

Conceptual Analysis and Intellectual History: Moral Insanity and Harm in the Fin de Siècle Croatian Psychiatry

Korotaj Drača, Vinko; Malatesti, Luca

Source / Izvornik: **Prilozi za istraživanje hrvatske filozofske baštine, 2021, 47., 451 - 475**

Journal article, Published version

Rad u časopisu, Objavljena verzija rada (izdavačev PDF)

[https://doi.org/10.52685/pinhf.47.2\(94\).4](https://doi.org/10.52685/pinhf.47.2(94).4)

Permanent link / Trajna poveznica: <https://um.nsk.hr/um:nbn:hr:186:355954>

Rights / Prava: [In copyright](#) / [Zaštićeno autorskim pravom.](#)

Download date / Datum preuzimanja: **2024-11-09**



Repository / Repozitorij:

[Repository of the University of Rijeka, Faculty of Humanities and Social Sciences - FHSSRI Repository](#)



Conceptual Analysis and Intellectual History: Moral Insanity and Harm in the *Fin de Siècle* Croatian Psychiatry

VINKO KOROTAJ DRAČA^a and LUCA MALATESTI^b

^a *Freelance researcher, Zagreb*
vinko.draca@gmail.com

^b *Department of Philosophy, Faculty of Humanities and Social Sciences,*
University of Rijeka
lmalatesti@ffri.uniri.hr

UDK
616.89-008.1
165.731
Original paper
Received 19. 10. 2021.
Accepted 12. 11. 2021.
[https://doi.org/10.52685/pihfb.47.2\(94\).4](https://doi.org/10.52685/pihfb.47.2(94).4)

Abstract

We investigate whether the analysis of the concept of mental disorder, as carried out in analytic philosophy of psychiatry, can contribute significantly to the intellectual history of antisocial personality disorders. We discuss and address possible pitfalls of this interdisciplinary interaction. Using insights from analytic philosophy of psychiatry, we investigate whether there were significant differences in the explicit conceptualisation of the notion of harm in diagnoses of moral insanity in relevant texts of Austrian and Croatian psychiatrists at the turn of the 19th and 20th century. Our finding that different notions of harm were at the core of debates on moral insanity in early Croatian psychiatry indicates the fruitfulness of the interaction between analytic philosophy and intellectual history of psychiatry.

Keywords: antisocial personality disorder; conceptual analysis; Croatian psychiatry in the 19th century; intellectual history of psychiatry; moral insanity

1. Introduction

Both history and philosophy, in their interactions with the theoretical and practical dimensions of psychiatry, have investigated central psychiatric notions. In the case of history, such an interest has become paramount with the so-called intellectual history of psychiatry.¹ While history of psychiatry has a long tradition, the analysis of psychiatric concepts from the perspective of intellectual history is a recent trend. It is rooted in the revisionist history of psychiatry, that started in the late 1960's and early 1970's of the last century. Revisionists of the 1960's and 1970's sought to disprove the "whig" history of psychiatry, which was dominant thus far, and which focused on the development of institutions. It treated the history of psychiatry as the history of progress from unscientific and crude treatments of the past to a modern scientific and medical psychiatry. Still, revisionists like the French philosopher Michel Foucault, the sociologist Erwin Goffman, and the psychiatrist David Laing, while describing the history of the formation of the discourse of modern psychiatry, utilized little in the way of rigorous methodology that is characteristic of intellectual history, and made little effort to distinguish the development of psychiatric concepts through time.² Their outlining of the production of psychiatric knowledge helped to turn the attention from the institutional history towards psychiatric categories, understood as social and intellectual concepts that changed over time and that were closely tied to specific philosophical notions of the mind and individuality. Historians who leaned on the theoretical contribution of revisionists, while applying a more rigorous methodology of historiography, did most of their work in the late 1980's and early 1990's. The British social historian Roy Porter in his numerous books outlined the social development of not only psychiatric institution in 18th and 19th century, but also the intellectual development of the very concept of mental illness, that developed from the broad category of "madness" to a series of particular and complex disorders.³ Contributions of the American sociologist and historian Andrew Scull were also notable as he outlined a historically informed critical history of psychiatry's intellectual tradition, disproving the myth of constant progress on which "whig" history depended.⁴ From the perspective of more definitive history of concepts, Ian

¹ Petteri Pietikäinen, "Ideas of Madness: On the Intellectual History of Psychiatry", *Historically Speaking* 6 (5) (2005), pp. 45–46. <https://doi.org/10.1353/hsp.2005.0050>.

