

Subject, History and Narratives of Madness

Sujeito, História e Narrativa da Loucura

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ABSTRACT

This work has the objective of analyzing from a Foucaultian and Freudian perspective, the place and the treatment given to the subject considered insane throughout the history of madness. It also discusses the importance of his narratives in the development of his own history, his relation with time, as part of history, and with those who have the scientific knowledge.

Keywords: Reason, non-reason, science, philosophy.

RESUMO

Este trabalho tem o objetivo de analisar o lugar e o tratamento dados ao sujeito portador de sofrimento psíquico ao longo da história da loucura, numa perspectiva dialógica entre Foucault e Freud. Além disso, discute a relevância das narrativas desse sujeito na construção de sua história, sua relação com o tempo, enquanto parte constitutiva da história, e com os que detém o saber científico.

Palavras chave: Razão, desrazão, ciência, filosofia.

INTRODUCTION

Men get themselves eternally involved in a process which by building objects, at the same time displace, distorts, transforms and changes its place as a subject⁽¹⁾

This text does not intend to go deep into the history of madness nor that of psychiatry, but it takes inspiration from them to propose a discussion about the possibilities and the several points of intersection between man - concerning the translation of his history - and time, as a

part of history that sets limits for the communications which are established among those who keep the knowledge and those who know what they have got, but have "lost their reason" according to the point of view of others during the process of classifying knowledge in a social perspective. Thus, madness results in the distance of man from his own history, especially when cuts in time highlight some truths in man and about him, in the perspective of perceiving the knowledge and power which move man away from his reason.

To look into the history of psychiatry is fundamental

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condition for one to think the practices and the knowledge that surround man in the fields of psychiatry and mental health. The feeling of strangeness caused by the man who has lost his reason is delimited and inspired by other men and makes new the spaces of madness, in a sense that builds the "non-being" of his truths. From one hand, the communication of the private history is up to dated concerning what is reinterpreted about his life experiences, and from the other hand, the rejection of man and his time, is marked in the communication with the other, because of the truth which distances man himself from his own experiences. Thus, the will to know gives place to the will to power, that surrounds his history with possibilities of freedom in reason.

MADNESS - THE SYMBOLIC UNIVERSE OF TRUTH AND NON-TRUTH

When Foucault wrote *Madness and Civilization: a history of insanity in the Age of Reason*⁽²⁾ - work which is essential for the understanding of madness as a political, social and cultural event - he started from the thesis that there is no progress nor evolution in the understanding of madness, but complementary and contradictory discourses - different ways to deal with madness - which are articulated with the historical moment of any given society. The history of madness is, thus, the history of men and their time, and it leads them to (re)think to "what games of truth they have surrendered"⁽³⁾, as well as "to think about their own being after recognizing themselves as insane"⁽¹⁾. So, history is translated and brought to life from dialectic situations and meanings, which according to the movement of man himself are contemplated, confined, and told from the diverse point of view of connection of words and things which surround the aesthetic of existence.

The appearance of psychiatric institutions, for the treatment of mental sickness, and of psychiatry is a recent event in the history of mankind, dated in the end of the XVIII and the beginning of the XIX century. The constitution of psychiatry as a medical "science" was a product of the break between madness and reason. In the XVIII century, the world of madness had become the world of social exclusion; Foucault saw it as a process of aggregation of a larger number of people excluded from society, such as libertines, insane etc in an institution for treatment. In this

period, several places were built all over Europe, and they became, at the same time, take in spaces, but also spaces for correction and confinement. The institutional mark of this experience was the creation of the General Hospital, in 1656, in Paris. The General Hospital is a strange power that the king established between the police and the justice, in the limits of the law: it is the third order of repression. The alienates that Pinel found in Bicêtre and in Salpêtrière belonged to this "universe"⁽²⁾, and were considered at that moment as insanes. Man, at that time, becomes excluded from the social order, because of a particular understanding of values that could please some fields of knowledge concerning madness and its suffering.

