

Strategy, Pyrrhonian scepticism and the allure of Madness

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ABSTRACT

Justin Garson introduces the distinction between two views on Madness we encounter again and again throughout history: Madness as dysfunction, and Madness as strategy. On the latter view, Madness serves some purpose for the person experiencing it, even if it's simultaneously harmful. The strategy view makes intelligible why Madness often holds a certain allure – even when it's prima facie terrifying. Moreover, if Madness is a strategy in Garson's metaphorical sense – if it serves a purpose – it makes sense to use consciously chosen strategies for living with Madness that doesn't necessarily aim to annihilate or repress it as far as possible. In this paper, we use our own respective stories as case studies. We have both struggled to resist the allure of Madness, and both ended up embracing a kind of Pyrrhonian scepticism about reality instead of clinging to sane reality.

Keywords: *Madness; Pyrrhonian scepticism; mania; psychosis; psychiatry*

Introduction: Madness as strategy

In Justin Garson's groundbreaking *Madness: A philosophical exploration* (2022), he takes us on a tour through history and the constantly resurfacing tension between seeing Madness as a *dysfunction* and seeing it as a *strategy*. On the dysfunction view, Madness is analogous to a physical problem like asthma – when the asthmatic's bronchi close up and he can't get enough air, the breathing apparatus is dysfunctional, not working the way it should. On the strategy view, Madness is analogous to a physical phenomenon like fever – when you're infected with a pathogen and your body temperature rises, this helps your body to heal by slowing down pathogenic reproduction (ibid: 90). As the analogy shows (and *pace* Kraepelin, ibid: 78), “strategy” doesn't imply “consciously chosen”, merely that it serves a purpose.

Garson points out that if we view Madness as a strategy, as something which may fill a function for the Mad person, this may have implications for treatment decisions. Fever, though purposeful, may become harmful in itself if it goes too high, and Madness may harm as well. Nevertheless, if we see it as strategic, we're less likely to try to repress all Mad phenomena at all costs, more likely to look beneath “symptoms” to see what they might be a response to (ibid: 10-11). Moreover, insofar as Madness provides a way of dealing with problems in your life or allows you to *escape* from said problems (ibid: 125, 128, 130-131, 174), it can be understandably *tempting*. Madness is normally spoken of as an affliction that befalls people, but it might also be something that draws you in.

Garson cites Arthur Wigan, who talks of how “the sick brain” tries to seduce “the healthy brain” into Madness, by presenting the person with a tempting alternative worldview in which he's, e.g., a

great and important leader or in touch with God himself, instead of a hallucinating madman (ibid: 127-131). Descriptions of Madness as alluring and seductive is far less common in modern times, but Edward M. Podvoll's *The Seduction of Madness* (1991) stands out as an exception. Like Wigan, Podvoll talks about how Madness can be tempting and draw people in. Moreover, both scholars believe that recovery must entail a wholesale rejection of Madness in favour of reason. But this is not the only possible solution for a person struggling with Madness. Madness can be embraced as well, and given a more positive spin, as in the Mad Pride movement (Garson 2022: 12).

We, Paul Lodge and Sofia Jeppsson, can both relate to the view of Madness as meaningful, strategic and alluring. Our respective Mad experiences left us both struggling with philosophical problems about what to believe, what to do, and whether to cling to sanity or go fully Mad again.

Moreover, we find ourselves having settled on a somewhat similar way of managing the tension that arises when these forces are at play. We believe that our respective stories provide interesting illustrations of how seeing Madness as a simple brain dysfunction which should be fixed can be of little help, and even profoundly unhelpful, and offer alternative frameworks for coping with Mad existence. However, we would also like to stress at the outset that we regard this as one strategy – in the consciously chosen sense of the word, not in the fever-analogy sense – that has in fact worked for us. We hope it might work for others, but it also seems clear that many other strategies may be required.

Thus, we frequently use 'strategy' in a different sense than Garson's in this paper. We do not aim in this paper to take a view on whether the *combination* of Madness and our conscious strategies for dealing with it should be understood as a strategy in the Garson sense, as a dysfunction, or indeed in some other way. However, some of the comments that we make do engage with this question, which is clearly worthy of further consideration and one that we hope to address in future work.

