

# HABITATS OF MADNESS

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Multiple frameworks of what madness is can inflect and shape the self-understanding of those deemed “mad.” This multiplicity can yield a sense of instability to self-understanding. In evaluating William James’s reactions to a memory of an asylum patient, along with some contemporary madness narratives, I highlight the phenomenon of different, incompatible frameworks creating tension in making sense of one’s experiences and oneself. In particular, this paper foregrounds the tension between madness-as-dysfunction and madness-as-strategy. With this problem of “sliding” between different narratives outlined, I draw on Emilio Uranga’s notions of *zozobra* and accidentality to build on his language of “habitat” to inform another framework. In line with Uranga’s notion of how *zozobra* reveals a fundamental human accidentality, I suggest mad identity can help reveal a fundamental accidentality with respect to the notion of sanity.



Mad studies seeks to center the experiences of those who have been subject to the psychiatric, or mental health, system. By attending to these experiences, one hopes to ameliorate the oppression and marginalization of users/survivors of that system. As Peter Beresford points out, mad studies, “[...] rejects a bio-medical approach to the domain widely known as ‘mental illness’ or ‘mental health’ and substitutes instead a framework of madness” (2019, 1337). By adopting a skepticism around psychiatry and conceptions of “insanity” for which a medical and carceral system is the appropriate “solution,” mad studies presents an opportunity to re-work meanings surrounding mental health. Luci Costa and Lori E. Ross helpfully summarize, “Mad Studies is tied to a history and discourse that examines not only service user/survivor identity, but the very real consequences of stereotypes, prejudice and discrimination based on that identity” (2022, 2). Clearly, there is a stigma to being labelled “mad.” Beyond tracing the stigmata surrounding madness, though, in what follows I suggest that examining mad identity would be usefully served by attending to the experience of navigating multiple incommensurable interpretations of madness. In particular, I maintain that Emilio Uranga’s existentialist philosophy can help to outline this experience and present madness in terms of an encounter with accidentality. The analysis of living informed by multiple conceptions of madness or insanity itself can be a feature of a description of mad identity, and the consequences of those understandings of madness itself a result of stereotypes surrounding the identity.

Broadly, there are multiple traditions informing what madness means, shaping how one might make sense of one’s experience. One outlook, characterized by a medical definition, frames madness as a kind of psychiatric dysfunction — a deviation from “normal” functioning. Language describing the phenomenon in terms of “mental illness” or “behavioral health” can signal a psychiatric or medical approach to madness. Others have characterized madness as strategy rather than a defect in one’s mental apparatus, focusing on madness as goal-oriented, navigating a set of stimuli in our environments. And, “mad” can also be used as an identity category, signaling membership in a community bound by a range of experiences, shared histories, and goals. On the first view, being

diagnosed with a mental disorder marks some species of deficit, the specific features of that deficit then justify medical interventions or the involvement of some form of carceral system. The logic of madness-as-strategy seems more immediately sympathetic; conditions that result in one's diagnosis are not necessarily deficits. Instead, they are varieties and inflections of modes of coping that "fit" specific environmental features in some particular contexts. Medical interventions or carceral medical systems still might await those deemed mad, but presumably not justified by a "need" to enforce "normalcy."

Reflecting on how madness can shape self-understanding and meaning-making, navigating these multiple stories about what madness means, I suggest, can itself be part of a task of self-understanding. One product of these incommensurate frameworks can be a felt experience of tension. One might be inclined to pursue medical interventions while resisting a framework that justifies them by pronouncing that one suffers a deficit. One might find value or pride in the operation of a mad community, while simultaneously concerned with managing the features of experience that bind one to this community. In effect, individuals can experience a slide between these competing frameworks of meaning-making. In part, this experience might stem from a hesitance to embrace one of them as dominant, to which others must submit or reconcile themselves. Here, I want to introduce the possibility of a different framework, drawing on the existentialism of Emilio Uranga. I suggest madness-as-habitat as an alternative framework, one that enables an appreciation for this experience of a slide in self-understanding, particularly emphasizing accidentality in a way that might usefully destabilize how notions of reason/sanity and madness relate.

