

# On the Spectrums

SHORTLY BEFORE HIS ADMISSION to a psychiatric ward in the mid-1950s, a man announced to his family that he was now a “television expert.” This expertise had been acquired, apparently, through the man’s ability to watch the family’s new TV set for “hours at a time.” Writing up the case in 1955 for the *Bulletin of the Menninger Clinic*, his psychiatrist described the nature of this expertise: “During a commercial the announcer said, ‘Brush your teeth with \_\_\_\_\_ toothpaste,’ while the picture showed a man brushing his teeth; the patient rushed to the bathroom and brushed his teeth.”<sup>1</sup> Later, the patient is said to have scooped up water from a goldfish bowl in response to a hair tonic commercial. The psychiatrist supplied an appropriately sober diagnosis: command-automatism and echopraxia to television. No doubt this patient would be surprised at his diagnosis: *how can I be “crazy” when I am simply doing what television so clearly wants me to do?* Why did this brief and seemingly insignificant case merit attention within a venerated psychiatric publication such as the *Bulletin*? The editors were no doubt motivated in part by the novelty of the new medium, a technology becoming central to American life and thus of general interest to everybody—even psychiatrists. But this vaguely comical portrait of psychosis and television also confirmed a suspicion already ubiquitous at mid-century: *electronic media seek to control us, perhaps even to the point of commandeering the nervous system.* After all, how many billions of dollars do corporations and politicians spend each year hoping to cultivate just such unquestioning *command automatism* in their target audiences? For an advertising firm, what greater achievement is there than creating a slogan that evokes an *echopraxic* response in the viewer? Coke is thus the real thing, and there is nothing you can do to prevent it.

A practicing clinician contributed this case to the *Bulletin*, but one could easily imagine a similar assessment issuing from the pen of F. R. Leavis and appearing in the pages of *Scrutiny*—or, for that matter, sprung from the mind of William Gaines and published in the pages of *Mad Magazine*. This patient would also be at home in Harold Laswell’s propaganda technique,



**FIG 1.1** In 1961, an ad parody from *MAD Magazine* speaks to television's privileged relationship with "insanity." SOURCE: *MAD MAGAZINE*, NO. 68.  
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Edward Bernays's "crystallized" public opinion, and Vance Packer's hiddenly persuaded.<sup>2</sup> Moving from the clinic to the culture at large, pronouncing media audiences to be "schizophrenic" or "psychotic" has been a staple of media criticism for many decades. "There is no question that television does what the schizophrenic fantasy says it does," wrote Jerry Mander in *Four Arguments for the Elimination of Television* (1977). "It places in our minds images of reality which are outside our experience. The pictures come in the form of rays from a box. They cause changes in feeling and . . . utter confusion as to what is real and what is not."<sup>3</sup> The belief that the media generate psychotic states

of mind is greatly indebted to critical traditions that find anything pertaining to the “mass” a force of inauthenticity—in culture, thought, experience, and reality. No sooner had this thing conceptualized as the “public sphere” emerged in the eighteenth century, various commentators pronounced it a rather bovine entity, easily swayed by greed, stupidity, and passion. “Men, it has been well said, think in herds; it will be seen that they go mad in herds, while they only recover their senses slowly, one by one,” observed Charles Mackay in his canonically misanthropic tome *Extraordinary Popular Delusions and the Madness of the Crowds* (1841).<sup>4</sup> Friedrich Nietzsche lamented the “herd instinct” and the “sum of zeros” he saw as empowering the weak-minded hoards over the extraordinary *Übermensch*. “Insanity in individuals is somewhat rare,” he writes. “But in groups, parties, nations, and epochs, it is the rule.”<sup>5</sup>

In the nascent field of sociology, Gustave Le Bon formalized this cranky disdain into “the law of the mental unity of crowds,” arguing that once individuals form a mass, they take possession “of a sort of collective mind which makes them feel, think, and act in a manner quite different from that in which each individual of them would feel, think, and act were he in a state of isolation.”<sup>6</sup> To become part of a crowd, in other words, is to enter another psychological reality, one of collective delusion and borderline hallucination. “The substitution of the unconscious action of crowds for the conscious activity of individuals is one of the principal characteristics of the present age,” noted Le Bon, further predicting that this form of mass mental disassociation would only increase in prominence in the future.<sup>7</sup> In this respect, Max Horkheimer and Theodor Adorno’s “mass deception,” Daniel Boorstin’s “pseudo-event,” and Jacques Derrida’s “artificiality” all trace their origins to a belief, as old as modernity itself, that mass media, mass culture, and mass hallucination are inexorably bound together in a roiling stew of mass delusion.<sup>8</sup>

### **Deluded Technically Deluded**

A “technical delusion” can be defined as a delusion about technology.<sup>9</sup> Such belief can focus on a device that does not exist (Venusian mind rays, presumably) or on a persistent and thus unreasonable conviction about an otherwise plausible practice (my neighbor spies on me through my computer’s webcam). In either case, adjudicating what does and does not exist, or what is or is not reasonable, always remains open to some degree of debate.