Foucault^(2,4) states that in the Renaissance the mad man used to live freely, as part of the city landscape. Madness was seen as an experience which people sought to exalt rather than to dominate; there was a kind of tenderness towards this kind of suffering. In this period, this sensitiveness to madness was associated to the presence of an imaginary transcendence, and in spite of being represented as something different from non-madness, that understanding symbolically did not disqualify madness, since it was seen as something positive in the sense that it was important for the utterance of truth. It could be perceived, then, in wisdom, the wisdom of madness.

From the Age of Reason on, madness started to be inscribed in the universe of the non-reason and of social exclusion; it started to be understood as the universe of the non-truth and of the lack of meaning of experience, consequently, of the personal history. Madness started to be symbolically understood as the fragmentation of the body in life. Madness, during a long time present and loquacious, and for so long time present in the horizon, disappears. It moves into the age of silence from which will not come out for a long period⁽⁴⁾. Thus, in the Renaissance, madness was symbolically represented as speaker of the truth, but from the Age of Reason on, a line of division was traced.

It can be noticed a passage from a tragic conception of madness in the Renaissance to a critical conception, started in the Age of Reason. From the point of view of the first one, madness, despite being inscribed in the universe of symbolic difference, could be recognized as speaker of the truth, while for the critical conception; madness lost any possible power of revelation and of utterance of truth.

In the XIX century, madness, coded as mental sickness, lost the recognition of the truth in its own experience. Man, caught in it had his history deteriorated as a subject owner of his own truth and utterance. Foucault places this social rupture and this transformation of the idea of madness in two different registers: the philosophical and the political-social.

According to Foucault⁽²⁾, the philosophical register was created by Descartes in the XVIII century, when he pointed the philosophical foundations that based the universe of reason by the symbolic expulsion of the universe of non-reason. Foucault even registers the first Meditation of Descartes as guided by the search for the true things. So, the self that thinks cannot be mad, since madness is the impossibility of thinking. If the man is mad, he can not think, and if he can think he is not mad - in the Age of Reason, based on the philosophy of Descartes, madness started to be considered as the negation of thought.

According to Gaarder⁽⁵⁾ and Capra⁽⁶⁾, the philosophy of Descartes expresses a preoccupation with the problem of knowledge, having its starting point in the search for an original truth that cannot be doubted. Because of that, he turns the doubt into a method. The "cogito, ergo, sum," its natural consequence is, I am "as a thing that can think;" this is the foundation for the process of thinking - based on the rational foundation of subjectivity which has a strong influence until the present day. Thus, the subject based on the Cartesian cogito (subject of consciousness) and the scientific aspect based on data that can be measured (in math) proved that the philosophical truth was but two faces of the same problem. It was established with this, a dualist and disjunctive thought, that is, a distinct line that separates the register of the man and the register of his history, and according to it, a criterion of science was constituted, in which subjectivity was limited to the register of thought.

Descartes rationalist way of thinking, established a break between the world of the body and the world of the mind, that is, between the object and the subject. Due to this division, it was believed that the world was a mechanic system, passive of being objectively described without any reference to the human watcher, and this objective description of nature became the ideal for all science. From this division on, the human body became an object of study

of science, and the mind, an object of philosophy alone.

Santos⁽⁷⁾, states that this distinction deeply marked the Western theoretical tradition until the XIX century, and also marked the difficulty of the humanistic studies (historical, philological, juridical, literary, philosophical and theological) to be recognized as paradigmatic knowledge, because in many occasions their scientific nature was denied, that is, they were not considered science, and sometimes only the methods based on natural science were considered scientific. Thus, man started to be represented as the creator of the world according to his personal reason. Birman⁽⁸⁾, following the Foucaultian tradition, defends that reason was seen as a counterpoint to the non-reason, so that the speech of reason started to be identified as the speech of science against the speech of madness. The historical effect of this process was the loss of recognition of any power of truth in the experience of madness. However, the non-truth of madness constituted itself by the arbitrary power of scientific truth, and reason established itself in the Western tradition as an attempt to silence the universe of non-reason.