### AMERICAN PHILOSOPHIES AND MADNESS

Discussions of madness, insanity, and the like are not new in American philosophy. For instance, Àger Pérez Casanovas (2023) recently offered an analysis of Charlotte Perkins Gilman's "The Yellow Wallpaper" as exemplifying narrative techniques of resistance that might be of service to Mad Pride. Shayda Kafai (2012) leverages the work of Gloria Anzaldúa to theorize the "mad border body" as a way of dismantling the mad/sane binary. Perhaps the figure most readily associated with discussions of insanity or

psychological “ailment” would be William James. James critiques tendencies to dismiss experiences on the basis of psychiatric diagnoses, betraying an impulse to take seriously non-normative mental experiences where a medical diagnosis might have been otherwise used to dismiss them.<sup>1</sup> There might be an immediate temptation to examine James’s *Principles of Psychology* to develop a distinctive account of insanity in service of centering users’ experiences. However, rather than focus on his account and presentation of pathologies, another moment in James’s work provides a crucial point of departure. In *Varieties of Religious Experience*, James famously reports (attributing to a French correspondent) an experience recalling an asylum resident:

[...] suddenly there fell upon me without any warning, just as if I came in the darkness, a horrible fear of my own existence. Simultaneously there arose my mind the image of an epileptic patient whom I had seen in the asylum, a black-haired youth with greenish skin, entirely idiotic, used to sit all day on one of the benches, rather shelves against the wall, with his knees drawn up against this, in the course gray undershirt, which was his only garment, drawn over them enclosing his entire figure. He sat there like a sort of sculptured Egyptian cat or Peruvian mummy, moving nothing but his black eyes and looking absolutely non-human. This image and my fear entered into a species of combination with each other. *That shape am I*, I felt, potentially. Nothing that I possess can defend me against that fate, if the hour for it should strike for me as it struck for him. There was such a horror of him, and such a perception of my own merely momentary discrepancy from him, that it was as if something hitherto solid within my breast gave way entirely, and I became a mass of quivering fear. After this the universe was changed for me altogether. I awoke morning after morning with a horrible dread at the pit of my stomach, and with a sense of the insecurity of life that I never knew before, and that I have never felt since. ([1902] 1985, 134)

In this moment, James reports a deep sensitivity, an anxiety, in the face of the possibility of this life for himself. He recognizes his own potential for madness and along with it a certain perceived inhumanity. James's own experiences with depression and anxiety are well documented. And, in looking to expand American philosophical traditions' engagement with madness, it is helpful to remember these early moments. While I will, in a moment, set aside examining James's work in an effort to describe multiple understandings or narratives of madness that could shape one's self-understanding as "mad," James offers at least two themes that the subsequent work will expand. First, his resistance to simple pathologizing opens the door to multiple understandings of madness. Second, his horror in the face of the asylum and identification with the patient directs us to consider how madness can further reveal to us the contingent character of one's supposed sanity.

William James resists a pathologizing impulse, a tendency to offer a diagnosis of psychological "defect" that then justifies ignoring or dismissing the testimony and experiences of those who have been diagnosed. Elsewhere, in *The Varieties of Religious Experience*, James warns against "medical materialism," the tendency to undermine someone's claims by ascribing to them a physical or psychological ailment.<sup>2</sup> *Mad studies* centers the experiences of those who have been diagnosed, detained, or treated as the object of our psychiatric system. In doing so, we are sometimes left to navigate the confluence of multiple conflicting understandings of what madness is. James's identification with the youth betrays an impulse to center the experience of patients.

Second, that this interaction takes place in the asylum and highlights both James's identification with the patient and his fear of their inhumanity provides important context. Rather than looking to justify the treatment of this young man in the asylum, James points out his humanity by highlighting continuity between this young man's comportment and his own. At the same time, James is struck by how the patient looks "absolutely non-human." The fear that James reports, that he could be in the position of this young man, could be read as anxiety at the precarity of one's supposed sanity. But we might usefully read it as a kind of vertigo, signaling a recognition of the confluence of the supposed inhumanity of

madness and the threat to self-assurance that though he is not insane, he could be.

Moving forward, we might take this signal as a recognition of an issue at the heart of mad studies: As a liberatory enterprise, mad studies works to highlight the frameworks of understanding madness that contribute to marginalization and confront them. Further, by examining the consequences of those narrative structures and meanings, we can elucidate something of the experience of madness understood not as a pathology, but as a social category. Below, I examine multiple frameworks of understanding what madness is, not to assess relative accuracy or strengths, but instead to outline a condition of living in the midst of multiple frameworks. I leave James aside for now, and instead turn to the work of Emilio Uranga to provide an alternative account.