Isolating a technical delusion involves a complex dialogue of historically situated beliefs, classifications, and assessments about technology, “madness,” and their possible relationship. In this respect, technical delusions emerge at the intersection of the *deluded technically* and the *technically deluded*, two categories of assessment that are significantly informed by the historical production of knowledge about electronics and insanity. To be “deluded technically” is to express a profound conviction in a dubious technical affordance that, according to rather fuzzily calibrated scales of plausibility and conviction, attracts suspicion as to the individual’s state-of-mind. *The radio can read my thoughts. Someone is using the Internet to put voices in my head. I must dutifully update my operating system every time the Apple Corporation tells me to do so.* If judged delusional by the psychiatric institution, said individual then becomes *technically deluded*—that is, the modern alliance of psychiatric evaluation and legal authority pronounces the individual authentically delusional and thus officially psychotic. Therapy must begin. Drugs must be administered. The patient must be renormalized. In this respect, the entire psychotic progression from the *deluded technically* to the *technically deluded* participates in a discursive negotiation of technical plausibility, probability, and possibility.

In psychiatric literature, few if any delusions are recorded about toasters, staplers, and riding lawnmowers. The majority of technical delusions center on electronics and electronic media. Such delusions began to emerge in the early nineteenth century as electricity (along with its more occult cousin, magnetism) became a privileged site for merging historical currents of theology, natural philosophy, physiology, parapsychology, engineering, and communications into the hard technologies that constitute “the media.” Electronics in this sense can be thought of as *the politics of electricity*, a channeling of this raw energy into conceptual and technical forms that index a history of power, energetic and political. Those who find themselves deluded technically (or at least accused of being so) occupy the speculative fringes of this transformation from the electrical to the electronic, a struggle that, like psychosis itself, shadows the emergence of industrial modernity. The extraordinary social, economic, and cultural transformations of modernity are well known and well documented. Industrialism produced a new urban economy increasingly centered on wages, technology, and factory production. Urban expansion across the nineteenth century, in turn, produced new forms of social relations; changes in labor and the class system; new vectors of disease and crime; the beginnings of commercialized mass leisure; and new mechanisms for administering education, the law, health care, and

other concerns of the newly aggregated social body. The population shifts, class relations, and emerging topographies produced by industrialism soon necessitated new mechanisms for maintaining social order within the body politic, thus leading to the emergence of what Michel Foucault influentially identified as the disciplinary state.<sup>10</sup> As the emerging hub of commerce and culture, meanwhile, the Victorian city produced a paradoxical new world of ever denser populations existing in increasingly atomized relations, a new social reality described rather unnervingly by Edgar Allan Poe in “The Man in the Crowd” (1840) and bloodily exploited by Jack the Ripper in 1888.<sup>11</sup> Social interventions that had once concerned only local or clerical authorities (addressing poverty, orphans, insanity, disasters) now fell to the administrative attention of larger governmental and bureaucratic power. This was not a mysterious process recognizable only to later historians. Those living through these transformations were acutely aware of their implications. As Georg Simmel observed at the end of the tumultuous nineteenth century, “Nietzsche may have seen the relentless struggle of the individual as the prerequisite for his full development, while Socialism found the same thing in the suppression of all competition—but in each of these the same fundamental motive was at work, namely the resistance of the individual to being leveled, swallowed up in the social-technological mechanism.”<sup>12</sup>

The electronic politics of the nineteenth century often celebrated emerging sciences and technologies as tools for forging a future utopia.<sup>13</sup> Electricity, newly harnessed, was nothing less than miraculous, a force that promised to bring various forms of “enlightenment” to the entire planet.<sup>14</sup> In these earliest days of electrical science, a lone genius could serve simultaneously as inventor, experimenter, and theorist: Franklin, Volta, Faraday, Edison. In Jules Verne’s *20,000 Leagues under the Sea* (1870), Captain Nemo assembles his fantastic submarine using only his singular intelligence, a workforce sworn to secrecy, and his mastery of electricity. “There is a powerful agent, obedient, rapid, easy, which conforms to every use, and reigns supreme on board my vessel,” he tells a visitor to the *Nautilus*. “Everything is done by means of it. It lights, warms and is the soul of my mechanical apparatus. This agent is electricity.”<sup>15</sup> Frank Baum’s novel for children *The Master Key: An Electrical Fairy Tale* (1901) replaces the lone inventor with an actual genie to explore “the mysteries of electricity and the optimism of its devotees.”<sup>16</sup>

With the new century, boyish enthusiasm for electrical experimentation gravitated toward wireless and other new electronic wonders. *The Wireless Boys*, *The Motion Picture Chums*, the *Tom Swift* series, and the many other “boy inventors” of this era debuted at a moment when a boy (and occasional

girl) could still fantasize about making an extraordinary discovery in electrical science, looking to Edison, Bell, Marconi, Tesla, and the other putative fathers of modern electronics as a heroic model. Even then, however, the business of technical research and design was moving away from the motivated amateur toward corporate and governmental supervision.<sup>17</sup> By necessity, specialization in science and engineering disbursed the process of innovation across different departments. Advanced research also necessitated greater outlays of capital that were typically unavailable to lone researchers. As corporate electronics bottled the electrical genie, a variety of institutional players emerged with a proprietary interest in maintaining the secrecy of their goals, patents, and applications. Captain Nemo had exiled himself to the high-tech secrecy of the *Nautilus* as an escape from the stupidity and cruelty of the so-called civilized nations. A century later, submarines and other weaponry were firmly back under control of the nation-state. The ongoing alliances of the “military-industrial complex” became even more secretive in the postwar era as Cold Warriors pursued classified social and technological agendas. Accordingly, the second half of the twentieth century also witnessed rising suspicion about the motives and transparency of corporations and governments. Today, sane and insane alike fear the Defense Advanced Research Projects Agency (DARPA) as the most sinister of sinister high-tech cabals. Most citizens of technocracy believe as a matter of course that we now live within two realms of power: the power we see and the power we do not see—or, the power we can prove and the power we cannot prove.

