

Kant's concept of madness, psychiatry and anti-psychiatry

Dmitrii Polianskii^{1*}

¹Immanuel Kant Baltic Federal University, 14 Aleksandra Nevskogo st., 236016 Kaliningrad, Russia

Abstract. Critics of psychiatry (or “anti-psychiatrists”) such as philosopher Michel Foucault, sociologist Erving Goffman and physician Ronald David Laing tend to view psychiatry as a form of social control, one of the state institutions of oppression. The concept of “norm” in relation to mental health is understood as culturally conditioned. Psychiatry is used to isolate and “stigmatise” the carriers of non-normative rationality, individuals with different states of mind and patterns of behaviour. Kant has no objections to the practice of forced treatment of the insane, assuming they are declared incompetent. At the same time, Kant considers it necessary to entrust the very procedure of declaring a person incompetent not to medical professionals, but to philosophers. This is due to the fact that Kant sees mental illness as a breakdown, a weakness in cognitive abilities. Kant shares the modernist ideal of a single normative rationality, which is the basis of moral abilities and a guarantee of personal autonomy. In contrast, anti-psychiatry proceeds from the postmodern idea of the diversity of forms of rationality, or refuses entirely to evaluate reason (sanity) as an essential attribute of human nature, thereby justifying the irrational and non-rational aspects of human existence. From this perspective, insane people appear as stigmatised carriers of alternative, non-normative rationality. Accordingly, such people should be protected from any medical coercion, because doctors, when making their decisions, proceed from culturally conditioned criteria of rationality and from a very relative and changing psychiatric norm.

Keywords: psychiatry history, anti-psychiatry, Kant, madness, mental illness

1 Introduction

The French Revolution changed many social institutions in Europe, and mental health care was no exception. In 1793, Philippe Pinel became the first physician to take charge of the Bicêtre insane asylum in Paris. Earlier, the institution had been run by police officers, and its residents had effectively been prisoners. Pinel, however, considered the inmates as innocent sufferers and worked for better confinement conditions. In 1798, the residents of Bicêtre were

* Corresponding author: DPolyanskii@kantiana.ru
ORCID: 0000-0002-2673-3195

unchained, and the slow transformation of prisoners into patients began. Many regard the year 1798 as the starting point of humanisation in the treatment of the mentally ill.

By coincidence, in the same year, the great German humanist, Immanuel Kant, published his *Anthropology from a Pragmatic Point of View*, where he paid close attention to the classification and analysis of different forms of insanity. This coincidence was not a pure accident. The late eighteenth century was the time of an intense debate about madness, its causes and ways of treating the mentally ill. The phenomenon of insanity confronted scholars with a range of epistemological, ethical and even theological question, and Kant took a theoretical interest in all those issues. In this article, I will examine Kant's attitude to mental illness and the mentally ill in the context of the then nascent humanisation of psychiatry. I will also draw on the philosophy of Kant to explicate his position on the requirements of contemporary anti-psychiatry.

2 Religious and medical discourse on madness

By the end of the eighteenth century, when Kant was pondering madness in Königsberg, two competing discourses on this phenomenon had established themselves. The first has an ancient tradition. Originating in the Christian doctrine, it views madness as punishment for the sins of a soul seized by demonic forces. The second developed much later as part of the empirical medical science of the modern age. It interprets madness as a disease of the body that can afflict anyone.

These two interpretations resulted in very different ways of handling the insane. The Christian discourse presumed that the mentally ill partly deserved the misery that they had brought on themselves. Their madness was believed to be a consequence of their lecherousness and vices. The afflicted were seen as dangerous and had to be eliminated. The attitude to madness did not differ much from that to leprosy. As Michel Foucault (2006, p. 6) pointed out, it was not a coincidence that, in the Late Middle Ages, many then vacant leprosaria were repurposed as insane asylums. In the best case, those establishments served as concentration and isolation facilities. In the worst case, they doomed their residents to terrible suffering. On some occasions the Church contributed to the sorry situation of the mentally ill. Pope Innocent VIII's Bull of 1484 *Summis desiderantes affectibus* (Desiring with supreme ardour) urged the prosecution of people who had succumbed to demons. In 1487, two Dominicans — Jacobus Sprenger and Henricus Institoris — published *Malleus Maleficarum*, which drew substantially on the bull. The treatise gave instruction in exposing men and women as witches by torture. With papal approval, witch-hunts became ubiquitous, and the mentally ill would often fall victim to them. Despite his revolt against the Catholic Church, Martin Luther fully shared the demonic interpretation of madness. Yuri Kannabikh writes that, in 1636 (88 years before Kant was born), a man appeared in Lutheran Königsberg claiming to be God the Father. He also said that God the Son and the devil had acknowledged his power, and angels were singing hymns, praising his glory. For that he had his tongue removed, was beheaded and his corpse was burnt (Kannabikh, 2019, p. 59).

