

## The Contrast Class for Madness and Mental Disorder

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A fundamental issue in philosophy of psychiatry is the demarcation problem regarding *what* distinguishes genuine mental disorders from non-disorders. Since the 1960s, naturalist, normative, and hybrid accounts have been defended. Naturalists argue that mental disorders are defined by impediments to normal biological functioning (Boorse, 1976). By contrast, normativists argue that mental disorders are classes of abnormal behavior that society judges to be undesirable and harmful (Szasz, 1961; Sedgwick, 1973; Cooper, 2005). Hybrid theorists argue that genuine mental disorders must satisfy both naturalistic and normative criteria (Wakefield, 1992; Tsou, 2021b). A common assumption in some of these accounts is that the proper contrast class for mental disorder is *normal human psychology and behavior*. While few have articulated what “normal psychology” entails (cf. Boorse, 1976), this contrast class implies that individuals who are free of mental disorder possess some minimal (“normal”) capacity for human reasoning or rationality.

In a provocative article, Justin Garson (2023) critically examines the role of reason and rationality in current philosophical theories of mental disorder. He challenges the contemporary orthodoxy that psychological normality (“sanity”) is the proper contrast class for mental disorder, and he rejects the related assumption that mental disorders are paradigmatically marked by the *absence of reason*. Garson motivates this argument through a historical examination of late modern theorists of madness (viz., Wigan, Heinroth, and Kant), who aimed primarily to distinguish madness from *conditions involving detriments to psychological function* (‘idiocy’), rather than conditions marked by psychological normality (‘sanity’). For Garson’s late modern theorists, “madness, in its very essence, involves not the absence of reason, but its presence – but in a perverse or unexpected form.” This historical perspective, Garson contends, forces us to reassess the contemporary assumption that psychological normality (‘sanity’) is the proper contrast class for ‘madness’ or ‘mental disorder.’

Garson’s analysis aims to reorient the debate about defining mental disorder by challenging the framework that mental disorder (or madness) should be defined *negatively* as the absence of reason. Specifically, Garson rejects two entrenched assumptions in the contemporary debate on defining mental disorder:

- (1) The proper contrast class for mental disorder is *psychological normality* (‘sanity’).
- (2) Mental disorder involves detriments to inferential reasoning (‘reason’).

Garson rejects (1) and (2) based on the late modern insight that madness is not marked by the absence of reason, but the presence of a *perverse form of reasoning*. If there is an “inherent

rationality” to madness, then madness cannot be distinguished by the presence or absence of reason. Accordingly, Garson argues that: “We must relearn what it is to define madness positively, in terms of a positive trait or essence or capacity . . . and specifically in terms of an unconventional or surprising [‘perverse’] implementation of reason.” In Garson’s ideal, philosophers of psychiatry should aim to articulate varieties or subclasses of ‘perverse reasoning’ (e.g., psychosis, mania), which are marked by “some additional psychological power.”

Garson’s argument that mental disorders do not necessarily involve detriments to rationality is unobjectionable; however, his argument for shifting the contrast class of mental disorder is unconvincing. While the signs of *some* mental disorders (e.g., schizophrenia, bipolar disorder) appear to involve detriments to rationality, there is no general agreement that all mental disorders necessarily involve such detriments (Bortolotti, 2013). For example, depression is a consensus mental disorder that does not necessarily involve detriments to rationality (cf. Tsou, 2013). This stance on whether mental disorders necessarily involve failures of rationality, however, does not imply anything about what the proper contrast class for madness or mental disorder is.

Garson’s argument for shifting the contrast class of madness and mental disorder away from ‘psychological normality’ (‘sanity’) to ‘detriments in reason’ (‘idiocy’) is unconvincing. For Garson, the lesson of late modern theorists is that madness should be defined in *positive terms* (i.e., perversions of reasoning) or as a *positive trait, essence, or capacity*, rather than *negative terms* (i.e., failures of reason). Is the difference between ‘perversions of reasoning’ and ‘failures of reasoning’ as stark as Garson presents? What difference does it make if we conceptualize psychosis or mania as *perversions of reason*, rather than *failures of reason*? For Garson, the difference is that the former implies the presence of reason, while the latter does not. Acceptance of the former, however, does not imply that psychological normality (‘sanity’) is not the proper contrast class for madness or mental disorder.