With the Information Age, electricity has become the nervous fluid of the entire planet. Not only does electricity continue to power various gizmos and gadgets, it has also become the primary medium for circulating and archiving digital information. Most would concede that controlling the electrical array—both as raw power and as networked communications—is essential to maintaining social, economic, and political order. In the era of mass modernity, a *coup d'état* demanded seizing control of radio, television, and the military. Today, concern centers on a more cataclysmic sabotaging of the power grid and, with it, the data streams that control the “control society.” Fearing a global decapitation of civilization’s brainstem, survivalists prepare for a looming electromagnetic pulse (EMP) event they believe will shut down the power grid for months or even years, thus ushering in a prolonged period of anarchy as our technocratic order temporarily loses its autonomic and cerebral functions.<sup>18</sup> Cranks, perhaps, but they are not wrong. Once a divine, rarefied substance that made only fleeting appearances on humanity’s stage, electricity, in its historical conversion into global electronics, describes

a concurrent shift in the species from figurative to literal cyborgs.<sup>19</sup> This process may be gradual and radically uneven, but it appears equally inexorable. Some futurists look forward to a day when this migration will be complete, consciousness wiped from its flesh-and-blood platform to be uploaded as information into some iteration of electronic consciousness.

The politics of the electronic coincide with another historical trajectory within modernity: the conversion of insanity into *the politics of psychosis*. Determining who is and who is not mad, insane, psychotic, or schizophrenic continues to be a contentious debate, and, as Foucault argues, it is also one of the most political, especially as the medicalization of insanity afforded psychiatry and the disciplinary state increasing authority to intervene in the lives of those the “medico-judicial complex” deems mentally ill.<sup>20</sup> Psychiatric power, credentialed by training as a science and enforced by the courts as law, possesses a recursive authority to rewrite moral questions of social abnormality as settled matters of scientific pathology, produced and secured by a discourse of truth that historically has immunized itself from external critique. “In crude terms,” writes Foucault, “psychiatric power says: The question of truth will never be posed between madness and me for the very simple reason that I, psychiatry, am already a science. And if, as science, I have the right to question what I say, if it is true that I may make mistakes, it is in any case up to me, and to me alone, as science, to decide if what I say is true or to correct the mistake. I am the possessor, if not of truth in its content, at least of all the criteria of truth.”<sup>21</sup> Thomas Szasz offered a similar critique of “schizophrenia” as the twentieth century’s preferred term for madness. Szasz argued that the literature on schizophrenia was flawed by a “single logical error: namely, all of the contributions to it treat ‘schizophrenia’ as if it were the shorthand *description* of a *disease*, when in fact it is the shorthand *prescription* of a *disposition*; in other words, they use the term schizophrenia as if it were a *proposition asserting* something about psychotics, when in fact it is a *justification legitimizing* something that psychiatrists do to them.”<sup>22</sup>

Medical historians generally credit Emil Kraepelin with first isolating what would become known as schizophrenia. Kraepelin introduced the term “dementia praecox” (early dementia) in 1897 to distinguish a form of psychosis separate and apart from manic depression but not wholly identical to the senile dementia known to attack mental functions later in life. In 1911, the Swiss psychiatrist Eugen Bleuler introduced the actual term “schizophrenia” to further distinguish this illness from any lingering organic connection to the concept of dementia.<sup>23</sup> Bleuler reframed dementia praecox in

the plural as the “schizophrenias,” recognizing that there was still a great variety of presentation even within this newly isolated cluster of symptoms. Recently abandoned, these subcategories (hebephrenic, paranoid, and catatonic) were operative for a century.<sup>24</sup> The authority invested in medical science encourages us to believe that a thing like schizophrenia, once “discovered,” is timeless, having existed for centuries misdiagnosed under other false names. But as Szasz has argued of Bleuler’s intervention, “The claim that some people have a disease called schizophrenia . . . was based not on any medical discovery but only on medical authority; that it was, in other words, the result not of empirical or scientific work, but of ethical and political decision making.”<sup>25</sup> The schizophrenic, in other words, was a new category produced by the modern psychiatric eye, a bundling of symptoms unified not by the discovery of an etiological cause but through the process of naming. Schizophrenia is literally a *label*, a name invoked to index a presumed (but never proven) etiology underlying a group of distressing but not necessarily consistent symptoms. Or, as his fellow skeptic R. D. Laing wrote succinctly in 1967, “Schizophrenia is the name for a condition that most psychiatrists ascribe to patients they call schizophrenic.”<sup>26</sup>