Therefore, representing madness as inscribed in the symbolic universe of non-truth brought a dislocation of a tragic conception of it to a critical one. The distinction between madness and reason, according to Santos⁽⁷⁾, Morin and Kern⁽⁹⁾, in the XVII century and in the following ones, is delineated by new separations between knowledge and virtue, scientific knowledge and common sense, science and arts, science and philosophy, subject and object. So it started the process of secularization of consciousness, solidifying man's place not only as interiority, but also as part of the world and its objects.

The political-social register, designed in the Age of Reason, silenced man and his madness when inserted him in the General Hospitals. These places were supposed to host not only the insane, but also libertines, magicians, prostitutes and thieves. Madness turned to be part of the same family of social and moral guilty, and it seems that this tie is far away from being broken; that contributed to the process of stigmatization of the mad person. Gradually, from the second half of the XVIII, the non-reason lost space, and alienation occupied the place as a criterion of distinction between the mad person and the social order. Madness was not seen as lack of reason, but as the loss of nature, the loss of human nature itself.

According to Foucault⁽⁴⁾, madness became the nature of nature, that is, an alienated process of nature that led it to its determinism, while freedom became, too, nature of nature, but in the sense of the secret soul, of the essence of nature. The loss of human nature understood as the fragmentation of the history lived by man, started to be considered as mental alienation, that is, a state of contradiction of the soul that did not mean total loss of reason, but a partial loss of it. Due to that, Pinel believed that in the process of internment there was the possibility of cure for the sick person. Therefore, Pinel's attitude promoted the break in the chains of the alienate, however, that did not mean they could move out from the asylums, but it meant the right for a treatment in those institutions. The alienate would not be free only because he was under the care of the mental institution, he was supposed to be isolated, since his isolation had the objective of treating his sickness in order to restore his freedom. In this dialectics, madness became alienation, and its cure, a return to a non-alienated state.

Thus, in the beginning of the XIX century, when the process of internment of the alienate was consolidated in a specific place - the asylum - a new status was created: the process of isolation of madness. The alienate started to be seen not only as a sick person, but a sick person to be interned. The important thing in this process of isolation is not only the relation doctor-sick person, but the development of a technology for the hospital; this technology became a new power in the institution, especially through practices focused on the space of the asylum. The asylum, in the Pinelian tradition is, in itself, therapeutics. Esquirol, a follower of Pinel and responsible for the continuity of his work, defended that a house for the alienated, is an instrument of cure; but in the skillful hands of a doctor it is the most powerful therapeutic agent against mental diseases.⁽¹⁰⁾

The practical-theoretical consequence of the Pinelian tradition was due to the fact that he focused his attention on the signs and symptoms of madness; and rationality consisted of grouping, according to its natural order, the manifestations of the disease, that is, this kind of rationality loses strength in constituting nosographies. Therefore, Castel defends that Pinel was the first to formulate a theoretical corpus of the science of alienation, and also the first to characterize the whole of his practice pertaining

to hospital, based on the isolation of the mad person and also in the maintenance of order in the asylum.

The isolation of the insane started to be the necessary condition for the restoration of freedom from which madness drew him away. The process of isolation, theoretically supported, drew the mad person away from everything that could provoke alienation: family, friends, society. Mental medicine used especially the strategy of isolation and order to guide the whole practice in the asylums. The asylum was, by excellence, the place for moral treatment, and above all, the moral order should be reduced to schemes of laws, obligations and constrictions. The asylum was not only a different institution away from promiscuity and contagion, but it was a space of order, whose ways would cure the alienate. So, starting from this point, the paradigm of internment would dominate for almost two centuries, mental medicine⁽¹⁰⁾.