The medical discourse, which was emerging in psychiatry in the seventeenth and eighteenth centuries, saw the insane as patients. Although the science of the time offered no effective ways to treat mental illnesses, schooled doctors demanded the ending of torture, murder, and physical punishment. They insisted that the insane be treated with the compassion and care that any other patient deserved. The term "psychiatry" as the designation of a field of clinical medicine was introduced by the German physician Johann Christian Reil, who was Kant's contemporary. Without doubt, Reil was Germany's staunchest advocate of a more humane treatment of the insane. Remarkably, he started his academic career in Berlin under the supervision of Kant's student Markus Herz. Not without Herz's influence, Reil became a devoted admirer of Kant and was among the first in Berlin

to deliver lectures on Kantian philosophy. One can cautiously assume that Kant's contemporaries viewed his philosophy as congruent with the ideas of a more humane psychiatry or even as a teaching that had inspired the process.

3 Kant on madness

Kant addressed madness more than once. As early as 1764, when the excited townsfolk were talking about an odd-looking shepherd who roamed about the environs of Königsberg claiming to be a religious prophet, Kant published the short educational 'Essay on the Maladies of the Head'. Two years later, he gave a trenchant critique of Swedenborg in *Dreams of a Spirit-Seer, Illustrated by Dreams of Metaphysic*. Among other things, Kant speculated in that work whether spirit-seers were mentally ill. He analysed the complex relationship between medicine and philosophy in *The Conflict of the Faculties*, where he looked into his predisposition to hypochondria and ways to handle it. In the same year, 1798, he released his popular lectures on anthropology as *Anthropology from a Pragmatic Point of View*. In that book, he considered the nature of madness and the diversity of its forms more closely than in the earlier essay.

Of course, Kant was familiar with the religious rhetoric and the arguments put forward by the German advocates of a medicine-based psychiatry. As in many other cases, he took a halfway position. On the one hand, he stressed the hereditary nature of at least some mental illnesses: "The germ of madness develops at the same time with the germ of reproduction, so that this too is hereditary. It is dangerous to marry into families where even a single such individual has been met with" (*Anth*, AA 07: 217; Kant, 2007b, p. 322). On the other hand, Kant believed that the mentally ill were not entirely innocent since they could have triggered the disease by their behaviour — not by sins and vices but by mere disregard of the pragmatic rules of a healthy life-style. In particular, Kant writes about the dangers of substance abuse or overstimulating one's imagination through reading too much fiction. Even loquaciousness, he emphasised, could lead to diseases such as *amentia*. Adults are thus responsible for their mental health. In today's medical jargon, they have to follow the rules of mental hygiene.

Kant rejected the religious idea of immorality as the source of mental illnesses. The insane have many vices, but sinfulness is a consequence, not the cause of the disorder. "One should rather say that the human being became arrogant because he was already disturbed to some degree, than that he was disturbed because he was so arrogant" (*VKK*, AA 02: 271; Kant, 2007a, p. 77). He argues that the source of madness is in the body – not in the brain but the digestive system. He cites the opinion of contemporary physicians as proof (*VKK*, AA 02: 270; Kant, 2007a, p. 76).

In *Anthropology*, Kant gives an original classification of mental illnesses (*Anth*, AA 07: 214-216; Kant, 2007b, pp. 320-321), which echoes his concept of cognitive abilities. According to the German psychiatrist Klaus Dörner (1984, p. 200), psychopathology is treated with greater insight in that text than in the works of Kant's medically trained contemporaries. Kant examines madness in the epistemological part of *Anthropology* in the section "On the Cognitive Faculty". For Kant, investigating insanity is another way to give an accurate description of the mechanism of cognition. Olga Vlasova (2010, p. 129) writes that "Kant's interpretation of mental disorders is very different from that given by modern psychiatry or the psychiatry of the early twentieth century. His anthropology of madness is an extension of rationalist philosophy rather than the then conventional psychiatry". The norm and the pathology throw light on each other. Just as human illnesses help understand the mechanism behind cognitive abilities in health, a philosophical theory of cognition is a valuable help in exploring the essence and diversity of mental illnesses.