Foucault’s *Folie et déraison: Histoire de la folie à l’âge classique* and Szasz’s *The Myth of Mental Illness* both appeared in 1961, making them the two most visible figures in the so-called anti-psychiatry movement. David Cooper, Félix Guattari, and even the Church of Scientology offered their own critiques of modern psychiatry in this period.<sup>27</sup> Psychiatrists (and certain historians of psychiatry) often lump Foucault, Szasz, Laing, and other “anti-psychiatrists” together as ideologues immune to the clinical “facts” of psychosis, dismissing their critiques of the psychiatric institution as a *denial* of mental illness. But this would be a distortion of the many writers identified with such a project. In calling “schizophrenia” a psychiatric invention, Szasz expressed skepticism that psychodynamic theory was of any use in treating the condition that psychiatry itself had named schizophrenia. This did not prevent Szasz from endorsing the idea that the various symptoms commonly grouped together into a thing called schizophrenia might one day be isolated in terms of neurobiological causation. “If schizophrenia . . . turns out to have a biochemical cause and cure,” he writes, “schizophrenia would no longer be one of the diseases for which a person would be involuntarily committed. In fact, it would then be treated by neurologists, and psychiatrists then have no more to do with it than they do with Glioblastoma [malignant tumor], Parkinsonism, and other diseases of the brain.”<sup>28</sup> His anti-psychiatry thus was entirely compatible with the dominant wing



of contemporary psychiatric research that is indeed hoping to isolate the precise genetic markers and neurotransmitters implicated in schizophrenia. Foucault, meanwhile, for all his legendary suspicion of the entire psychiatric enterprise, did not question the very real suffering of those deemed “mad.” His work centers more on the variable and contingent power relations involved in defining madness that pathologize a range of behavior as “abnormal.” As Foucault notes, the initial purpose of modern psychiatry was not to “cure” the insane. It was instead to identify and segregate madness for the presumed protection of the larger social body. Much as Szasz’s work is easily reconciled with contemporary neuropsychiatry, Foucault codified the doctrines of social epidemiology to argue that “madness,” in all cases, invokes cultural frames of definition and diagnosis.

In the wake of Foucault, Szasz, Laing, and other critics of the psychiatric institution, the inherent ambiguity of schizophrenia has inspired a variety of disciplines to opine on its relation to the politics of modern culture and subjectivity. Philosophy, political science, sociology, art history, critical theory, science fiction, literary analysis—all have considered the schizophrenic as a symbolic challenger to the agents that frame consensus reality and enforce modern power. Accordingly, opining on the politics of schizophrenia has served as a prerequisite of sorts for inclusion in the pantheon of modern (and male) thought (occupying such renowned thinkers as Theodor Adorno, Antonin Artaud, Jean Baudrillard, Gilles Deleuze, Jacques Derrida, Félix Guattari, Fredric Jameson, Claude Lévi-Strauss, Friedrich Kittler, and Slavoj Žižek). Much of this work proposes a privileged, even determinative, link between modernity and schizophrenia. Louis S. Sass’s canonical *Madness and Modernity* details clinical schizophrenia and aesthetic modernism as intertwined productions of a shared epistemological crisis marked by a growing hyperacuity of “selfhood” that takes shape in the late nineteenth and early twentieth century.<sup>29</sup> David Michael Kleinberg-Levin argues that modernity is the incubator, not only of schizophrenia, but also of the growth in narcissism and depression as contemporary psychosocial pathologies. As Kleinberg-Levin argues, “Suffering always has a historical dimension. . . . [I]t must be correlated very specifically with social structures, political institutions, and cultural ideology.”<sup>30</sup> In *Mind, Modernity, Madness*, Liah Greenfeld argues that the Western ideology of personal freedom and the stressful imperative to achieve various forms of “self-fulfillment” are major factors in the West’s higher incidence of schizophrenia and manic depression.<sup>31</sup> Angela Woods has suggested that the term “schizophrenia” has come to describe the fundamental inscrutability of its own existence. Woods has called schizophrenia “the

sublime object of psychiatry,” arguing that it serves as a “limit point for the discipline,” a site of manifest unreason that seductively challenges the science that would seek to contain and understand it: “Eliding reason’s colonization and existing beyond conclusive analytic explanation, schizophrenia serves both as an exemplary site of unreason upon which psychiatry can exercise an ongoing claim to scientificity, and as a challenge to the scientificity of those very claims.”<sup>32</sup> These “cultural” critiques are elegantly summarized in Joel Kovel’s contention that schizophrenia is a form of profound *alienation*, an estrangement from the social world that has implications that are both existential and political. Kovel argues that schizophrenia is not something one “has” (like the flu). It is, rather, something one “is” (profoundly alienated from both self and reality). While this distinction may seem to be incidental to the condition itself, the state of “being” schizophrenic rather than “having” schizophrenia better locates the syndrome within these larger social dynamics of capitalism and modernity. “Marx or Samuel Beckett can tell us more about schizophrenia than any medical text,” Kovel writes, “even though neither Marx nor Beckett described schizophrenia as such.”<sup>33</sup>