Until the beginning of the XX century, internment became the only necessary answer to the issue of madness. The alienate started to be guided, managed and submitted to moral treatment. Besides isolation and the constitution of order in the asylum, relations of authority was another presupposition of the moral treatment strategy. If madness was conceived as disorder, partial loss of reason, it was important that the alienate had a rational inner will in order to return to reason, through the relation based on force between the doctor and the sick person, that is, between the pole of reason and the pole of non-reason. The doctor would be the living law in the asylum and the asylum would be the world of reason that the sick person would have to become part of. The therapeutic relation focused on the moral treatment meant to dominate the alienate, since he was considered mentally sick, and whose history frequently showed his lack of moderation and excess. The order was to dominate him through the therapeutic relation that was similar to the absolute sovereignty of the pole of reason, similar to the sovereign power of the psychiatrist over the pole of non-reason, the alienate.

In this perspective, confinement was supposed to take man away from his time and history, that is, his will to make choice was replaced by the will to power of some people who excluded others for the sake of a will to know. Birman⁽¹¹⁾ reinforces Castel's idea who defends that moral treatment took place in the asylum through hierarchy, order

and domination. The notion of domination was central, since the objective of the moral treatment was to insert the alienate in a hierarchical system. The structure of power in the asylum was also primordial: the doctor as the sovereign authority to whom the team of “nurses,” guards, assistants and representatives of religion were submitted. For the maintenance of this system, organized vigilance took place in a way never seen before: the alienate was observed in his gestures, attitudes, all the time by the doctor’s assistants. Any change from the ruling discourse should be told to the doctor. Thus, a curious situation took place in the asylum: in a specific place for the insane, madness was forbidden of expressing itself either in language or in action⁽¹²⁾.

The isolation and moral treatment applied to the alienate attempted to dominate the “excess” of his passions which were responsible for his condition of mental alienation. These passions would be intense affections that broke common barriers and took from the alienate the capacity of controlling his reason. Chained by the force of his passion, taken by the force of desires and images, the alienate was seen as irresponsible and his lack of responsibility was subject to the medical control. Passion was, therefore, the central theoretical category of the psychiatric discourse. Thus, the goal of the psychiatric institution was to transform this intense passion of the mental sickness, for it was the ‘excess’ of passion that took from the individual the possibility of controlling his reason and the fulfillment of his will⁽¹³⁾.

Besides the category of passion, the notion of social perilously was another important point for the definition of the need for isolation of the individual, that is, his freedom was kept or taken according to this concept. So, the notion of social perilously associated to the concept of mental sickness formulated by medicine, made possible the idea of punishment and treatment; a similarity of the notion of punishing and that of treating⁽¹⁴⁾. The characterization of the alienate as a dangerous character favored the intervention of the psychiatrist, as owner of a so-called scientific knowledge, powerful enough to judge the behavior of the alienate and impose the treatment.

The alienate, due to his “excess” of passion and his social perilously, was considered destitute of reason and will. However, his cure was possible if his nature was corrected by a therapeutic process of “moral orthopedics,”

or a “pedagogy of order.” The notion associated to this therapeutic process was that of socialization, which became the instrument of recovery. The criterion of socialization was given by the possibility of apprenticeship of the insane and his control of his passion through a progressive quiet behavior and obedience to the power of the hierarchy of the asylum. This way, the practice of moral treatment intended to be a form of apprenticeship of citizenship that proposed to transform the figure of the mental alienate in a figure of a social being, where the subject of reason and will could exist⁽¹³⁾. Under this condition, the alienate could become part of the social context.

However, it is since the end of the XIX century that the situation of the asylums became dramatic, and criticism began in countries in Western Europe, when the mere function of imposing discipline and the negligence of its therapeutic functions were denounced. These accusations were better heard only after World War II, when new problems came to light to a larger number of people in the Western society. During this period, the psychiatric knowledge was essentially focused on the biological model. This model defended that madness is an effect of perturbations in the psique, produced by the organism, that is, madness is a mental sickness of organic nature. It settles itself down in the organism - independently from environmental, cultural or psychosocial factors - considered in this model, as responsible for the worsening of sickness. From this point of view on, the investigations in psychiatry focused essentially on the anatomic-clinic study of the brain.