Although I will not analyse the Kantian classification of the forms of madness here, I cannot but stress that Kant provided an original solution to demarcating mental health and

illness: “The only universal characteristic of madness is the loss of common sense (*sensus communis*) and its replacement with logical private sense (*sensus privatus*); for example, a human being in broad daylight sees a light burning on his table which, however, another person standing nearby does not see, or hears a voice that no one else hears. For it is a subjectively-necessary touchstone of the correctness of our judgments generally, and consequently also of the soundness of our understanding, that we also restrain our understanding by the understanding of others, instead of isolating ourselves with our own understanding and judging publicly with our private representations, so to speak” (*Anth*, AA 07: 219; Kant, 2007b, p. 324). Kant’s concept of madness parallels his vision of enlightenment and his call to “dare to know”. Rationality is intersubjective. It is sharpened up through communicating, sharing experience and arguments, whilst intellectual isolation causes one to become divorced from experience like Swedenborg, who immersed himself in the dreams of a spirit-seer. That is why, for Kant, Swedenborg and other spirit-seers are insane. When reflecting on visions, he writes: “I do not blame the reader at all if, instead of regarding the spirit-seers as semi-citizens of the other world, he simply dismisses them without further ado as candidates for the asylum, thus saving himself the trouble of any further enquiry” (*TG*, AA 02: 348; Kant, 1992, p. 335).

Therefore, Kant sees madness partly as a medical problem, partly as a socio-political issue. If he had continued his thought, he could have concluded that the mental health situation in a society where people are free to know had to be better than in one where this freedom is severely limited. Arseniy Gulyga (1981, p. 72) goes as far as to assume that the ideas expressed in the “Essay on the Maladies of the Head” “would mean, put into modern terms, the following: psychosis is an ugly protest against the ugly forms of the social”. This conclusion seems to be a gross exaggeration since Kant never went so far in his reflection.

4 Kant versus anti-psychiatry

The politicisation of the problem of madness occurred much later, in the twentieth century. The resultant movement for humanising psychiatry had three phases. As mentioned above, the process began with demands for medicalising madness, ending the treatment of the mentally ill as prisoners, and ceasing witch-hunts, executions, and chaining. Phase two focused on the struggle against destructive and degrading therapies. In the absence of effective treatment options, physicians often resorted to risky and dubious experiments, such as shock therapy and lobotomy. Phase three dates back to the second half of the twentieth century and crusades against the stigmatisation of the mentally ill and causal discrimination against them. The most radical voices question the medical criteria of mental disorders and call for abandoning compulsory treatment. They liken the patient-doctor relationship to that between a master and a slave. The conceptual framework for this approach is known as anti-psychiatry. The influential anti-psychiatrist is French philosopher and historian Michel Foucault (2006). Sociologists (for example, Erving Goffman (1963)) and physicians (Ronald David Laing (1967) and Thomas Szasz (1974)) have also adopted the anti-psychiatrist position. The most impressive institutional success is associated with Franco Basaglia’s Democratic Psychiatry. In 1978 Italy adopted a law concerning the reform of psychiatric care proposed by Basaglia. Psychiatric hospitals were by degrees closing. They were replaced by psychiatric care centres and small units at general hospitals, all accountable to civil society. The new law allowed compulsory hospitalisation only as an exception.