Following these critiques, medical historians have demonstrated the troubling elasticity of schizophrenia as a diagnostic category. Despite Bleuler’s efforts to narrow conceptions of the illness, early adopters of the term used it rather broadly (supporting Szasz’s polemical contention that psychiatry employs schizophrenia to classify and police behavior that a societal majority finds distressing or even just annoying). In 1931, the psychoanalyst A. A. Brill declared that Americans who spoke with a British “Oxford” accent were in fact “schizophreniacs,” suffering from an “inferiority complex” and a “weakened intellectual state.”<sup>34</sup> As Jonathan M. Metzler has demonstrated, psychiatry of the 1930s, ’40s, and ’50s regarded schizophrenia as primarily affecting introverted women incapable of coping with modern life and modern marriage (as epitomized in *The Snake Pit* [1948], the Oscar-nominated film adaptation of Mary Jane Ward’s dramatized account of her own experiences in a psychiatric institution). Carol Warren has discussed how familial dynamics in America of the 1950s contributed to the institutionalization of depressed and anxious housewives as “schizophrenic.”<sup>35</sup> By the 1960s and ’70s, schizophrenia took on connotations of antisocial violence and quickly became the diagnosis of choice for African American men exhibiting “abnormal” belligerence and anger at perceived injustices in white society. As Metzler notes, this particular presentation of schizophrenia came to be known as the protest psychosis, so-called by the New York psychiatrists Walter Bromberg

and Franck Simon, who, at the height of the nation's social unrest in 1968, advanced the claim that the rhetoric of the black liberation movement had the power to drive African Americans insane, producing "delusions, hallucinations, and violent projections in black men."<sup>36</sup> Adding weight to the politics of diagnostic bias, another study asked American and British clinicians to examine a set of identical case files and propose a diagnosis. Although they dealt with the exact same materials, the American clinicians pronounced twice as many patients to be schizophrenic as their British colleagues (the British possessing a much wider latitude for indulging the "eccentric").<sup>37</sup>

Current research in schizophrenia continues to emphasize genetic and neurochemical factors. There is, in this approach, a fundamentally organic dysfunction in the brain that causes the disruptive symptoms of the schizophrenic mind. Yet the fundamental ambiguity of schizophrenia remains. There is still no professional consensus within psychiatric medicine as to what actually causes or even constitutes schizophrenia. There is no blood test for schizophrenia. Heredity seems suggestive, but others argue this apparent link is simply a shield for the transmission of certain dysfunctional familial dynamics. Others believe that a stressor of some kind (relationship issues, financial trouble, drugs, trauma) is required to set the syndrome in motion (without necessarily addressing how said stressors are themselves a function of modernity). Age and gender also appear to be key factors, given that men in their late teens and twenties are now the most likely to be deemed schizophrenic. But even here it is unclear whether this correlation stems from physiology or structural social stressors specific to that population group. Those born in cities or during the winter appear to have a higher incidence for schizophrenia, although no one can yet explain why this might be so. In the search for a "smoking gun" of schizophrenia, even dirty cat litter gained temporary (paranoid) currency as a potential source of the condition.<sup>38</sup>

Epidemiologists often argue that schizophrenia affects one out of every hundred people around the world, regardless of race, class, or nationality. Yet a substantial body of research remains that complicates this 1 percent thesis. Several studies imply that schizophrenia—or, at least, its diagnosis—appears to afflict recent immigrants to a greater degree than the native-born, suggesting the condition has some basis in miscommunication, sociocultural alienation, and other dysfunctions of meaning that come from radical cultural displacement.<sup>39</sup> As early as the 1930s, meanwhile, researchers demonstrated that schizophrenia and other "mental disorders" tend to increase in proximity to urban centers, where they correlate strongly with levels of "poverty,

unemployment, juvenile delinquency, adult crime, suicide, family desertion, infant mortality, communicable disease, and general mortality” (the closer one lives to the center of the city, argued the study, the more likely one is to become a paranoid schizophrenic—at least in Chicago).<sup>40</sup> Perhaps the most suggestive evidence of a modern or modernist pathology in schizophrenia can be found in a series of studies initiated by the World Health Organization. Beginning in 1967, these studies have “consistently found persons clinically diagnosed with schizophrenia and related disorders in the industrialized west (chiefly Europe and the United States) to have *less favorable outcomes* than their counterparts in ‘developing’ nations (countries in Africa, Asia, and Latin America).”<sup>41</sup> This differential has been widely debated. But many have argued that the greater incidence and particularly virulent progression of schizophrenia within the developed world implies that Western modernity is itself particularly conducive to triggering and sustaining psychotic episodes. Laing certainly suspected as much: “Our society may itself have become biologically dysfunctional and some forms of schizophrenic alienation from the alienation of society may have a sociological function that we have not recognized. This holds even if a genetic factor predisposes to some kinds of schizophrenic behavior.”<sup>42</sup>

Current research on schizophrenia focuses on measuring levels of neurotransmitters such as serotonin and dopamine. Still, one could argue that adjusting neurotransmitters (whether in schizophrenia, depression, or other psychiatric conditions) is not in fact a “cure” for some abstract and objective illness but is instead a strategy for better aligning the patient with historically produced sociocultural “norms” that demand certain sensibilities, attitudes, and behavior. Shyness, for example, was once considered an admirable character trait, especially in women. In the self-branding world of neoliberal capitalism, however, shyness is now a “social anxiety disorder” that inhibits strategic self-promotion, a diagnosis greatly influenced, if not wholly invented, by a pharmaceutical industry that is ready, willing, and able to adjust neurotransmitters in response to changing standards of normative behavior.<sup>43</sup> One assumes, given the ascendance of a new sociomedical constellation, the shy might once again be allowed to stay home and read in peace.