Paul's story

I received a bipolar diagnosis in 1994 when I was twenty-five and studying for my PhD in New Jersey. It was at that point that I had my one and only manic episode. Whilst the formal diagnosis did not occur until my mid-twenties, there were clearly signs much earlier. For the last two years of high school I suffered from what I now take to have been a significant period of major depression and I have vague recollections of depressive phases and strange 'quasi-mystical' experiences earlier in life.

Bipolar disorder is so-named because most people with the label have experienced periods of both depression and mania. However, it is the latter that I have in mind when I speak of myself as having experienced Madness. The formal criteria on the basis of which people receive a diagnosis of a manic episode are usually those found in the Diagnostic and Statistical Manual of Mental Disorders, though only some of those criteria will be relevant for the current article: in particular, being 'more talkative than usual' having 'flights of ideas' and a sense that one's 'thoughts are racing', 'distractibility', and

‘inflated self-esteem or grandiosity’ where these give rise to ‘marked impairment in social or occupational functioning’ (DSM-5: 124).

Given that these criteria are diagnostic they focus for the most part on aspects of the manic subject which are observable by clinicians or readily reported to clinicians by the subject. Thus, they do not attempt to speak at length to what it is like to be undergoing such an experience. And to this extent, they do not point toward all of the challenges my manic episode has posed for me. In particular, they do not offer any purchase on why mania has an allure. However, I think it is possible to enrich the account of the experience in ways that do speak to this.

Two crucial things are missing from the criteria listed above. The first is something that unifies them all; namely that they are aspects of a way of responding to a disruption in what it is like to be. I think it is possible to convey at least some sense of what this unifying feature is. The use of the term ‘inflated’ in connection with the sense of self offers a clue. It points to the way in which manic subjectivity expands as the sense of there being exponentially more and more to attend to breaks into consciousness. Moreover, I think this sense of there being more to attend to allows us to make sense of why the manic subject is distractible, has flights of ideas, and racing thoughts. For this can be understood as the mind responding to the increase in what is present to it by relying on its already developed capacities to conceptualize things. It is important that I used the term ‘exponentially’ above. Indeed, another way to articulate my sense of what was happening as mania took hold was that I was being overwhelmed by a rapidly increasing amount of reality and trying my best to comprehend that by using concepts I already had to forge non-standard links. Another aspect of this experience that is alluded to in DSM-5 was the grandiosity that accompanied this. And this is perhaps unsurprising. During my period of manic subjectivity, I took myself to be seeing more of what there is than anyone else had ever seen and gaining greater insight; and, as is too the case for manic subjects, this apparent insight seemed so profound that it came to express itself via a sense of an almost messianic destiny to reveal the truth about existence to others.

The second crucial thing that is missing from the DSM criteria concerns how it feels to be in the grip of mania. DSM-5 talks of ‘elevated, expansive, or irritable mood’. Whilst these terms capture something, they fail to do justice to the way in which some phases of mania are intoxicating. There was irritability at times – mainly in the presence of others who were not able to see what I was seeing. But for the most part I was overflowing with an ecstatic joy which attended a sense that I was experiencing the way in which reality was showing itself to be more full of meaning, and which brought with it a sense of limitless access to greater perfection of both the subject and object of the experience.

So far, the ways in which I have talked about mania might suggest that it can be helpfully characterised as strategic in Garson’s sense. But, as noted above, our concerns in this paper are with strategies of a different kind, namely the strategies we have adopted for living with our respective Madness. In my case, this is itself something of a bipolar issue. On the one hand my recollection of my manic episode is very negative. In particular, there are memories of the ways in which it seriously

undermined my ability to maintain social relationships. But this is mixed up with the recollections of being caught up in something ecstatically revelatory, a recollection which was, for a long time, combined with a sense of there being unfinished business to attend to. Unsurprisingly, it is the latter which has been the source of the allure that my Madness held prior to the adoption of the sceptical strategy that we will discuss below.