² Mark S. Micale and Roy Porter, eds., *In Discovering the History of Psychiatry* (New York/Oxford: Oxford University Press, 1994).

³ *Ibid.*

⁴ Andrew Scull, *Madness in Civilization: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine* (Princeton, NJ: Princeton University Press, 2015).

Hacking discussed how categories like dissociative identity disorder and fugue disorder were informed by particular social and philosophical conceptions of identity and mind.⁵

Philosophy has also addressed fundamental psychiatric concepts. An historical example is Karl Theodor Jaspers (1883–1969) with his book *General psychopathology* (1913).⁶ He explicitly adopted philosophical methods to elaborate the fundamental concepts that were needed for the description of psychiatric symptoms. This focus on psychiatric concepts is even more central in the recent emergence of analytic philosophy of psychiatry.⁷ The core of this approach is the systematic exploration of key psychiatric concepts, such as the most general one of mental illness or disorder. While intellectual history of psychiatry addresses psychiatric concepts historically by relating them to wide social contexts and the experiences of patients and other relevant actors, analytic philosophy tends to focus more on contemporary uses and definitions of psychiatric concepts that, often, are considered in isolation from historical or social phenomena. Although the finer details of the methodology of this philosophical approach are debated,⁸ analytic philosophers of psychiatry, by probing ordinary intuitions or those of experts, aim at describing or prescribing the correct use of fundamental psychiatric concepts. These conceptual investigations might be directed at criticizing psychiatric theory or practice, or, in a more collaborative manner, at suggesting conceptual frameworks for empirical research.⁹

Although both intellectual history of psychiatry and analytic philosophy of psychiatry investigate fundamental psychiatric concepts, they usually do not

⁵ Ian Hacking, *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (Princeton, NJ: Princeton University Press, 1995); Ian Hacking, *Mad Travelers: Reflections on the Reality of Transient Mental Illnesses*. 1. publ. Page-Barbour Lectures For 1997 (Charlottesville, Va.: University Press of Virginia, 1998).

⁶ Karl Jaspers, *Allgemeine Psychopathologie* (Berlin/Heidelberg: Springer, 1913).

⁷ Natalie Banner and Tim Thornton, “The New Philosophy of Psychiatry: Its (Recent) Past, Present and Future: A Review of the Oxford University Press Series International Perspectives in Philosophy and Psychiatry”, *Philosophy, Ethics, and Humanities in Medicine* 2 (1) (2007), p. 9. <https://doi.org/10.1186/1747-5341-2-9>; for introductions, see Rachel V. Cooper, *Psychiatry and Philosophy of Science* (Durham: Acumen Publishing Limited, 2007); Tim Thornton, *Essential Philosophy of Psychiatry*. International Perspectives in Philosophy and Psychiatry (Oxford, New York: Oxford University Press, 2007).

⁸ Rachel V. Cooper, “The Concept of Disorder Revisited: Robustly Value-Laden despite Change”, *Aristotelian Society Supplementary Volume* 94 (1) (2020), pp. 141–61. <https://doi.org/10.1093/arisup/akaa010>.

⁹ See Lisa Bortolotti, *Delusions and Other Irrational Beliefs* (Oxford: Oxford University Press, 2020), pp. 4–9.

interact. Despite their methodological differences, it has been suggested that these disciplines might interact. For instance, the analytic philosopher Bernard Williams¹⁰ remarked that the narrow focus of philosophical conceptual analysis could be complemented, motivated, and sharpened by intellectual history.¹¹ However, the issue whether analytic philosophy has something to offer to intellectual history appears to have been overlooked.