Much of this controversy hinges on the unfortunate legacy of the nature-versus-nurture debate. Invoking nature versus nurture, in any sphere of human activity, assumes these categories are self-evident, mutually exclusive, and somehow “true” outside the cultural system that produced this binary in the first place. The fallacy of this division is especially evident in the popular understanding of genetics. With the mapping of the human genome, there

seems to be an announcement almost weekly that a genetic predisposition or component has been isolated as the “cause” of any number of human conditions and behavior. Yet, as “predisposition” and “component” imply, possessing a gene for X does not necessarily mean that X will occur, only that one may be *predisposed* for X or that the genetic marker is a *component* in a larger complex of factors for X. As geneticists must continually remind the public, the expression of many genetic traits depends on a complex interaction of biological and environment factors.

The analyst Jacques Lacan was even more provocative in this recurring debate. Asserting that the human subject and its psychiatric disorders are a product of language, Lacan noted that a psychotic dysfunction cannot manifest without a subject already constituted within a world of meaning. Lacan invokes the example of “thought echo,” a widely observed symptom indicative of schizophrenia in which a person hears his own thoughts repeated or echoed back. Those who would reduce all madness to genes, wiring, and chemicals have invoked thought echo as a purely neurological dysfunction, offered as evidence to refute psychodynamic accounts of psychosis. Such was the position of Lacan’s mentor, Gaëtan Gatian de Clérambault, who had a significant influence on Lacan’s earliest theories of paranoia.<sup>44</sup> “Let’s agree with Clérambault that this is the effect of a delay produced by a chronaxic deterioration,” Lacan proposes, “one of two intracerebral messages, one of the two telegrams, as it were, is impeded and arrives after the other, thus as its echo.” But, Lacan continues, “For this delay to be registered, there must be some privileged reference point at which this can occur, from which the subject notes a possible discordance between one system and another.” In other words, thought echo cannot be experienced as thought echo without a normalized “I” as the reference point for the perceived aberration of an echoing thought. So without a meaningful subject to hear and thus perceive the thought twice (as well as another meaningful subject to declare such experience to be pathogenetic), there can be no anomaly. (If, hypothetically, there were a society in which chronaxic deterioration was the norm, those who heard their thoughts only once would possibly be “psychotic.”) “However the organogenetic or automatizing theory is constructed,” Lacan continues, “there is no escaping the consequence that some such privileged point exists.” Somewhat facetiously, no doubt, Lacan proposes that this privileged point is nothing other than “the Soul,” a hyperbolically metaphysical statement that foregrounds the status of the ego as the soul’s mortal (but equally fictional) cousin.<sup>45</sup> This observation, it should be noted, pertains regardless of whatever the latest biological “cause” of psychosis—chronaxic deterioration,

dopamine levels, blocked receptors, parasites in cat litter, synaptic cascading, and so on. Regardless of what may be happening in the brain, psychosis—as a dysfunction of self—cannot exist without an ego spoken by the language of the symbolic.<sup>46</sup> Other animals can exhibit behavioral quirks, hallucinate, and react to traumatic memories. Only humans, it would appear, can become delusional—trapped in a constellation of meanings that in effect rewrite reality or portions thereof.

Like hysteria in the nineteenth century, schizophrenia has become such a moving target that some clinicians now question its utility as a diagnostic category. As Richard Bentall argues, “I think the concept is scientifically meaningless, clinically unhelpful and ultimately has been damaging to patients.”<sup>47</sup> A decade later, Simon McCarthy-Jones echoed this sentiment: “The concept of schizophrenia is dying. Harried for decades by psychology, it now appears to have been fatally wounded by psychiatry, the very profession that once sustained it.”<sup>48</sup> Bentall argues that schizophrenia “groups together a whole range of different problems under one label—the assumption is that all of these people with all of these different problems have the same brain disease.”<sup>49</sup> Responding to these continuing uncertainties, the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* (the DSM-V, which appeared in 2013) took limited steps in complicating this diagnosis by acknowledging the wide variability of schizophrenic presentations. As with autism, the DSM now recognizes schizophrenia as a “spectrum” disorder, thereby avoiding the binary yes-or-no logic of simple pathogenesis that early psychiatry imported from medical science. Moving to a spectrum does not necessarily solve or even improve the diagnostic process, but it at least foregrounds what have always been the more contentious questions in pronouncing an individual “schizophrenic.” Yet even as a spectrum model allows for more flexibility in the diagnostic process, it also threatens to erase any pathogenetic “truth” thought to be at the center of schizophrenic etiology. If schizophrenia manifests along a spectrum, then everyone is, to some degree, schizophrenic. Over the past twenty years, the “neurodiversity movement” has advocated better accommodating those who function outside the standards and demands of so-called neurotypicals. Integrating the psychotic on his or her own terms would be difficult, probably impossible. But the idea of a schizophrenic spectrum suggests that the interplay of biology and culture thought to produce this thing called schizophrenia presents two pathways: (1) identify and label ever more precise diagnostic categories along the spectrum that in turn support ever more precise therapeutic (i.e., pharmacological)

interventions; or (2) recognize that the politics of psychosis is necessarily bound to the structural toxicity of the modern social order.