### NARRATIVES OF MADNESS

Rather than focus on experiences of psychosis, depression, and the like, or experiences of psychiatric facilities or mental health professionals, I begin with narratives that trace the motions of self-understanding in the face of diagnosis. In these narratives, it's not uncommon to read that mental health conditions are something external, that episodes of mania and the like are something that overcomes someone. At the same time, there are themes of construing the experience as something that is a part of oneself. There are sources of pride, along with echoes of a notion that insanity counts against being "normal."

Zack McDermott recounts his experience attempting to return to work at the Legal Aid Society after being involuntarily committed at Bellevue and diagnosed with bipolar disorder. His reflections illustrate that the label of madness followed him:

I knew I had a lifelong disease and that bipolar disorder is something to be managed, not cured. I knew I'd need to take medication for the rest of my life and that I'd humiliated myself in front of countless friends and strangers alike. I knew I had more in common than I liked with my schizophrenic uncle Eddy who lived the last 15 years of his life in a state mental institution. That no matter how early I got to work, no matter how useful I made myself, no matter

how reasonable and modest my khakis and my sweater were,  
I was and would always be the “crazy” dude. (2019, 101)

McDermott’s experience betrays not only a sense of the permanence of the label “crazy,” but juxtaposes it against being useful, against being appropriate for work. Just before this point, he recounts gathering himself in the bathroom ahead of a meeting with his supervisor, telling himself, “*You look good, you look normal. You’re a normal guy*” (2019, 101), consciously trying to set aside an understanding of himself as mad, though, of course, the narrative makes clear that this notion follows him.

Likewise, in her narrative of life as a creator with a bipolar diagnosis, Shoshanna Kessock recounts struggling with decisions to seek medical intervention. She faces temptations to connect her diagnosis with artistic ability: Isn’t madness supposed to be a spark of creativity, an underlying force in creating art? She recounts the message she encountered from people who used medication, “[...] ‘If you go on the drugs,’ they said, ‘the creative drive goes away. You’ll lose that spark inside you. If you want to be an artist, stay away from medication. It’ll kill your art’” (2020, 183). At the same time, the symptoms of bipolar disorder weigh heavily on her psychology, as did the feedback she received from a family that didn’t have a lot of information about BPD: “My parents tried to get it, but when I’d do something irresponsible, it was always because I was ‘bad.’ I tried to explain how it was impossible to keep my whirlwind mind straight sometimes” (2020, 182). She slides between narratives of self-understanding that link creativity to her condition, narratives that say that believing in that link is just the disorder talking, narratives that say she should continue with medication when the side effects become worse and worse, subordinating her experiences to a doctor’s expertise, and narratives of suspicion in seeking medical interventions at all. In the end, she sought intervention without regret, but only after a decade-long process in which she found herself wrestling with the tensions between frameworks of understanding stemming from her own psychology, from a social order that sometimes links madness and creativity, and the medical system she had to navigate. Underlying these frameworks are multiple stories of madness, and the

contradictions of these narratives molded this condition of lacking a “perch” for self-understanding.

In these kinds of narratives, we encounter tensions between the multiple narrative structures surrounding insanity and mental health. In each, there is a sense in which the author strives to land in a place where there is stability in self-understanding. For each, BPD ends up being something to be managed, while sometimes being regarded as a source of uniqueness, identity, or creativity, or even a vehicle through which they form relationships.

### URANGA: ACCIDENTALITY & HABITAT

Foregrounding the experiences of those deemed “mad” provides another avenue for giving contours to what we mean by madness. Part of the environment in which one might arrive at a self-conception as a “mad” person consists in the multiple frameworks for understanding madness. That is, part of the experience involves a slide between frameworks of understanding oneself and one’s experience. I’m suggesting that our inquiry into madness can follow a framework or metaphor suggested by Emilio Uranga in his reaction to the work of Merleau-Ponty. Uranga writes,

[...] The value of existentialism to give a foundation to a systematic description of human existence, but not of human existence in the abstract, but of a situated existence, in a situation of a human existence framed in a determinate geographical *habitat*, and a social and cultural frame likewise determined and with the precise historical legacy (quoted in Sánchez, 2019).