Anti-psychiatrists, especially Foucault, paid considerable attention to the history of psychiatry. When pursuing a doctoral degree, he submitted *Madness and Insanity: History of Madness in the Classical Age* as his primary thesis. But he also presented a translation and commentary of *Anthropology from a Pragmatic Point of View* as a secondary one. Foucault does not deny the objective existence of mental disorders but demonstrates the historicity of

ideas about madness and ways to treat it. He writes that the need for institutionalised psychiatry dates back to the classical age, i.e. the modern period, which saw industrialisation, urbanisation, and the idolisation of rationality. Persons who did not fit into the new social reality were labelled as useless, dangerous and destructive, and these labels led to new forms of alienation and discriminatory splits. The growing mass of city-dwellers had to be divided into potentially obedient and governable workers and unpredictable deviants. The former were given jobs, and the latter were tightly controlled in detention facilities where they were either held captive or exploited through forced labour. Later, detainees were further divided into criminals and patients. The former were sent to prisons, and the latter to psychiatric hospitals. Therefore, Foucault (2006, pp. 78-80) argues, the modern idea of mental disorders is a social construct of industrial society committed to rationalisation, segregation, surveillance and discipline control.

A critical deconstruction of ideas of madness automatically questions the authority of the psychiatrists and their right to subject those whom they view as ill to compulsory treatment. The central demand of anti-psychiatrists is the annulment or curtailment of formal reasons to designate a person as mentally incapable (based on a psychiatric assessment) and to impose compulsory treatment.

Criticism of medical assessment and treatment dates from far back, and it can also be found in the works of Kant. The medicine of his time did not offer any effective therapies (hypochondria is a lucky exception). The lack of clinical success was, however, not the only problem. Kant maintains that the nature of many psychiatric illnesses is such that recovery from them is unlikely. The disorder eliminates the rational agent who could understand the nature of their condition or adjust their cognitive skills and life-style (*Anth*, AA 07: 214; Kant, 2007b, p. 320). According to Kant, physicians are not to be trusted with assessing mental capacity. For him, madness is a result of a cognitive faculty malfunction. The mechanism by which these faculties work is a matter of philosophical psychology rather than medicine. Therefore, it is a philosopher who should take the decision about one's mental capacity (*Anth*, AA 07: 213-214; Kant, 2007b, p. 319).

One might surmise that Kant's scepticism about early psychiatry could have prompted him to think about the inadmissibility of compulsory treatment in the inhumane conditions of the German insane asylums of the eighteenth century. Moreover, he could easily imagine himself as a patient: he considered himself predisposed to hypochondria, which he classified as a form of madness (*SF*, AA 07: 104; Kant, 1996, p. 318). Moreover, in 1798, when Kant published *Anthropology*, he was displaying the first symptoms of senile dementia caused presumably by Alzheimer's disease (Podoll, Hoff and Sass, 2000, p. 332). Yet, unlike anti-psychiatrists, Kant did not doubt the propriety of designating individuals as mentally incapable due to illness, nor did he condemn involuntary commitment. Perhaps, his position was due to the fact that the insane asylums of the time, terrible as they were, were a step forward from the way the insane were treated just a century before when the demonic interpretation of madness prevailed. Kant wrote in the *Dreams of a Spirit-Seer*: "And whereas it was once found necessary in the past on occasion to burn some of them, it will now suffice simply to purge them" (*TG*, AA 02: 348; Kant, 1992, p. 335). Not only did he share the modernist ideal of normative rationality, but he also significantly contributed to its justification. Anti-psychiatrists, on the contrary, build on a postmodernist idea that implies a diversity of forms of rationality or refuse altogether to consider reason as an essential attribute of human nature. In doing the latter, they tread the path of vindicating irrational and non-rational aspects of human existence. From this perspective, the mentally ill are stigmatised bearers of an alternative rationality or other modes of consciousness. And their rights must be protected from the disciplinary intervention of public medicine.

5 Conclusion

The findings of this investigation suggest that Kant was a very moderate proponent of treating madness as a medical problem. His moderation came from his distrust of the clinical tools and expert knowledge of the then nascent psychiatry. Medicine-based management of insanity is, of course, much more humane than the religious hunting and expulsion of evil spirits. Clearly, Kant would not support witch-hunting. Nor would he vouch for the radical demands of twentieth-century anti-psychiatry to end compulsory treatment. In his opinion, there is an objective difference between the psychiatric norm and the disease, and there is an objective need to watch over the mentally ill when they have become insane, dangerous to themselves or others, and incapable of understanding information about the world or taking care of themselves.

Furthermore, the humanistic purport of Kantian philosophy and its focus on personal autonomy and human dignity may have contributed to the humanisation of social practices in a modern democratic society. Among other things, this change has improved the social situation of patients of today's psychiatric hospitals.

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