In light of the socially destructive aspects of my mania, one of the things that I have done ever since my episode is take drugs under the supervision of psychiatrists. Initially, this was forced upon me; but soon after it became voluntary. My compliance speaks to an overriding desire never again to experience the alienation that I associate with having my manic episode. The drugs worked – and still work – well enough, but for a long time, I felt frustrated taking them. I regarded medication as a regrettable trade-off. Living with others was prioritized over making further sense of the mania and the things that seemed to have been ecstatically revealed. For it also seemed to me that making further sense would only be possible by stopping my regimen of drugs and becoming manic again.

For all that I myself lacked a strategy to address this pull to make further sense of my mania, it was also clear to me that others who have had manic experiences do. We can usefully think of these as inflationary or deflationary: inflationary insofar as they involve taking the having of further manic experiences to be valuable, and deflationary insofar as they do not. However, I am interested here only in those which are deflationary, given that the approach on which I have finally settled at this point is of this kind.

One deflationary strategy is built into the way in which some people rely on drugs in the wake of mania. Here I am thinking of people who conceptualize their sense of themselves and the world as metaphysically dependent on the brain and its properties. I will refer to this as ‘materialism’ for convenience’s sake. For the materialist, manic subjectivity, like any other, is dependent on the way in which the brain is functioning at a given point in time, with mania as a kind of *dys*function. It is a dysfunction, in part, because it leaves one unable to conceptualize things in the ordinary reality-revealing way. But luckily (for some at least) it can be combatted by the ingestion of drugs which alter the structure of the brain’s chemistry so that normal functioning is regained. This perspective offers an additional advantage for some. Rendering mania intelligible in this way may also neutralize some of its allure. If manic episodes are conceived as due to changes in brain chemistry, there is perhaps less pressure to take seriously any tendency to regard them as revelatory. Whilst memories of such states may involve a sense of revelation and ecstatic affect, this is likely to be regarded as delusional; and, whilst there may still be some attraction to the affective component of mania, this is likely to be significantly reduced insofar as it is decoupled from the sense that the experience was revelatory.

I was already somewhat suspicious of reliance on this kind of account of our mental lives before my manic experience. But it has proved impossible for me to appeal to anything of this kind in its wake since materialism doesn’t speak at all to my recollection of the changes in the sense of self that attended that the mania. I have always remembered the experience as involving something that simply isn’t

rendered intelligible as a manifestation of dysfunction in a material system. In occupying this position, I take myself to have been in a similar predicament to many other manic subjects for whom subsequent appeals to materialism and dysfunction seem inadequate. However, I have also been unable to avail myself of another deflationary strategy that some take at that point, namely those for whom the sense of revelation remains, but in such a way that it is amenable to an alternative metaphysical explanation.

Here I am thinking primarily of those for whom mania leads to a life which involves some kind of spiritual conversion. Such a subject might take themselves to have had an experience of divine presence, for example. But whatever the precise content, the common denominator with the kind of response that I have in mind is a response that regards the experience as an encounter with a reality the nature of which can be rendered intelligible to at least some degree, and that does not need to be repeated in order for its work to be done. Crucially important as the initial occurrence may have been, the revelatory significance of the manic experience can now be understood in such a way that there is no need to become manic again in order to reap the benefits of the revelatory significance. In such instances, it is also likely to be true that the experience can then be shared with others for whom similar interpretations seem appropriate. And the initial social estrangement brought on by the mania may turn out to be a gateway to the very opposite, namely membership of a community which is forged around taking the mania itself to be something that binds that community together.

For better or worse, none of the alternative metaphysical explanations that I knew of prior to my mania or which I investigated in response to its occurrence helped me make sense of the experience. The difficulty I faced with materialism and the other metaphysical views was that my memory of the manic experience included a still compelling sense that I experienced reality in a way that outstripped all the available attempts to comprehend it.

For a long time, my fear of the social consequences of becoming manic remained a primary determining factor in my relationship to my manic experience. Perplexed and exhausted, I turned away from any attempt to engage directly with its significance and I took the drugs prescribed for me to try to stave off any recurrence. But I was unable to shake the allure of mania and the sense that I was denying myself something that I regarded as crucially important, namely the possibility of a revelation of a truth of great significance. Indeed, the temptation was to think that the denial of this was simply due to the constraints of social conventions that I would have rather had the courage to ignore.