In using existentialist methods and traditions, Uranga was trying to theorize “Mexican Being.” Philosophizing out of this habitat, for Uranga, brought forward a notion of accidentality as a feature of Mexican-ness, a feature that he further suggests is a hallmark of authenticity. In proposing to start theorizing madness in terms of habitat, in conversation with Uranga, it is not the intention to unproblematically apply his analysis of Mexican-ness to that of madness. Rather, his impulse to begin in the concrete conditions of experience, embrace the foregrounding of accidentality, and aim to describe the features of particular form of uncertainty have the



potential to aid the process of further describing the effects of the ways we talk about and police the boundaries of madness and sanity. Though I am cautious, by taking Uranga's conception of existentialism as a guide, I would suggest that madness can be described using this language of habitat to emphasize the particular ways in which madness-as-habitat likewise foregrounds accidentality.

In *Analysis of Mexican Being* and elsewhere, Uranga likewise confronts a species of groundlessness or anxiety as a feature of lived experience of mestizo identity, a phenomenon of zozobra. Experiencing zozobra, an individual swings between different frameworks of self-understanding, without finding solid ground. He offers,

Zozobra refers to a mode of being that incessantly oscillates between two possibilities, between two affects, without knowing which one of those to depend on, which justifies it, indiscriminately dismissing one extreme in favor of the other. In this to-and-fro the soul suffers, it feels torn and wounded ([1952] 2021, 180).

In a way that hearkens to the oscillations in Kessock's narrative, multiple incompatible frameworks perpetuate an unmoored character in self-understanding. For Uranga, the phenomenon of Zozobra stems from the plural notions of being grounded in indigenous and European culture, but also against these frames, resulting in what Carlos Alberto Sánchez describes as, "a state of incessant swinging to-and-fro in which Mexicans, according to Uranga, find themselves" (2016, 66-67). Uranga describes the phenomenon as "an oscillating or pendular manner of being that goes to one extreme and then to the next, that makes both instances simultaneous and never annihilates one for the sake of the other" (quoted in Sánchez 2016, 69).

Looking ahead, this experience of being unable to "perch" on one framework of understanding, sliding between incommensurate notions of self-understanding, can helpfully distill features of what Uranga might call the ontological condition of madness. While Uranga is concerned with giving an account of the particularities of Mexican-ness, his process can be usefully applied here.

Uranga locates features like *zozobra* in a more fundamental, ontological accidentality. Drawing on the language of substance and accident, he suggests European/Spanish being presents itself as substance, that which is defined on its own, without reference to some other characteristic for its mode of being. He writes, “The European does not ask himself the question regarding his own being because, for him, his own being is the measure of the human” ([1952] 2021, 138). Mexican-ness for Uranga, by contrast, defines itself in opposition to the European/Spanish, “[...] which presents itself as substantial” ([1952] 2021, 137). This “originary election of accidentality” becomes a defining feature of Mexican Being. Juan Garcia Torres summarizes Uranga on accidentality as a mode of being: “to be an accident is to be ontologically un-stable, for it is to have no foundation upon which can rest the ontological stability enjoyed by a substance (Análisis 40, II .2.1). Accidents are thus ontologically ‘insufficient’” (2024, 62).

Out of this habitat, though, emerges a form of humanism. On Uranga’s analysis, this ontological accidentality more accurately resembles the condition of humanity as accidental, contingent, and vulnerable. Rather than flee accidentality for substantiality, Uranga’s Mexican humanism, per Sergio Gallegos-Odorica, is grounded, “[...] on the feelings brought about by the visceral realization (e.g. vulnerability and finitude) that are impossible to transcend” (2020, 16). As such, this distinctive humanism is characterized by, “[...] an attempt to humanize others by relating them to one’s condition of accidentality and anguish” (2020, 16). The foregrounding of accidentality avoids a bad faith move available to the “European,” or, in the case of madness, the “sane.” Posited as sufficient and conflating human and European, European being masks its own accidentality, which also undermines the possibility of empathy through recognition of our shared condition.

The notion of habitat, and the subsequent analyses of the modes of being shaped by that habitat, allow another metaphor to serve as a framework for madness. Uranga’s work in the years after this call to understand the habitat, the qualities of Mexican-ness, led to the centering of accidentality in his *Analysis of Mexican Being*. Part of that foregrounding of accidentality stems from a recognition of a sense of slide between distinct frameworks of self-understanding and interpretation. Madness as an experience of self or self-

understanding can involve a similar slide, one not to be dismissed merely as a symptom of a medical disorder. Experiences of madness instead motivate trying to account for this species of anxiety in self-understanding. In analyzing accidentality as an analytical tool, Juan Garcia Torres highlights that, for Uranga, “an accident has relative sense-making instability” (2024, 66). I want to suggest that we leverage accidentality in theorizing frameworks for theorizing madness that resembles Torres’s interpretation. Part of what makes sense-making unstable, in the case of madness, might be the plurality of interpretive frameworks, stemming from a history of interface with a medical-carceral system, that feed into the possibility of sense-making. Madness as a habitat involves navigating a landscape where diagnoses can simultaneously “fit” and grind against the realities of the experience. Similarly, the narrative of self-interpretation afforded by madness-as-strategy offers a potentially friendlier account of mad identity, but one that leaves the remnants of navigating the stigma surrounding diagnosis outside the bounds of what the identity involves.