Just how toxic is contemporary life? A study in 2015 by the *Journal of the American Medical Association* finds that the number of people in the United States taking antidepressants doubled between 2000 and 2012.<sup>50</sup> Several possibilities present themselves: improved screening procedures for depression, improved marketing strategies by the pharmaceutical industry, declining access to psychodynamic therapy. In terms of environment and genetic predisposition, however, a troubling and seemingly intractable political issue remains in this doubling. Perhaps life in the United States (and elsewhere) is becoming more stressful, unfulfilling, and thus depressing. A similar critique can be made of any and all psychiatric conditions thought to be increasing among a historical population. How many people, one wonders, would need to be diagnosed as clinically depressed, paranoid, and psychotic before attention turned away from individual pathology to social revolution? *Neoliberal subjects of the world, unite! You have nothing to lose but your Prozac!*

## Modern Madness

As early as 1808, Joseph Haslam bemoaned not only the rising numbers of patients in his asylum, but also a proportionate increase in those attempting to treat the newly insane: “The alarming increase of Insanity, as might naturally be expected, has incited many persons to an investigation of this disease;—some for the advancement of science, and others with the hope of emolument.”<sup>51</sup> Henry Maudsley found the situation in England no better sixty years later. “The popular opinion undoubtedly is, that insanity is increasing greatly in this country,” he wrote in 1872. “The necessity, year after year, of enlarging the existing county asylums; the erecting of a second, or even of a third asylum in some counties, and of special borough asylums for large boroughs; and the still continuing cry for more accommodation, are facts sufficient to account for, and give much show of probability to, the opinion.”<sup>52</sup> In the United States, meanwhile, state legislatures in the nineteenth century encountered the ongoing problem of building, funding, and then expanding facilities for their growing population of lunatics. By the late nineteenth century, physicians, philosophers, and the public widely endorsed the idea that the seemingly unending flood of insanity was an unfortunate consequence of civilization’s progress. This alarm continued throughout the

twentieth century as many worried, decade by decade, that schizophrenia was becoming pandemic in the United States. As one Cold War psychotic noted of her struggle, “At the rate at which schizophrenia is increasing, there is a reasonable chance that if the intercontinental missile doesn’t get you, schizophrenia will.”<sup>53</sup> More recently, Daniel Freeman and Jason Freeman nominated paranoia as “the 21st-century fear,” arguing that it “permeates our society, more than we’ve ever suspected and possibly more than ever before.”<sup>54</sup> Some individuals, it seems, simply cannot withstand the demands of a rapidly changing world that appears to grow more intrusive, frenetic, chaotic, unequal, unjust, atomizing, and alienating.<sup>55</sup> The *Boston Globe* observed in 1889, “As civilization advances new diseases are not only discovered, but are actually produced by the novel agencies which are brought to bear on man’s body and mind. The increase in insanity through the world is unquestionably due to the ‘storm and stress’ of our crowded modern life, and almost every addition which science makes to the convenience of the majority seems to bring with it some new form of suffering to the few.”<sup>56</sup>

As a corollary to the modernity-equals-madness thesis, commentators have long attributed this growing “storm and stress” to the media’s acceleration, amplification, and accumulation of *information*. The advent of mass printing technologies in the 1830s, followed by their telegraphic weaponizing at mid-century, allowed a growing population to gather impressions from around the city, nation, continent, and world. This suffusion of information through ink, paper, and wire quickly led to the commonplace complaint that no one individual could possibly process so much data. In 1887, a dyspeptic Nietzsche described the modern European as succumbing to the exhaustion of an agitating cosmopolitanism, a sensibility “more irritable” and linked to “the abundance of disparate impressions.” He complained, “The tempo of this influx *prestissimo*; the impressions erase each other. . . . [A] kind of adaptation to a flood of impressions takes place: men unlearn spontaneous action, they merely react to stimuli from outside.”<sup>57</sup> Max Nordau echoed these sentiments by denouncing the nervous “degeneration” posed by the 6,800 newspapers operating in fin-de-siècle Germany: “The humble village inhabitant has to-day a wider geographical horizon, more numerous and complex interests, than the prime minister of a petty, or even second-rate state a century ago.”<sup>58</sup> George Beard’s dissection of “American nervousness” and Sigmund Freud’s “principle of constancy” also spoke to a nervous system struggling to accommodate proliferating sources of stimulation. This theme continued throughout the twentieth century, as well. In 1970, Alvin Toffler described “future shock” as “the shattering stress and disorientation that we