However, over the past five years or so a change took place. I remained firm in my resolve to continue taking my medication, but it also seemed imperative that I find some way to engage fully with the allure of mania. Rather than living with a sense of fragmentation, I was drawn back by the desire to find the sense at the end of the manic rainbow. And, at this point, I found myself embracing a mode of being that in hindsight seems to have been trying to force itself on me all along, which I will call ‘Pyrrhonian scepticism’.

Like most terms of art, ‘Pyrrhonian scepticism’ is explicated in different ways by different people. However, I use it to point toward a number of core components of my current existence. Central to this

has been a reconceptualizing of the significance of the manic experience that I had. I no longer interpret the memory of my manic experience as the memory of a mode of being in which I had been gaining insight which was cut short. Rather it has come to seem more appropriate to think of it as an experience which could not have but been cut short. For what now seems to me to have been the case when I recall the experience is that it was one of trying to use my conceptual capacities to make sense of something which essentially outstripped those capacities. For want of a better expression, it seems to have been an experience of my finite subjectivity flailing around in an infinite reality.

With my memory transformed in this way, it has been possible to harmonize my current understanding of the experience with other elements of my life. Its revelatory nature remains intact. But there is no need to repeat the experience; taking the drugs prescribed to me no longer feels like a regrettable trade-off. The experience stands as seemingly indefeasible evidence for the following background condition to my existence: namely, the sense that reality – both insofar as it seems to be my own reality and the reality of things distinct to me – both outstrips any attempt at comprehension of which I am aware and appears to be such that no attempt by a finite being such as me, or community of such beings could ever do that. However, this needs to be qualified in a crucial way. For it is not a dogmatic commitment. I can't see how my existence could be rendered intelligible conceptually, but I don't take that to be grounds for taking this to be the final word.

This is then combined with a way of managing living in a reality which is inhabited by what appear to be people who do not live with this background condition. Here I adopt the customs of those people to the extent that is needed in order to get by. There is a lot that could be said about what 'to get by' means to me. It at least requires that I allow the background sense of things being unintelligible to remain apparent to me as the most truthful-seeming sense of reality that I have. However, it is something that I have also rendered existentially consistent with engaging in other practices that might seem to be at odds with it.

Thus, I am happy to employ the kind of thinking that has the possibility of representing things as they are independently of their representation as its goal, and which takes it to be the case that there are better and worse ways of approaching that task. And part of this includes taking seriously the differences between claims to knowledge and claims which do not warrant this status, as well as being interested in the difference between beliefs which are more or less probable in cases where claims to knowledge appear not to be. Furthermore, I am happy to take seriously the idea that my behavior should be subject to the claims of morality. And in both cases, I am happy to rely on a distinction between true and false claims.

The position is one which does justice to what one might think of as a sceptical disposition, but it does not involve a commitment to the impossibility of knowledge. It should also be noted at this point that my appeal to the notion of 'customs' is a context-dependent notion. There are some with whom it seems more important to me to get by with than others; and aligning myself with the epistemic and moral norms that seem to govern the lives of those people is a crucial part of that. It is a messy business;

the messy business of my day to day attempt to live what seems to be a good life. It is a domain in which I take myself to have no particular expertise and in which I try to be open to all the help I can cope with receiving. But to reiterate, always in the background, is the only thing that has ever been able to help me get by with existence as a seeming whole given my manic past - namely, that there is just too much reality for any of these customs to be revealing things as they are in themselves; and that none of the customs, even the custom of Pyrrhonian scepticism that I have appealed to in order to get by in the wake of mania, can be taken to be the final word.

Sofia's story

I can't say for certain how long I've been Mad, but it goes back to my childhood. Unlike Paul, I've never received a precise diagnosis, but I sometimes say that I have 'schizo-something'; I don't remember precisely when, but in the late nineteen nineties, a psychiatrist said that although I don't tick enough boxes for schizophrenia, I'm likely somewhere on the spectrum. I have also described myself as 'having some kind of psychosis thing', but mostly, I make do with 'Mad'.

When first hearing Paul talk about his experiences and how Pyrrhonian scepticism had helped him, I thought this could certainly not help *me*. I objected that whereas Paul's Madness seemed awesome and therefore understandably tempting, my own was nothing but horrible.