### **FRAMEWORKS OF MADNESS: MADNESS AS DYSFUNCTION**

Perhaps the most familiar of these frameworks is an account of madness as a deficit or dysfunction. In Kessock’s narrative, she takes her mental comportment to deviate from some norm or understanding of typical functioning. On this framework, madness motivates cure or alleviation, reifying that norm. It casts insanity as a personal or individual *problem*, demanding some form of intervention. At the same time, though, Kessock’s self-understanding does not improve by jettisoning her identity as a problematic deviation from a norm.

In part, this “slide” in self-understanding seems to embody a number of frameworks or underlying narratives concerning madness. Accounts of madness-as-dysfunction posit madness as a disruption of “normal” psychological functioning. Wouter Kusters summarizes,

as a deficit, a disorder, a nonfunctioning of some aspect of the mind/brain/body that is supposed to be well-functioning in the individual who is not psychotic. [...] Such a

judgement implies that there is good, proper thought, and that psychotic thought can be sufficiently defined as a disturbance, a disordering of this normal, natural way of thinking (2022, 15).

This deviation from the norm justifies a correction. Sometimes that correction is medical; prescription medications and therapies enable some approximation to the “normal” ideal. Historically, such “correction” includes long-term psychiatric treatment facilities, short-term centers, and the carceral system.

In her critique of the Mad Pride movement, Alison Jost leverages a view of madness as dysfunction. She questions the extent to which madness, or mental illness, can be conceived as a social phenomenon:

It is true that one reason living with a mental illness is difficult is that others stigmatize you. But stigma is not the only thing that makes a mental illness an illness. Most mental illnesses, for most people, are inherently negative. They demoralize people. They halt lives, figuratively and literally (2009).

While acknowledging that stigma can be among the issues that create hardship in the lives of those with mental illness, she locates suffering stemming from these conditions squarely on the psychiatric condition itself.

No matter how destigmatized our society becomes, mental illnesses will always cause suffering. They are not simply different ways of processing information or emotion; they are disorders in the capacities for processing information or emotion (2009).

Where Mad Pride and approaches to mental illness that emphasize social factors and a lack of fit between one’s environment and mental comportment fail, in this view, is in the fundamental conception of what mental illness is. This focus motivates interventions like medication, as well as forms of therapy and other interventions, to remediate dysfunction.

Turning to patients' or users' perspectives shows that people are not univocal in their reactions to these interventions. Regarding medication, users report a range of responses. In the narratives cited above, McDermott and Kessock endorse the benefits of medication, though not with some caveats and an acknowledgement that medical intervention can have its flaws. Beyond side effects, you might have difficulty in determining when and how to cease using medication, or knowing whether these interventions are responsible for every change you might experience, and you might find yourself in a sometimes-frustrating relationship with a psychiatrist, who retains authority over the prescription, and may or may not seem receptive to the input of their patients. More strikingly, madness has been leveraged to justify institutionalization or interfacing with community mental health systems. Without rehearsing histories of institutionalization or abuse within these contexts, they rely on diagnoses of madness as a deviation to justify their treatment. The point in briefly rehearsing these positions is to outline the conception of madness-as-dysfunction and its implications to suggest it as one framework impacting the lived experience of those deemed "mad."

That impact can be witnessed in reflections on what it means to be mad or insane. Sofia Jeppson, as part of a larger critique of testing environments used to show that mental illness is primarily a dysfunction, highlights that, while adopting this kind of understanding,

I used to think that stigma accounted for very little of my problems. I used to think, like Alison Jost, that in a hypothetical completely stigma-free situation, I would still suffer horribly from being chased by demons. I would still suffer horribly from the terror. Intense terror, just like intense pain, is inherently bad, regardless of how much other people accept you (2023, 47).