In this paper, we claim that analytic philosophy of psychiatry can suggest fruitful research questions to intellectual history. We support this claim with a case study concerning the conceptualisation of moral insanity in relevant texts of Austrian and Croatian psychiatrists at the turn of the 19th and 20th century. We maintain that the debate within analytic philosophy of psychiatry on whether antisocial personality conditions are mental disorders offers valuable insights to orient this historical research. We focus on the assumption – call it the *harmfulness requirement* – that a condition is a mental disorder only when it is harmful to the patient. This requirement suggests investigating historically the interactions between the notions of harm and mental disorder in the diagnoses and theoretical pronouncements of experts concerning ‘moral insanity’ or ‘moral idiocy’ (terms used in the 19th century to describe alleged disorders that were characterised by antisociality and criminality). The analyses of the discourse of psychiatrists at Stenjevec, a Croatian mental hospital, show that they held differing views on the harmfulness of the condition. In addition, their views on harm were tied to their own perspectives on the validity of therapeutic treatment of people diagnosed with ‘moral insanity’. If a condition was regarded as harmful to the patient, it was the duty of the physician to treat and try to rehabilitate the morally insane individual. If the condition was only considered to be harmful to society, morally insane individuals were not believed to belong to the therapeutic domain.

We proceed as follows. First, we elaborate an account of how conceptual analysis should be employed to inform intellectual history of psychiatry. This approach aims at avoiding certain pitfalls of philosophically driven intellectual history, such as those denounced, for instance, by Quentin Skinner in one of the seminal methodological papers on intellectual history (1969).¹² Then, we apply our methodological insights to historical research on antisocial personality disorders, by relying on the philosophical view that the concept of harm is a necessary component of the concept of mental disorder. Finally, in the historical

¹⁰ Bernard Williams, “Philosophy as a Humanistic Discipline”, *Philosophy* 75 (4) (2000), pp. 477–96. <https://doi.org/10.1017/S0031819100000632>.

¹¹ See also Matthieu Queloz, *The Practical Origins of Ideas: Genealogy as Conceptual Reverse-Engineering* (Oxford: Oxford University Press, 2021).

¹² Quentin Skinner, “Meaning and Understanding in the History of Ideas”, *History and Theory* 8 (1) (1969). <https://doi.org/10.2307/2504188>.

section, using the medical literature of the time and patient histories, we discuss how Stenjevec psychiatrists reflected upon notions of moral insanity conceived in Austrian psychiatry and understood harm in their writings. We outline the way in which harmful behaviour, and harm in general, were defined in the asylum context, and analyse the different ways in which harm, as an aspect of ‘moral insanity,’ was debated by leading Croatian psychiatrists of the time.

2. Current conceptual distinctions and their relevance for historical investigations

The concept of antisocial personality disorder is currently characterised in the *Diagnostic and statistical manual*¹³ and in the *International Statistical Classification of Diseases*.¹⁴ Moreover, the construct of psychopathy, as measured by the Psychopathy Checklist–revised (PCL-R),¹⁵ has offered a unifying diagnostic tool for the scientific study of a significant type of antisocial personality disorder.¹⁶ Experts engage in debates about the similarities and differences between these constructs. For our present purposes, it is enough to point out that these conditions involve antisocial and criminal behaviours and dispositions, although views differ on whether they are essential to them.¹⁷

The debate on whether antisocial personality disorders are mental disorders is still ongoing. Some have argued that the concepts of antisocial personality disorder,¹⁸ and that of psychopathy,¹⁹ involve some irreducible moral evaluations

¹³ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM–5*. 5th ed. (Washington, D.C: American Psychiatric Association, 2013).

¹⁴ World Health Organization, “WHO | International Classification of Diseases, 11th Revision (ICD–11)”, WHO. World Health Organization, 2020. <http://www.who.int/classifications/icd/en/>.

¹⁵ Robert D. Hare, *Manual for the Revised Psychopathy Checklist*. 2nd ed. (Toronto: Multi-Health Systems, 2003).

¹⁶ Christopher J. Patrick, ed., *Handbook of Psychopathy*. Second edition (New York: The Guilford Press, 2018).

¹⁷ David J. Cooke, “Psychopathic Personality Disorder: Capturing an Elusive Concept”, *European Journal of Analytic Philosophy* 14 (1) (2018), pp. 15–32. <https://doi.org/10.31820/ejap.14.1.1>.