In my papers and presentations (e.g., Jeppsson 2021; 2022a; 2022b; 2022c), I write and talk of *The Mainstream World* and *The Demon World* respectively. The former is the world most people inhabit and share; the latter, as the name implies, a hellish nightmare world filled with murderous demons. Whereas most people trust *The Mainstream World* implicitly – it's so obvious to them that they don't even have a special name for it, it's just *reality* – it always seemed unnervingly flimsy to me. Sometimes the cracks would be showing, through which my supernatural enemies might slip through. Sometimes *The Mainstream World* would flutter and fall apart altogether, and I would be plunged down to what lies beneath.

Throughout my life as a Madperson, I've tried different strategies for dealing with this horror show. I think they can be roughly divided into three groups: Medication, Jamesian strategy, and Pyrrhonism/sceptical strategy.

Medication is the obvious one, and the primary help you're offered by psychiatry and the mental health system. My problem: bizarre and terrifying illusions and hallucinations. The solution: give me psychotropic drugs that make them go away. For many years, I was on the antipsychotic drug Haldol, the sleeping pill Propavan, and occasionally the benzodiazepine Xanax. However, dealing with my psychosis by taking antipsychotics was more complicated than most people realize.

Sane people take *The Mainstream World* for granted. They might even find it *impossible* to truly doubt it. They might – like David Hume – entertain sceptical arguments, perhaps feel briefly shaken by them from time to time, but they soon return to trusting that the world is the way they always thought it to be. Of course, sane people sometimes change, e.g., their ideological or religious views in a way

that may feel dramatic enough to the person concerned, but throughout these changes they never experience or believe in anything like my several layers of reality or hostile demons coming up from the world beneath. When you take *The Mainstream World* for granted like this, antipsychotics might seem like an obvious and simple solution for the kind of frightening experiences that I've dealt with.

It wasn't so simple for me. When I first became a psychiatric patient, I was genuinely uncertain of whether antipsychotics would suppress frightening illusions and hallucinations, or blind and deafen me to a *Demon World* and demons that were really there, making me much more vulnerable. Decades later, as a philosopher, I can explain how all scientific arguments for what is and what isn't possible presuppose *The Mainstream World*, and that philosophical arguments attempting to show that people are justified in trusting it, in turn, presuppose that the trust is already there. Unfortunately, there's no scientific proof or philosophical argument relevant to the poor Madperson who already finds himself floating between realities, doubting and questioning everything. Back then, I had yet to study philosophy, and couldn't put all of this into words. Nevertheless, I noted that whenever a doctor tried to explain to me that my demons were unreal and the meds would help me, there was something circular or question-begging about their arguments, which left me feeling frustrated and profoundly unconvinced.

Thus, I had to supplement the medical solution by what I've later come to call the Jamesian strategy, after philosopher and psychologist William James. James (1896/2010) argued that there are rare circumstances in which we lack sufficient evidence one way or the other, and yet a neutral suspension of judgment isn't an option; the stakes are *high* and we must believe *something*. In situations like these, he said, it makes sense to *choose* what to believe. I made a pure leap of faith and *choose* to believe that *The Mainstream World* is the sole reality, *The Demon World* and its inhabitants are just figments of my psychosis, and taking the pills therefore made sense.

However, choosing what to believe is hard; you can't sustain a belief by pure willpower for long. Fortunately, I didn't have to. My then-psychiatrist tried a few different medications before striking gold with Haldol, which for a long time worked very well. Once the pills made *The Mainstream World* stabilize around me, it eventually came to seem obvious to me, perhaps as obvious as it seems to sane people.

From time to time, I would think myself cured for good, quit my meds, and sail on for a while, until some triggering experience (for instance, changing environments and going abroad, or something more traumatic) sent me flying back to *The Demon World* again. I once again had to *choose* to believe in *The Mainstream World*, psychiatry and its pills, and get back on them until the world restabilized and my trust in it returned.

However, Haldol eventually began losing its desired effect on me, while simultaneously giving me increasingly nasty side effects. I had to rely more and more on Xanax not to completely freak out, despite knowing full well what a dangerous drug it is. Eventually, I was also given the beta-blocker Propranolol, but this last one never had any effect on me, not even at dosages of 100 mg at a time. *The*

Mainstream World was flimsy again, the demons pushed through more and more often, and my implicit trust in the Mainstream eroded.