FREUDIAN DISCOURSE ON MADNESS AND THE IMPORTANCE OF NARRATIVES IN THE PROCESS OF (RE)TELLING PERSONAL HISTORIES

In the beginning of the XX century, a new knowledge in the field of psychiatry began to emerge more effectively, the Freudian discourse. It determined a break with the biological approach and suggested in other terms, a new conception of madness. Freud believed that madness would join history to restore the idea of time in the subjective point of view of the subject, so it would not be a result of psychic disturbances produced in the register of the organic body. Birman^(8, 13, 15) states that Freud deconstructed the

central role given to consciousness when produced a discourse based on the constitution of the subject which made clearer that the individual is not an autonomous entity, since he can not control neither his thoughts nor his behavior. According to Birman⁽¹⁵⁾ The subject does not constitute himself of an intrinsic form, but mainly of an extrinsic one, through the Other...which means that the conception of subject elaborated by the Freudian discourse is founded in the inter-subjectivity, that is, the subject constitutes himself through another subject.

Birman defends that the Freudian discourse, in its beginning, recognized the positive nature of the experience of madness and, as such, the fundamental presence of the function of the subject. So, the Freudian discourse highlighted that the neurosis were placed in the sphere of understanding and history, that is, the symptoms caused by the neurosis revealed a connotation that could be understood by psychoanalytic procedures, and that understanding was placed in the personal history of the subject.

Birman believes that the post-Freudian discourse placed itself, with a few exception, in the project of alienation when intended to represent the psychosis in terms of neurosis, placing the neurotic aspects of psychosis as the therapeutic objective of psychoanalysis. That discourse became a theoretical reference for the French psychiatric experiences that treated patients in their geographical areas - in their communities - which represent an opposition to the idea of treatment in the asylum - and the American preventive treatment; both point to homogeneity between the post-Freudian discourse and the modern discourses of alienation.

It is necessary, then, a more theoretical flexibility so that another locus for madness, as well as knowledge and practices in psychiatry and mental health, can be rethought. There is a need for the production of a non-dualist and non-disjunctive knowledge, but a kind of knowledge melted in the process of overcoming of differences between reason and madness, body and psyche, science and virtue, object and subject, the objective and the subject. The need is of the production of a knowledge that can restore the life histories in the process of marking the limits of time without forgetting the biological body, the relationship of man with himself and with his suffering, since the subjectivity has a body and it is in it that the pain is

literally rooted, for there is no distinction between the subject and his body, not even an insuperable duality and polarity, but there is a body-subject⁽¹⁵⁾.

To think this process from the perspective mentioned above, it is possible a (re)encounter between man, as owner of knowledge, with the archeology of what he lived, in order to reflect about the body, the words and desires expressed in the discourses. The Freudian psyche is the kind that produces discourses, not a solitary one, but a discourse that is inserted in the inter subjectivity, in a circuit of interlocution with the other, that constitutes the psychic pain and suffering caused by the misfortune.

Discussing narratives from the bias of madness provokes and makes a confrontation of the discourses which content knowledge of each historical period, as well as the definition of man as a reference. According to what was "allowed," the insertion of his misfortunes in the daily life and his own history, truth and non-truth were expressed in the (re)telling things related to time, subject and his histories.

The up to date aspect of (re)telling stories from the perspective of its agents, involves the man in what transforms and transpose him in the experience of being a subject. Apparently, truth and freedom find voices in the creation of men and their contexts, since they make possible the materialization of the subject position in relation to the autonomy of the truth present in his discourse. This truth is present in the conditions of man when he faces what is allegedly strange to himself and to the other. The subject finds in the other his fundamental pole of reference and recognition of his desires and truth. Thus, in this perspective, one can see the movements of construction of messages that try to translate the suffering hidden in secret places full of needs, as an attempt to delimit the nature of the discourses that cry out for comprehension in order to understand the sickness, and thus, demand an attentive listening from the doctors⁽¹⁶⁾.