That is, the extent to which madness impairs, on this self-understanding, resists changes in social circumstances. Further, there's a substantial question about whether or not one identifies with the mental illness. One's dysfunction seems like something external to oneself, something that acts on one's mental states.

**FRAMEWORKS OF MADNESS: MADNESS AS STRATEGY**

In contrast to madness-as-dysfunction, madness-as-strategy conceives of at least some forms of insanity as manifestations of some goal-driven feature of our psychology. Justin Garson advocates creating space for such an understanding of madness alongside the dysfunction view. Garson reviews a series of approaches that one might call madness-as-strategy, including Darwinian interpretations that link symptoms of insanity to a goal of coping within a broader environment. In examining Kurt Goldstein's holistic approach to the "biological perspective," for instance, Garson summarizes that the effect of this perspective is "to place the phenomenon in the context of the organism's ever-changing interactions with the environment, rather than in the context of the relationship between diverse mental faculties" (2022, 208). Examining anxiety from this perspective, it might be understood as an organism-environment interaction in which the organism responds to its relationship to the environment in a way that "aims" at a species of holistic fulfillment. Garson summarizes,

Anxiety is the *subjective* manifestation of a looming *objective* catastrophe. Fear, for Goldstein, is actually the fear that I am going to be anxious; this fear causes me to modify the environment in such a way that as to minimize the prospect of this anxiety-provoking catastrophe (2022, 206).

Anxiety therefore is goal-oriented, a strategy to bring about some set of circumstances. Through his work reviewing the history of psychiatry regarding madness, Garson brings to light this alternative mode of understanding madness.

In discussing madness and evolutionary adaptations, Garson further opens the possibility that at least some of what we recognize as mental illnesses are adaptations. He offers,

True, the evolutionary perspective in psychiatry is not committed to the idea that *all* mental disorders are adaptations; some of them may very well be dysfunctions of innate mental mechanisms. Nonetheless, the evolutionary perspective encourages us, as did Freud, to consider the

prospect that some mental disorders that strike us, at first glance, as dysfunctions contain a hidden purpose or end. It invites us, in other words, to *reinstate* a certain measure of purposiveness and goal-directedness into madness. (2022, 257)

Rather than construe madness as necessarily a malfunction, thereby motivating a narrative wherein one suffers an aberration to be excised, we might examine the impulses to re-shape the environment or one's own experiences as emblematic of some adaptation to environment, a striving for a form of fulfillment.

Madness-as-strategy offers an alternative narrative shape for understanding one's own relationship to experiences attributed to one's diagnosis. As a complex of the relationship between organism and environment, the experience that might be labelled as an aberration on a medical framework could be understood as an outcropping or expression of an organism-environment interacting "aiming" at fulfillments. In the narratives reviewed above, we saw something of the intuition that madness might be goal directed in Kessock's reflections on the story linking manic episodes with creativity. Whether or not she's correct, part of what is worth noting is that there are competing narratives that seem to exemplify these distinct frameworks. The co-existence of these metaphors raises questions about the potential for other alternative metaphors for madness, as well as the possibilities for understanding or developing an account of life as mad, caught in possible self-interpretation informed by multiple frameworks. The tension between dysfunction and strategy consists in that, though both suggest that madness is a kind of aberration, as strategy, it's an aberration by virtue of a lack of fit within the organism's environment. Garson ends his monograph by suggesting that the question becomes what to make of sanity (2022, 263). After all, sanity would seem to be a strategy that happens to navigate the environmental context "successfully."

Again, my point is less to arrive at the relative strengths and weaknesses of these accounts. Rather, the suggestion is that these provide different available logics that can shape self-understanding. Here, Garson's analysis might provide fruitful insight. In contrast to a narrative of self-understanding that something is amiss or needs to

be cured, diminishing the experience of the individual deemed mad, the framework of strategy gives shape to an alternative narrative.

### **FRAMEWORKS OF MADNESS: MADNESS AS MEMBERSHIP**

Others have theorized madness as a social category, alongside race, class, gender, ability, etc... On this analysis, Mohammed Abouelleil Rashed argues that we are witnessing the creation of mad culture, in the cultivation of shared symbols and meanings, as well as a community contesting dominant, medicalized meanings attributed to their mental comportment (2023). Elsewhere, Rashed maintains that we can use concepts like misrecognition to theorize vocabularies with respect to mental illness that resist the deficit view (2019). In particular, he argues that madness can be the basis for identity-based claims for recognition insofar as it provides a broader context within which one can embark on the project of self-understanding, not merely because there are a number of people who share a similar passive experience (2019, 188-199). Rashed highlights the importance of mad narratives in this project. He writes,

Mad narratives are unique in that they are constructed to make sense of madness as it is experienced by individuals and not of madness after it has been redescribed in medical or psychological language. [...] Mad narratives are constructed to correct for professional narratives (and their inadequacy vis-à-vis the experience of madness) and for subjective narratives (and their idiosyncratic character). They are worked out in a group and hence are more likely to achieve a degree of social intelligibility (2019, 190).