In hindsight, I realize that I actually felt betrayed by psychiatry as a whole, and even betrayed by the Haldol pills themselves. Thi Nguyen (2022) has written on the similarities between trusting another person and trusting an object or machine, and reading his paper gave me an eureka moment – *that's* why I had such intense emotions about my medication: I used to *trust* it, but then it *betrayed* me! As a psychiatric patient, you're taught to trust your medication, and to believe that if only you hold up your end of the bargain by conscientiously taking the pills as prescribed, the pills will do their job and keep you sane. But Haldol, eventually, didn't.

After I became friends with Paul – introduced to me by a colleague as a “fellow Mad philosopher, you might have much to talk about” – he told me how he had found Pyrrhonian scepticism helpful for dealing with his own non-standard experiences, but at the time, I wasn't ready to listen. I still yearned for the days gone by when *The Mainstream World* felt stable and firm enough to be trusted, and when I experienced something like sanity. I tried to go back to this state by a continuous, Jamesian effort of will alone, but it was hopeless.

Eventually, I went to see a psychodynamically trained therapist for my own money. This was in 2019, at which point the public health care system had long relied on drugs and cognitive behavioural therapy. But I was certain I needed to talk things out with someone who was willing to go deeper, who would be open-minded and willing to explore where the discussions would lead. Finally, I found a therapist who did something other than CBT and job training. After a few sessions, she said that I seemed too hung up on what's *Mad* and therefore *bad* and *must not be done* instead of simply utilizing whatever strategies and coping mechanisms that help me feel better and prevent me from freaking out. This was a real eye-opener for me; I hadn't realized, before, how much internalized stigma I was carrying around. I do think there's a connection here between “strategy” in the sense of a consciously chosen way to *deal* with your Madness, and Madness as itself being a strategy in Garson's sense. If you embrace the latter – if you see it as fulfilling some *purpose* and being helpful in *some* ways even as it may harm you in others – you might be more open to the idea that a consciously chosen strategy need not be bad just because it seems to be, in itself, quite Mad.

Usually, when people talk about “stigma against mental health conditions” and how we should fight said stigma, it's construed as people being ashamed of saying that they have a mental health condition in the first place, and/or people being shamed for taking meds. And sure, those are aspects of stigma. But another aspect is the pressure people like me feel to construe their Madness as running less deep than it does. I used to insist that I obviously know what's real or not, I just suffer from a little brain dysfunction, that's all. It's like asthma or diabetes except in the brain, nothing to see here, move along. Now, encouraged by my therapist, I finally admitted to myself that I often *don't* know what's real – but that's okay, as long as I still manage to roll with things and live my life.

And so, we arrive at my third and most fruitful strategy for dealing with Madness: the one I label Pyrrhonian, after the philosophical school of Pyrrhonian scepticism.

Now, this name might not be entirely apt after all. The ancient philosopher and physician Sextus Empiricus (1976) didn't write about shifting between two different worlds, and then remain neutral about whether one or both were real. Rather, he writes about accepting that there are always different perspectives from which to see things, and there are always counter-arguments against as well as pro-arguments for our beliefs. Nevertheless, he stresses that when we come to accept this, we can reach a peace of mind not possible for the person frantically trying to determine what's true or not. And he does bring up Madpeople in his writings: Sextus writes that even if it were true that Madpeople had a different balance of humors than sane people do, we wouldn't have any independent proof of which humor balance makes you see the world as it really is and which distorts it.

The idea of finding peace by accepting that I can't know what's real or not resonated with me. I further realized that by now, I have reason not to fear the demons either way. Either the demons can't kill me because they're not real, or they very likely won't kill me because they've been stalking and threatening me for decades and I'm still alive, so those threats seem pretty empty. This either-or thought comforts me in a way that insisting on just the first part – they're not real! Not real! – can't do. I also realized, with the help of my therapist, that I don't need to determine what's real or not to know *what to do*. I have ways of dealing with my demons – talking to them, engaging in little protective rituals – that are justified if they're real, and also justified if they're not; it keeps me from spiralling into ever higher stress- and fear levels, and thereby keeps me from a full psychotic breakdown.

