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About Mental Illness and Its Cultural Dimensions

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Abstract: *The image about mental illness has changed over the years. The endeavors of sociology and psychology about this matter are sometimes different, as different are the authors. Topic of research but also cause of important changes of the humanity, mental illness was associated with art, science, or visions about humanity. Over its strangeness, mental illness is subject and object of study in medicine. This paper presents the vision of one of the famous philosophers regarding mental illness and its importance for the development of psychology and sociology.*

Keywords: *mental illness, Foucault, culture.*

Motto:

"One must still have chaos in oneself to be able to give birth to a dancing star"

Friedrich Nietzsche

One of the most important authors regarding the matter of the social perception of the psychological disease is, no doubt, Michel Foucault. His famous work, *Madness and Civilization* is most remarkable for

offering a sociological point of view about mental illness, rather than the standard psychological one.

Foucault identifies three stages of perception of the mental disease, in European culture, stages that evolve over the centuries:

The first stage that interests the author take place during the Renaissance, a time when mental illness was perceived as a strange, almost special stance and the opinion about it was somewhat ambivalent. These kinds of afflictions could even be seen as a blessing, especially when they were falling upon a seemingly undeserving person. We must also take into account that during that time (and, as we shall see, even later) there was not a clear difference between mental illness and other afflictions such as plague or leprosy, all of them perceived as belonging to

the same category. Such a person could even be deemed worthy of respect, as it was conceivable that he's suffering for the sins of the world, so that it was a divine act: "«My friend» says the ritual of the Church of Vienne, «it pleaseth Our Lord that thou shouldst be infected with this malady and thou hast great grace at the hands of Our Lord that he desireth to punish thee for thy iniquities in this world.»" (Foucault, 2009).

An image born into the collective mind of the Renaissance societies is the famous Ship of Fools, one that Foucault notices to appear in many art forms during that time. What is more, this strange vessel also existed in physical form, if one takes into account the groups of itinerant fools that used to roam the roads of Europe, usually expelled from cities, sometimes as part of a merchant or pilgrim group.

If it's possible to argue that madness was already perceived as an illness back then, this is because sometimes madmen were sent to certain holy places, where they could supposedly be cured by their afflictions. Foucault notices that "it is possible that these ships of fools, which haunted the imagination of the entire early Renaissance, were pilgrimage boats, highly symbolic cargoes of madmen in search of their reason: some went

down the Rhineland rivers toward Belgium and Gheel; others sailed up the Rhine toward the Jura and Besancon" (Foucault, 2009).

Foucault argues that these 'ships', imaginary or real, had a deeper meaning in the mentalities of that epoch. Connecting madness and, sometimes, its cure, with a travel across the waters had intimate relations with values, myths, and symbols of the Renaissance:

"Thus we better understand the curious implication as-signed to the navigation of madmen and the prestige attending it. On the one hand, we must not minimize its incontestable practical effectiveness: to hand a madman over to sailors was to be permanently sure he would not be prowling beneath the city walls; it made sure that he would go far away; it made him a prisoner of his own departure. But water adds to this the dark mass of its own values; it carries off, but it does more: it purifies. Navigation delivers man to the uncertainty of fate; on water, each of us is in the hands of his own destiny; every embarkation is, potentially, the last. It is for the other world that the madman sets sail in his fools' boat; it is from the other world that he comes when he disembarks" (Foucault, 2009).

However, there was more than one way of projecting the image of the fool, during that time. The general tendency, nevertheless, was to separate oneself from this illness, to put some kind of distance between sane and in-sane.

Gradually, the practice of sending away the madman becomes the practice of isolating him. Foucault argues that, if at first these people were sent to the borders of society, later special spaces will be created for them. From then on, this kind of people will be allowed to live within society – but in enclosed spaces.

There is still no real difference being made between ‘madmen’ and other types of undesirables: those afflicted by mental illness are locked together with lepers, thieves, beggars, and prostitutes.

According to Foucault, an essential date in the history of this phenomenon is the year 1656, because that is the moment when, in Paris, the King founds the famous ‘Hopital General’, the first of its kind. Paid for by the state, this ‘hospital’ housed the poor of Paris, “of both sexes, of all ages and from all localities, of whatever breeding and birth, in whatever state they may be, able-bodied or invalid, sick or con-valescent, curable or incurable.” (Foucault, 2009, p.38).

It is immediately evident that this ‘hospital’ is not a medical facility. It is more like semi-judiciary structure, an administrative entity, and it has a tremendous power. One can notice how grave the problem of the undesirables had become, if such radical measures were instituted.

This process of institutionalizing the undesirables is called by Foucault ‘the Great Confinement’, and, as it was stated, represents an important milestone in the history madness in Europe.

The reason behind these policies was that the society of the 18th century still regarded these behaviors as more or less freely chosen, and so morally culpable. The role of these new institutions was not only to confine the out-casts, but also, if possible, to try to ‘cure’ them. Foucault rightly states that:

“The phenomenon has European dimensions. The constitution of an absolute monarchy and the intense Catholic renaissance during the Counter-Reformation produced in France a very particular character of simultaneous competition and complicity between the government and the Church. Elsewhere it assumed quite different forms; but its localization in time was just as precise. The great hospitals, houses of confinement, establishments of religion and public order, of assistance and punishment, of governmental charity and welfare measures, are a phenomenon of the classical period: as universal as itself and almost contemporary with its birth” (Foucault, 2009, p.42).