Regarding madness-as-dysfunction, use of medicalized vocabularies in professional narratives constructs a social imaginary of madness that does not align with how diagnosed individuals understand themselves. More pointedly, that vocabulary can further contribute to a sense of isolation and impede self-understanding. For Rashed, madness can serve as a basis for identity. This focus on mad identity and self-understanding motivates analyzing features of the lived experience of madness and community membership.



This focus raises important questions at the heart of Mad Pride, namely, delineating what community membership entails. In her engagement with the history of Mad Pride Toronto, Shaindl Diamond offers a helpful map of different constituencies and the tensions between them (2013, 67-73). Among the tensions are whether inclusion extends to non-psychiatrized individuals, in addition to those who have interfaced with the psychiatric system, whether a particular experience of impairment is the foundation for the understanding of madness, or if that essentialized experience of madness risks exclusion. In its place, Diamond advocates an approach to community solidarity and political strategy that foregrounds how the possibility of being perceived as mentally ill or mad, which varies in through historical and social contexts, functions to “[...] monitor and regulate those who disrupt hegemonic social relations and institutional processes [...]” (2013, 74). In one mode of reading, Diamond’s project of trying to delineate what “makes” a mad community exemplifies the kind of slide between frameworks we saw in individual narratives. Community membership seems to rest on some shared quality, perhaps a diagnosis, an experience, or a commitment. The project motivates a pluralistic conception of madness, “[...] recognizing that Madness is constructed differently in various historical and cultural contexts, and that there is no real basis of inherent or natural characteristics that define an eternal Mad subject” (2013, 74).

In that vein, we might understand the project of theorizing living through the lens of multiple conflicting narratives of madness, rather than trying to defend any one particular framework as part of the analysis of the experiences of living under the threat of regulation on the basis of having been deemed mentally ill. Thinking through this lens, I suggest, can take the complex and at times contradictory experience of self-understanding at face value. To return to Kessok’s narrative, she associates her mental comportment with creativity and power, as well as suffering and vulnerability. She recognizes herself as having a non-normative experience, brought on by some “abnormality,” but also as uniquely adapted to some kinds of activities. Further, she does seem to think of herself in terms of community membership, at least in some moments, recounting experiences in the early days of the internet, on internet chatrooms sharing worries, advice, and sometimes (mis)information.<sup>3</sup> In these

reflections on some of the frameworks shaping self-understanding of oneself as mad, and even in wrestling with the notion of community membership, there are plural incommensurate impulses. In what follows, I develop Emilio Uranga's work to suggest that his particular analysis of existential anxiety, *zozobra*, and his comments on accidentality can provide a valuable tool for describing how the threat of being policed as mentally ill can provoke a unique, and potentially important, experience confronting contingency.

### HABITAT AND MADNESS

Here we can ask, what is madness as habitat, or the habitat of madness? As Carlos Alberto Sánchez comments on Uranga's use of habitat,

[M]ore than dwelling *in* or *inhabiting* the habitat, the habitat itself also *inhabits* persons through social and cultural sanctions, histories, habits, and the internalisations of experiential modes of being belonging to the determinate habitation (2019).

Attending to Uranga's call in this context, we might understand madness in terms of the ways in which experiences of madness highlight and hide accidentality. What narratives give shape to mad experience, and how might an understanding of madness be shaped in relation to sanity/mental health as a default mode of being? Where do breakdowns in making oneself intelligible to the world of "reason" create disruptions? Finally, we might investigate the ways in which the various alternative frameworks of madness, including notions of madness as inarticulate, can contribute to an account of madness that acknowledges the situatedness of madness in the currents of multiple irreducible understandings, while not finally leaving madness in the corner of the inarticulate, the completely illegible, or unreason.