The narratives bring to the center of the debate the discourse of madness, since they rebuild the experience of the other in the process of remembrance of past experiences, through a combination of verbal sentences with a sequence of events that really took place⁽¹⁷⁾. The meaning of this experience is surrounded by the personal look of man in the process of telling his own history, so that they become connected to feelings of frustration or fulfillment

according to his misfortunes. When spaces are open for these histories to be told and also for its characters, some people, in the name of reason, are responsible for legitimizing the absence of reason in others. However, from the events connected to the time of these histories, man gets the status of subject when (re)builds his life experience, and takes back the plot about the subjective experiences, that lead him to remodeling his previous perspectives⁽¹⁸⁾.

An essential condition for the rescue of man is to insert his narratives in the history of the subject himself and of madness, since he is the subject that owns the time and the possibility of (re)interpretation of what was lived. In this perspective, the narratives get their plural feature when highlight the territories of madness, in the up to date aspects of the organization of histories and events in time, creating relations between the self and the other, which make possible a (re)encounter of the subject and his sickness. Due to that, there is an identification of senses and intensions in the misfortunes from the perspective of the one who tells his own will to translate the truth.

REFERENCES

1. Foucault M. *Dits et écrits IV*. Paris: Gallimard; 1988.
2. Foucault M. *História da loucura*. São Paulo: Perspectiva; 1978.
3. Foucault M. *História da sexualidade II: o uso dos prazeres*. Rio de Janeiro: Graal; 2001.
4. Foucault M. *Doença mental e psicologia*. 5ª ed. Rio de Janeiro: Tempo Brasileiro; 1994.
5. Gaarder J. *O mundo de Sofia: romance da história da filosofia*. São Paulo: Companhia das Letras; 1995.
6. Capra F. *O ponto de mutação: a ciência, a sociedade e a cultura emergente*. São Paulo: Cultrix; 1997.
7. Santos B. *Um discurso sobre as ciências*. Porto: Afrontamento; 1996.
8. Birman J. *Psicanálise, ciência e cultura*. Rio de Janeiro: Jorge Zahar; 1994.
9. Morin E, Kern AB. *Terra-Pátria*. Porto Alegre: Sulina; 1995.
10. Castel R. *A ordem psiquiátrica: a idade de ouro do alienismo*. 2ª ed. Rio de Janeiro: Graal; 1978.
11. Birman J. *A psiquiatria como discurso da moralidade*. Rio de Janeiro: Graal; 1978.
12. Oliveira FB. *Construindo saberes e práticas em saúde mental*. João Pessoa: Editora Universitária; 2002.
13. Birman J. *A cidadania tresloucada: notas introdutórias sobre a cidadania dos doentes mentais*. In: Bezerra Júnior, B; Amarante, P (orgs.). *Psiquiatria sem hospício: contribuições ao estudo da reforma psiquiátrica*. Rio de Janeiro: Relume-Dumará; 1992.
14. Barros DD. *Jardins de Abel: desconstrução do manicômio de Trieste*. São Paulo: EDUSP; 1994.
15. Birman J. *Mal estar na atualidade: psicanálise e as novas formas de subjetivação*. Rio de Janeiro: Civilização Brasileira; 1999.
16. Rolim-Neto ML. *Depressão, Suicídio e Sociedade [Tese de Doutorado]*. Natal: Universidade Federal do Rio Grande do Norte; 2005.
17. Labov W. *The transformation of experience in narrative syntax*. In: Labov, W. *Language in the inner city: studies in the black english vernacular*. Oxford: Basil Blackwell; 1977.
18. Gomes R, Mendonça EA. *A representação e a experiência da doença: princípios para a pesquisa qualitativa em saúde*. In: Minayo, MCS, Deslandes, SF(orgs.) *Caminhos do pensamento: epistemologia e método*. Rio de Janeiro: Fiocruz; 2002.