

## Chapter 4 - Introduction

I philosophize only in *terror*, but in the *confessed* terror of going mad. ... But this crisis in which reason is madder than madness—for reason is non-meaning and oblivion—and in which madness is more rational than reason, for it is closer to the wellspring of sense, however silent or murmuring—this crisis has always begun and is interminable.

(Jacques Derrida, *Writing and Difference*)<sup>1</sup>

... There are some normal<sup>2</sup> people who are pretty much sane, a number of people who are neurotic or marginal cases, and a few people who act in ways that appear crazy to any reasonable man. Any number of shadings can be found in between these three groups. On this continuum the majority of people stand within the zone of health, which shades off imperceptibly into mild and then chronic disease.

There is also a continuum of truth. The majority of people know the truth, some are mildly deluded, and a minority have completely lost their grip on reality.

According to our normal way of thinking, these two continua overlap and are, perhaps, ultimately the same. Mentally healthy people stand within the bright light of truth, which shades off into the dark deluded world of the mad, lost in their delirious unreason. The more mentally diseased a person is, the less seriously we take their beliefs; the further a person's beliefs are from our own truth, the more we are inclined to call them mentally diseased.

The red on a rainbow's outside edge is qualitatively different from the blue on the inside. However, the rainbow of colours is formed from electromagnetic rays

vibrating at different frequencies, and so in physical reality red and blue have only a quantitative difference between them.

Although normality and madness appear to be qualitatively different, sanity and insanity can be reduced to quantitative intensity differences within a single homogenous zone. Within this zone it is the intensities of the human qualities that are important: shadings from health to disease and from truth to falsehood are secondary attachments to the zone; temporary labels stabilized by the majority's consensus.

The first part of this chapter highlights the traces of madness that are present in all parts of the continuum (it reveals the electromagnetic spectrum behind qualitative differences in colour) by uncovering the schizophrenic<sup>3</sup> thought in the normal child, our inner thinking, our past as a culture and in philosophy and science. After the madness of normality has been unveiled the ground will be prepared for a vision of the homogenous zone that underlies both sanity and insanity.

The second part of this chapter is a detailed study of the homogenous zone that deals with its structure, the disjunctions and reversals that arise within it, its mutation in isolation and some of the objections that could be raised against it. These include medical theories of madness and the reduction of madness to childhood experiences or other extraneous events. Finally, the third part shows how excess sanity or insanity destabilize the theory of the homogenous zone, which is also forced to accept theories of madness that directly contradict its own position.

Although the main thrust of this chapter is towards the dissolution of an absolute difference between sanity and insanity, it does recognize that the distinction between normality and madness in our culture (and in virtually every other according to cross-cultural comparisons) identifies a difference between people that cannot be simply dismissed as a social artefact or structure of language. Schizophrenics are *different* from your average nine-to-fiver. The homogenous zone incorporates these differences by describing them as collections of different intensities of qualities, some of which are labelled “mad” by people, and others labelled “sane”. Sociological theories are used to explain how these labels cause parts of the continuum to become accentuated so that there appear to be two discrete groups.

Self-styled normal people (and often madmen as well) often suffer from the delusion that there is some essential quality in madness, which normal thought (fortunately) lacks. The arguments in this chapter show that the world of the schizophrenic is the world of the normal person: distorted in some areas, reduced in others, but essentially the same style of operation. Madness is a caricature of reason, which in many ways makes it a better image of the processes of reason than the account reason gives of itself.

Beneath the flickering labels of consensus there is just the homogenous zone, thrown from nowhere onto the surface of spaceship Earth. After the sane have merged with the mad, all past, present and future beliefs become situated within the same space, mad disease collapses and we become six billion ghosts groping and wandering in the global weed garden ... blind, stumbling, reaching out.<sup>4</sup>

... the Renaissance, after the great terror of death, the fear of the apocalypses, and the threats of the other world, experienced a new danger in this world: that of a silent invasion from within, a secret gap in the earth, as it were. This invasion is that of the Insane, which places the Other world on the same level as this one, and on ground level, as it were. As a result, one no longer knows whether it is our world that is duplicated in a fantastic mirage; whether, on the contrary, it is the other world that takes possession of this world; or whether the secret of *our* world was to be already, without our knowing, the *other* world. ... Reason, too recognized itself as being duplicated and dispossessed of itself: it thought itself wise, and it was mad; it thought it knew, and it knew nothing; it thought itself righteous, and it was insane; knowledge led one to the shades and to the forbidden world, when one thought one was being led by it to eternal light.

(Michel Foucault, *Mental Illness and Psychology*)<sup>5</sup>

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1 Jacques Derrida, 'Cogito and the History of Madness', printed in *Writing and Difference*, translated by Alan Bass (London: Routledge, 1995), p. 62.

2 In a chapter that destabilizes the difference between normality and madness there should really be quotation marks around every use of normality, madness, schizophrenia and their variants. I have decided not to clutter up the text in this way, but these words should be taken with progressively larger pinches of salt and spice as the chapter progresses.

3 Schizophrenia is used in this chapter as the main example of madness. However, the central argument also applies to other thought 'disturbances' as well.

4 It should be noted that this chapter is not an attempt to give an account of madness itself, described from within the standpoint of reason (it hopes to avoid the mistake that Derrida criticised in Foucault). Since it is already madness itself, it does not pretend to describe madness from the outside, and one of the purposes of this chapter is to embody and enact the madness that it is describing.

At a different level, this chapter does offer a description of madness, a theory of insanity that could be said to misrepresent and oppress madness. To the extent that this chapter works in this way, it

does not pretend to give an account of madness in itself. It is a theory of madness within the language of reason that pushes reason until it topples over into its opposite - a deconstructive theory of insanity.

A final cautionary note should be added: the homogenous zone is not intended to be some kind of archaic return to a distant point when madness and reason were united. The Greeks and the Renaissance both had medical treatments for madness and so do most (if not all) 'primitive' cultures. In some of these periods (perhaps especially in the Renaissance) there may have been more of an emphasis on the homogenous zone, but there has never been a time when there was no madness; when the mad and the sane played happily together. The homogenous zone is a schizophrenic delusion/structure of reality that our culture is creating/discovering today. It should be taken on its own merits and not in relation to a possible instantiation in history.

5 Michel Foucault, *Mental Illness and Psychology*, translated by Alan Sheridan (Berkeley: University of California Press, 1987), p. 77.