The language of habitat can call attention to the social and geographical location of those deemed mad within broader communities. La Marr Jurelle Bruce likens madness to diaspora:

It seems to me that madness, like diaspora, is both location and locomotion. Madness, like diaspora, is both place and

process. Madness and diaspora transgress normative arrangements—of the sane and sovereign, in turn (2017, 307).

Others have highlighted that mad people find themselves concretely in a condition of diaspora. On one hand, madness displaces one from a world of “reason.” On the other, mad people are distributed within a world of reason, largely in communities where madness isn’t predominant. Psychologist Gail Hornstein, for instance, likens madness to loss of a homeland, and cautions against recolonizing the interior worlds of people who have been diagnosed (Miller 2018, 311-13).

In a diasporic habitat, experiences of madness have their own distinct relationships to mad histories and accounts of possible futures. Exiled from communities since they were bastions of “reason,” sometimes physically, there can be an internalized sense that such exile can’t be the future. At the same time, given the concept of madness’s relation to sanity or reason, we might glean that, as a habitat, madness could reveal a particular kind of ontological accidentality. Recall James’s experience, struck by the memory of the young man in the asylum. He is at once struck by the apparent “inhumanity” of the man, signaling a participation in this exiling notion of sanity and insanity. Simultaneously, he experiences a deep anxiety of how contingent his own sanity is, of how close his own condition is to that of the young man. We can read this experience as a form of recognizing his own accidentality.

Similarly, accidentality might be helpfully read onto the analysis of madness. “Being driven mad,” “going crazy,” “losing my mind” are phrases that posit madness as a species of limit case. To be insane is to lack reason, or rationality, to be out of one’s mind. Reading these phrases through the foregrounding of accidentality in Uranga’s analysis, madness occupies a position of insufficiency. He writes,

The insufficiency of a particular ‘reality’ is equivalent to insufficiency or lack of ground. Insufficiency, ontologically speaking, characterizes what is accident in relation to substance. *Every modality of being grounded on accident is*

*partly grounded on an absence*, these modes of being are situated in an inconsistent and fractured base (2021, 103).

In these moments, Foucault's archeological work on madness and mental illness is helpful to illustrate how "mad" functions as a kind of insufficiency. In his comments on confinement, he offers, "Confinement merely manifested what madness, in its essence, was: *a manifestation of non-being* [...]. Confinement is the practice which corresponds most exactly to madness experienced as unreason" (1988, 115). Madness, in the various frameworks of interpretation, often defines itself against sanity or reason.

Conceived in terms of diaspora or exile and as defined against sanity, madness seems to embrace its own essential accidentality. The sense-making instability thereby engendered, a slide between different modes of understanding madness, can be read as a form of existential anxiety. But I would hazard that we could follow Uranga's insight a little further. This sense-making instability has a mark of genuineness, as positing oneself as substantial prevents one from recognizing and engaging with one's own contingency. There's a critique of taking "sanity" as substantial, standing in relation to madness as Spanish does to Mexican, on Uranga's analysis. That risk is to ignore one's fundamental character as contingent. The habitat, dwelling in multiple frameworks of sense-making and self-understanding at once, allows a criticism of sanity's apparent stability and necessity. The distinctive humanism discussed above cultivates empathy in the realization of accidentality.

The framework of habitats of madness, then, allow an analysis of the existential condition of having been deemed "mad." Without demanding that accounts of madness as a medical condition, as identity, and as strategy "step aside" or serve as the account to which others conform, habitats allow a role for the stories of sliding between these kinds of frameworks as part of the meaning of madness, positing a madness-as-habitat that centers accidentality. The phenomenological home of madness includes not only the "symptoms" of episodes, but navigating the historically situated narratives that inflect self-understanding. Investigating madness as a habitat, then, opens toward possible directions for understanding the interplay of different interpretative frameworks and the

navigation of a world wherein madness and reason are often construed as necessarily at odds.

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**NOTES**

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<sup>1</sup> See, for instance, Jeffrey Rubin's "William James and the Pathologizing of Human Experience" (2000) for a fuller exploration of the evolution of James's use of pathologizing language and his critique of "superficial medical talk."

<sup>2</sup> For a more extended treatment of James on medical materialism in relation to testimony and disability, see Jackson (2019), "Significant Lives and Certain Blindness: William James and the Disability Paradox".

<sup>3</sup> Likewise, psychologist Gail Hornstein likewise highlights an approach to knowledge of madness foregrounding "experts by experience" (2018, 137-53), examining peer networks as arenas of knowledge-generation surrounding madness.