Under these circumstances, one can notice that a new phenomenon begins to form: because the mentally afflicted were now confined in strictly designated places, the physicians could, for the first time, have

unrestricted access to them, making possible an in-depth study of the mental disease.

As Foucault notices, this policy first appeared as a way to fight against 'idleness' and so it was just a way that the rich had found to force the poor to work. This problem is much older than the General Hospital of Paris: as far back as 1532, the 'Parliament of Paris' "decided to arrest beggars and force them to work in the sewers of the city, chained in pairs" (Foucault, 2009, p.46).

This is an essential aspect of the development of modern psychiatry: as Foucault argues, it is the moment when madness becomes to perceive as an *object* in itself, when it becomes something in itself, that can be studied – that is the moment when rift is created between the sane and the in-sane. In the 18th century, madmen begin to be treated very badly in mental hospitals. The author considers that this inhuman treatment becomes possible once the patient is declared as less-than-human because insane. It is the tendency of the Modern World to associate being human with being rational, that makes possible this distinction.

From then on, the insane is considered lost from humanity, and, in a way, of no real interest to it. This is a difference because in Antiquity and especially during the Middle

Ages the insane was not perceived as being simply a non-human, but being in relation with other types of powers, maybe demonic, maybe even divine – the state of madness was not divorced from humanity. With the Age of Reason, this changes:

"it is rooted in the old fears which since antiquity, and especially since the Middle Ages, have given the animal world its familiar strangeness, its menacing marvels, its entire weight of dumb anxiety. Yet this animal fear which accompanies, with all its imaginary landscape, the perception of madness, no longer has the same meaning it had two or three centuries earlier: animal metamorphosis is no longer the visible sign of infernal powers, nor the result of a diabolic alchemy of unreason. The animal in man no longer has any value as the sign of a Beyond; it has become his madness, without relation to anything but itself: his madness in the state of nature. The animality that rages in madness dispossesses man of what is specifically human in him; not in order to deliver him over to other powers, but simply to establish him at the zero degree of his own nature. For classicism, madness in its ultimate form is man in immediate relation to his animality, without other reference, without any recourse" ((Foucault, 2009, p.73).

A most important consequence of this new perception is the dialogue between the sane and the in-sane stops. There can be no dialog between human and the non-human. In fact, because of all this, Foucault argues that the discourse of modern psychiatry is not dialog between

physician and patient, but it is rather a *monologue* of the physician. And it is not even a monologue *with* the madness, but it is a monologue *about* the madness.

As a humanist, Foucault views the impossibility of dialogue between the two worlds as an insurmountable and, at the same time, an incontestable problem: “the constitution of madness as a mental illness, at the end of the eighteenth century, affords the evidence of a broken dialogue, posits the separation as already effected, and thrusts into oblivion all those stammered, imperfect words without fixed syntax in which the exchange between madness and reason was made” (Foucault, 2009, p. X).

Virtually, one can argue that the space of humanity and its traits has been restricted to the area of the rational. Before Modernity, being human was not reduced to being rational: the entire Universe was seen as a creation of the divine, and so, even in-sane, one was still part of this whole. Being irrational, in fact even being animal, was still being part of a bigger plan, a bigger picture that was, in the end, inaccessible to the human mind, to human understanding. Before Modernity, the world was being perceived as a strange place, full of inscrutable mysteries, a place made by God for man to *experience* it,

rather than *understand* it. In such a world, the mentally deranged was just one more aspect of the Creation, just one more mystery to experience: “in our era, the experience of madness remains silent in the composure of knowledge which, knowing too much about madness, forgets it” (Foucault, 2009, p. XI).

That is the reason why, according to Foucault, the apparition of modern medicine is not a linear, necessary process, a process that simply consists of making precise observations about reality (i. e. about something that is already there); modern science is in fact a shift in the structure of knowledge. And this shift is made possible by the afore-mentioned reorganization of social institutions: “the clinic - constantly praised for its empiricism, the modesty of its attention, and the care with which it silently lets things surface to the observing gaze without disturbing them with discourse - owes its real importance to the fact that it is a reorganization in depth, not only of medical discourse, but of the very possibility of a discourse about disease” (Foucault, 1975). “The fact that millions of people share the same vices does not make these vices virtues, the fact that they share so many errors does not make the errors to be truths, and the fact that millions of people share the same form of mental pathology does not make

these people sane" says Fromm (Fromm, 1955). Statistical approach will not be considered as standard, but a percentage and the science of medicine and psychology is aware about.

These notions bring to the attention the fact that, at least regarding modern psychology, the eye of the beholder tends to *create* reality, not just observe it. Foucault tries to point out the fact that, sometimes, people tend to see what they assume they are going to see, and tend to find what they are already looking for.

This is made even more difficult by the fact that, when talking about social sciences, people are bound to operate with mental abstractions, as most of the things they have to deal with are not part of the sense-

perception realm. Under these circumstances, it is paramount never to forget that these sets of terms are subject to social conventions and to the ever-present *l'esprit de l'age*.

The mental illness' approaches are interrelated and sociology, psychology and medicine are explaining it. It is important to point that patient as subject and object of research has been also submitted to human rights and ethics, and probably its limits of knowledge has not been reached its finite number.

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