *Philosophy of Madness* of 2014. However, neither this new period of practical madness, nor my psychiatric-philosophical theoretical examinations have essentially rejected or altered the argument of *Pure Madness*. *Philosophy of Madness* must therefore be considered as a follow-up and elaboration to *Pure Madness*, and not as a revision. Nevertheless, there are some minor issues on which my thoughts have changed during the years, to which I turn to now.

In *Pure Madness* I stayed away from the discussion of psychopharms, in order not to make an ‘anti-psychiatric’ impression. Although I sustained a critical voice then, I know that I felt a little constrained by the fear that psychiatrists would judge me as a frustrated and rancorous psychiatric patient. Afterwards, that came to seem an unnecessary fear, and I could very well have written e.g., that anti-psychotics destroy more than you like, that they are highly addictive, though legally obtainable -- and that, ideally, all anti-psychotics should disappear from this earth, starting in the Netherlands. I say this jokingly and leave all details and nuances of this activist perspective to those who are more competent in expressing and elaborating on this message. In an English-speaking context, Robert Whitakers’ book *Anatomy of an Epidemic* has quickly become a classic in this domain, while for the Netherlands, the work by Trudy Dehue should be mentioned.

In this afterword to the new edition of *Pure Madness*, I want to lower a bit my enthusiasm for so-called cognitive (behavioural) therapies. Surely, such therapies can modify foolish, erroneous and circular thought patterns in mild, chronic psychoses, but for the exploration of the content of an intense, acute psychosis, this is less relevant. I also want to lower my enthusiasm, at the time of writing, for ‘empiricism’ as a good entry and preferred philosophical perspective on madness. On the one hand matters are much more complicated than I thought when writing *Pure Madness*. There is not one particular philosophical school or way of thought that would be most appropriate to madness. Any kind of philosophy (idealism, empiricism, phenomenology, social constructivism, postmodernism) conceives madness in its own way, and there is no absolute measure to select one kind of philosophy above the other. On the other hand matters are much simpler and hardly any philosophical (or psychiatric) know-how is actually needed to meet madness and to engage with mad people. Just acting as if the other is a real human being, instead of a walking collection of symptoms, could remedy quite a lot of misplaced seriousness, artificiality and bizarre attitudes in psychiatric encounters and interactions.

On the other hand I have become *more* enthusiastic about ‘anti-psychiatry’ and everything alike from the sixties and seventies. This concerns Foucault, of course, but also Deleuze and Guattari, Laing, etc. I have also become more interested in the neo-Jungians, from John Perry to modern schools of transpersonal and spiritual therapies, like that by Edward Podvoll. These strands are not soul-saving, but at least they put psychotic experience where it belongs: not among diabetes and broken legs, as many psychiatrists would want us to believe, but among peculiar experiences of mysticism, spirituality and transcendence.

But psychosis does not only concern soul-saving mysticism; it may also contain ‘diabolical mysticism’, as William James named it. The arrow of transcendence does not always point towards absolute unification or the seventh heaven, but may also bring us towards ‘nothingness and emptiness’, as the famous madman Antonin Artaud described it. Anyway, madness is an explosion of meaning and ‘significance’ that we cannot capture in biomedical illness metaphors, and which we cannot understand with the regular psychopathological theory. Finally I want to stress the importance of phenomenological psychiatry -- which I already referred to above -- and their corresponding philosophers, like Husserl, Sartre and Heidegger, that remain undervalued in *Pure Madness*, and are hardly mentioned.

This may seem quite a list of additions, innovations and ideas. These, however, do not undermine the main argument in *Pure Madness*, but only consolidate and expand it. These points are in fact a concise summary of the differences in perspective between *Pure Madness* and *Philosophy of Madness*.

Now, when we look back to 2004, the year of first publication of *Pure Madness*, and further backwards to 1987, the year that the book refers to, where do we stand then today, in 2016? Is there more attention for madness or psychosis today?

Yes and no. When we consider how in general psychosis and madness are being thought about, then we meet more tendencies to control and repression; more protocols and procedures to contain, isolate and destroy madness; more ideology to debase it and reduce it to non-being; more spreading of stereotypes about madness, and more fear about these same stereotypes; and far, far more problematisation and medicalisation of experiences -- both with respect to psychotic as well as non-psychotic experiences.

This may sound anti-psychiatric, almost foucauldian, and reminiscent of analytic-paranoid notions of biopower, control and the like. And in fact, these are highly relevant today, although the other end of the spectrum is just as relevant as well. This is because the battle by so-called psychiatric patients has already been won and we need only to harvest its fruits. This should not be forgotten: legally we are stronger than ever and we profit from the consumerist turn, thanks to which everyone tends to be treated as a customer -- with all sorts of rights and possibilities for (re)claiming them if we are not satisfied. And socially, the patient/client movement is better organised and more powerful than ever.

Under pressure of further democratisation and emancipation, (ex)psychiatric patients penetrate the psychiatric hospitals, under the banner of “peer experts” or “experts by experience”. Nevertheless there are still many patients that practice self-stigmatisation, possibly propelled by the dominant psychiatric normalisation discourse. But, fortunately, for our wisdom, knowledge and information about madness and psychosis, we are no longer dependent on what psychiatrists want to make us believe. This new edition of *Pure Madness* underlines the growing attention and accessibility of ‘the other side’ of madness and psychosis, and it will, hopefully, be another backbone of support for those on their way to more self-esteem and autonomy.