It is worth noting that Garson’s recommendation of defining madness in ‘positive terms’ must presuppose a contrast class to ‘perversions of reason.’ I would suggest that the relevant contrast class is some ideal of *normal psychological reason* (rather failures of reason *per se*). One can question Garson’s historical narrative in this regard. Arguably, the late modern theorists were trying to *distinguish* instances of madness from instances of idiocy. This does not mean that they assumed that the proper contrast class for madness *is* idiocy. This interpretation is consonant with Garson’s more precise formulation the late modern problem of defining madness as a project of “marking a three-way distinction between madness, idiocy, and sanity.” On this reading, I would suggest that “sanity” (normal psychological reason) is the relevant contrast class invoked for both “madness” (abnormal perversion of reason) and “idiocy” (abnormal failure of reason).

Contra-Garson, I would suggest that all concepts of madness and mental disorder are necessarily contrasted to some implicit standard of *psychological normality* because they aim to

explain a subclass of deviancy and the proper contrast class for deviance is normality.<sup>1</sup> Since concepts of madness or mental disorder aim to define a class of abnormal psychology and behavior, the relevant contrast class is *normal psychology and behavior* (‘sanity,’ ‘mental health’). *Useful* concepts of mental disorder specify clear criteria for excluding other subclasses of deviancy (e.g., socially disapproved conduct, eccentricity, malingering). I contend that Garson’s favored criterion of perversions of reason offers too narrow of a definition of madness given that paradigm cases of madness (e.g., bipolar disorder, depression) involve *perversions of emotion*, rather than perversions of reason. Regardless of whether such perversions are defined as a positive trait, they will implicitly be contrasted with some ideal of *normal psychology and behavior* (‘sanity’).

I suspect that Garson’s argument about the contrast class for mental disorder is informed by his distinction – in his fascinating book *Madness* (Garson, 2022) – between madness-as-strategy and madness-as-dysfunction. Garson rejects the contemporary medical model of madness as *diseases* that involve some failure of function (madness-as-dysfunction).<sup>2</sup> He argues that madness is a purposive and goal-directed strategy of individuals, whose reason is *functioning as naturally designed* (madness-as-strategy). In the madness-as-dysfunction view, the proper contrast class for madness is normal psychological functioning. For Garson’s favored madness-as-strategy view, his article suggests the proper contrast class for madness is madness-as-dysfunction (‘idiocy’). This implies that there are a class of conditions marked by detriments to normal function (e.g., low intelligence, dementia, ADHD), which constitute the proper contrast class for madness. Conversely, madness is a class of *functional and rational strategies* (e.g., schizophrenia, bipolar disorder) marked by *an unexpected or unconventional use of reasoning*.<sup>3</sup> I invite Garson to clarify how his argument about the proper contrast class of madness relates to his functional account of madness-as-strategy.

Garson is correct that madness or mental disorder is not paradigmatically marked by failures of rationality, but he fails to provide convincing reasons to reject sanity or psychological normality as the main contrast class for mental disorder. Any attempt to define madness or mental disorder is an exercise in individuating a subclass of deviancy, which is necessarily juxtaposed to some standard of human normality. Moreover, Garson’s account of madness as perversions of reason results in arguably too narrow of a definition that fails to accommodate cases of madness that involve unexpected or perverse emotions.

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<sup>1</sup> From an alternative perspective, Gagné-Julien (2021) defends a (normative) causal-role functional notion of mental health, which suggests that the appropriate contrast class to mental disorder is *psychological flourishing*, rather than psychological normality (cf. Tsou, 2021a).

<sup>2</sup> Tsou (2021b) and Garson (2022) reject the orthodoxy that mental disorders are necessarily diseases caused by dysfunctional processes. Tsou (2021b) argues that some mental disorders (e.g., depression, anxiety, PTSD) are *normal psychological reactions* that do not involve biological dysfunction, but he acknowledges that a subclass of mental disorders (e.g., schizophrenia, bipolar disorder) involve dysfunction. Garson (2022) present a more radical departure from psychiatric orthodoxy in his wholesale rejection of madness-as-dysfunction.

<sup>3</sup> Alternatively, Garson (2022) suggests that madness could be usefully conceptualized as the (normal) default state and sanity as the phenomena that requires explanation: “The starting point for future philosophical inquiry is not: *what is madness? What shall we compare it to?* But rather: *what is sanity? What shall we compare it to?*” (p. 263).

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