This Pyrrhonian strategy has been immensely helpful to me once my meds no longer worked. Nevertheless, it took me even longer to acknowledge that the terrifying *Demon World* held a certain *allure*. I used to think that whereas Paul felt understandably tempted by what seemed like the prospect of vast cosmic insight, murderous demons are wholly scary and bad. I told him that unlike him, I *wanted* to believe, whole-heartedly and without hesitation, that my demons were nothing but illness symptoms and *The Demon World* an illusion. The only reason I eventually came to embrace Pyrrhonian scepticism was because I was out of other options; neither medication nor wilful Jamesian believing worked anymore. But for me, being in a state of florid psychosis felt like being the main character in a horror movie. Who on earth would be *tempted* by that?

Eventually, I came to realize that even if you'd rather be the main character in a nicer kind of movie, simply *being the main character* has a certain allure compared to being one of eight billion bit-players in the regular world. Moreover, regardless of how terrified I've been when actively psychotic, I've never been *bored*. And finally, even a hellish *Demon World* might seem more manageable on occasion than *The Mainstream World* that most people inhabit.

I'm not sure how common my experiences are, but they're not unique. I recently met Kay A. Subijana at a conference, who's also had terrifying psychotic experiences, and agreed with me about the last point. You suddenly find yourself the main character of a story which is incredibly scary but

simple. In my case, pursued by demons who try to kill me (why? They're weirdly attached to me and evil – my subconscious never built up more backstory or personality for them than that), and I must avoid being killed. That's it. Kay hasn't, of course, been through the exact same experiences as I have, but they've found themselves in the midst of similarly scary but *simple* narratives when psychotic.

The problems I face in *The Mainstream World* may rarely concern the prospect of my immediate murder, but they can have a sprawling complexity which is terrifying in itself. Moreover, whereas I have two standard options when I want to avoid murder by demons – try to protect myself or flee – the problems of the Mainstream World are often such that it's hard to see what the best strategy would be; there might not even *exist* any solutions. Even terrifying kinds of Madness can serve the escape function that Wigan and Podvoll talked about.

I have found that admitting to feeling tempted in the first place makes temptation easier to handle. When I regarded any pull felt as an incomprehensible mental illness symptom, there was nothing I could do about it except medication or resistance through brute willpower. Once I admit that there are reasons to feel tempted, I can rehearse my reasons for and against. If I slide into florid psychosis, I'll feel at the centre of the world, it will be terrifying but *exciting*, and I'll have less complex problems to deal with. However, I have important responsibilities to and relationships with people I care deeply about, and I need to stay connected to *The Mainstream World* to preserve them. Moreover, regardless of what kind of *Mainstream* mess I find myself in, it will likely have grown bigger and messier by the time I return if I first take an extended psychosis break.

The temptation to go Full Mad can still be hard to handle, sometimes – in particular since my Madness has grown less terrifying and more benign in later years. Nevertheless, it's more doable once I've admitted to myself that Madness can serve a purpose and offer an escape from *Mainstream World* problems.

Conclusion

Our aim with this paper has been to sketch the way in which we have individually embraced a Pyrrhonian strategy for dealing with our respective Madnesses and their allure. However, in closing we would again like to make it clear that we remain pluralists about the place of self-views, world-views and narratives in coping with Mad existence (how could it be otherwise, given that we both find value in Pyrrhonian scepticism?). As a result, we welcome the contribution that Justin Garson's rich analyses make available to those, Mad or otherwise, who are struggling to think about Madness. If other Madpeople find it helpful to adopt a pure dysfunction view, we certainly do not wish to argue that they are wrong. Nevertheless, given our own journeys and the place the Pyrrhonian scepticism has come to play in those, we think it is crucial that this approach doesn't become too dominant. The different perspectives that Garson details in his book – of Madness as a strategy, an escape, a temptation – offers important complements. Many Madpeople, their friends and families, as well as clinicians, would do

well to at least contemplate alternative perspectives from time to time; and perhaps for some the sceptical perspective will seem like an appealing option.¹

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