induce in individuals by subjecting them to too much change in too short a time,”<sup>59</sup> a shift measured in large part by new strategies for processing information. “One of the definitions of sanity is the ability to tell real from unreal,” Toffler observed. “Soon we’ll need a new definition.”<sup>60</sup> Mark Andrejevic describes this new environment as “infoglut,” arguing that the multiplication of media and information in the digital era produces a troubling paradox in everyday life. “At the very moment when we have the technology to inform ourselves as never before,” he writes, “we are simultaneously and compellingly confronted with the impossibility of ever being *fully* informed. Even more disturbingly, we are confronted with this impossibility at the very moment when we are told that being informed is more important than ever before to our livelihood, our security, our social lives.”<sup>61</sup> After taking office in 2017, President Donald J. Trump helpfully aided his supporters in negotiating this “infoglut” by labelling all information critical of his administration as “fake news.”

Modernity’s discourse of excessive information and escalating insanity, now some two hundred years old, can evoke accusations of presentism: *to be human is to believe, forever and always, that one’s generational or centurial cohort is the most challenged, the most agitated, the most insane*. As a corollary thesis, every modern generation believes that the latest technical innovations will ultimately prove catastrophic to the individual and collective mind. (Invention x is making kids stupider, dismantling a sense of community, ruining my view of the Rhine.) But dismissing these critiques outright can lead to an equally specious form of universalism. To argue that human beings have always considered themselves stressed and yet, at the same time, eternally resilient in the face of technological upheaval is to posit a human subject standing outside of history. The narcissism of the ego is such that it projects itself across all of time, space, and history, imagining a continuity of human experience that, while generative of language, culture, and knowledge, somehow retains an essence that is impervious to such epiphenomena. The first caveman to build a slingshot and the astrophysicist working on gravitational mechanics are, in this perspective, essentially kindred spirits involved in the timelessly human project of promoting progress through technical innovation. Over the course of the past century, this humanist account of technology has been roundly critiqued by philosophers as diverse as Martin Heidegger, Jacques Ellul, and Bernard Stiegler. The ego, as the interface between internal instincts and external reality, does not remain pure, timeless, and untouched by its encounters with technology. Each technical innovation said to revolutionize human possibility—fire, language, the plow,

computers—is not an inevitable step in the teleological destiny of humanity but, instead, a radically contingent deflection of the species as a historical cyborg. From this perspective, the ongoing association of modernity, media, and madness is not to be dismissed as a timeless human complaint about the nature of change and progress; rather, the actual and perceived increase in modern insanity should be seen as a historical symptom. The media, in this respect, may not necessarily be a determinative cause of modern psychosis, but they are certainly affecting how the ego (or self) conceptualizes itself in relation to a rapidly changing environment of energy, information, and power. “It is well known that the prognosis for patients with schizophrenia is better if they live in developing countries than in western industrialized societies,” notes one psychiatrist. Addressing the plight of the Western schizophrenic, the study notes a recurring obstacle in treating these victims of modernity: *a constant inundation of delusional materials by television, radio, and the Internet.*<sup>62</sup>

The following pages consider the historical encounter between the politics of the electronic and the politics of psychosis, an amorphous conceptual space that hovers between the *deluded technically* and the *technically deluded*. Over the past two centuries, in the move from the raw electromagnetism of the nineteenth century to the global “Internet of things” (and beyond) that is our future, electronic media—broadly conceived as an alliance of energy, information, and technology—have come to stand as a primary location and signifier of *power*, energetic and political. Technical delusions frequently center on suspicions as to how these electronics might operate in the administration of power—semiotic, energetic, political. Such delusions frequently cast the electronic as a black box of power, a metonymy that reduces vast, abstract, and perhaps unknowable apparatuses of control into a single comprehensible device (even if this device is, to many, utterly insane). Such devices can be thought of as “power converters” working to transmute political force, physical energy, mediated information, and human consciousness. This conversion can be wholly physical, as when a victim believes she or he is the target of sinister electromagnetism, X-rays, microwaves, or some other energy deleterious to the body. Here the evil influencer has access to an energy weapon of some kind that allows power to be projected purely as *power*. But this conversion can also involve binding information to energy for the purposes of implanting voices, sending suggestions, or reading minds. Here influencing machines operate as *weaponized media*. In either application, the electronic stands as power under the control of power, the energetic face of semiotic and political control.

Delusions epitomize the unreal and irrational, yet their manifestation and evaluation remain grounded in material social processes. Accordingly, this project interrogates biophysical, electrotechnical, and sociopolitical models of “power,” approaching technical delusions as speculative discourses that contemplate how these powers might intersect—conceptually and instrumentally. Such theories frequently proceed from a common question: *What is power capable of executing through electronics?* This question, in turn, implicates another series of questions that invoke the politics of psychosis. *At what point do technical speculations, beliefs, or convictions become so pathological that medical authorities must intervene? Who is to say, and by what authority, where plausible technical affordances end and psychotic delusions begin?* The goal here is not to provide a comprehensive history of madness, media, power, or psychiatry. It is instead to examine how technical delusions, over the past two centuries, have interrogated the historical relationship of electronics, power, and insanity. Such interrogation proceeds from a premise, once insane but now generally endorsed by all: *no transmission is innocent.*