¹⁸ George J. Agich, “Evaluative Judgment and Personality Disorder”, In *Philosophical Perspectives on Psychiatric Diagnostic Classification*, edited by John Z. Sadler, O. P. Wiggings, and M. A. Schwartz, pp. 233–45. Johns Hopkins Series in Psychiatry and Neuroscience (Baltimore: Johns Hopkins University Press, 1994); Louis C. Charland, “Character: Moral Treatment and the Personality Disorders.” In *The Philosophy of Psychiatry: A Companion*, edited by Jennifer Radden, pp. 64–77 (Oxford: Oxford University Press, 2004); Louis C. Charland, “Moral Nature of the DSM–IV Cluster B Personality Disorders”, *Journal of Personality Disorders* 20 (2) (2006), pp. 116–25; discussion pp. 181–185. <https://doi.org/10.1521/pedi.2006.20.2.116>.

¹⁹ Jarkko Jalava, Stephanie Griffiths, and Michael Maraun, *The Myth of the Born Criminal* (Toronto: University of Toronto Press, 2015), Appendix A.

concerning preferable personality traits and behaviours, and thus should not be classified as mental disorders. Some have even maintained that individuals with psychopathy, by merely manifesting behaviours and personality traits that deviate from social or moral standards, cannot be grouped into a respectable scientific category that would ground explanation, prediction, and treatment.²⁰ As Michael Cavadino puts it: “Perhaps we should strip away the mask completely, and for the term ‘psychopath’ substitute the word ‘bastard’”.²¹

Analytic philosophy of psychiatry contributes to the debate on whether the status of mental disorder should be accorded to antisocial personality conditions by investigating the very concept of mental disorder. Deciding whether a certain condition is a mental disorder depends on the characterisation of this latter concept. Based on their views on the nature of mental disorder, some philosophers of psychiatry have argued that psychopathy is a mental disorder,²² while others have denied this.²³ Before considering these discussions in more detail, however, we must establish that, in general, they might offer useful conceptual insights to the intellectual history of psychiatry.

Relying on current modes of theoretical conceptualisation to investigate the intellectual past might be problematic for at least two types of reasons. First, as it has been noted in the case of the intellectual history of political philosophy,²⁴ we must avoid uncritically framing past conceptualisations as anticipations of current ones. Moreover, we should not criticise them when they fail to anticipate present conceptualisations. Thus, we should not count *a priori* on a definite semantic continuity of diagnostic categories, or the very concept of mental disorder, across history. Such a continuity cannot be proven, unless we adopt the discredited and anachronistic view of the ‘evolution of concepts,’ which is characteristic of the Whig history of psychiatry.

Second, plausible methodological assumptions in intellectual history further stress the problem of tracking concepts over long stretches of psychiatric history.

²⁰ Michael Cavadino, “Death to the Psychopath”, *The Journal of Forensic Psychiatry* 9 (1) (1998), pp. 5–8. <https://doi.org/10.1080/09585189808402175>; John Gunn, “Psychopathy: An Elusive Concept with Moral Overtones”. In *Psychopathy: Antisocial, Criminal, and Violent Behavior*, edited by Theodore Millon, Erik Simonsen, Morten Birket-Smith, and Roger D. Davis, pp. 32–39 (New York: Guilford Press, 1998); Paul E. Mullen, “On Building Arguments on Shifting Sands”, *Philosophy, Psychiatry, and Psychology* 14 (2) (2007), pp. 143–47.

²¹ Cavadino, “Death to the Psychopath”, p. 6.

²² Thomas Nadelhoffer and Walter P. Sinnott-Armstrong, “Is Psychopathy a Mental Disease?” In *Neuroscience and Legal Responsibility*, edited by Nicole A. Vincent, pp. 229–55 (Oxford: Oxford University Press, 2013).

²³ Marko Jurjako, “Is Psychopathy a Harmful Dysfunction?” *Biology & Philosophy* 34 (5) (2019). <https://doi.org/10.1007/s10539-018-9668-5>.

²⁴ Quentin Skinner, “Meaning and Understanding in the History of Ideas”.

The historical study of concepts should address the norms governing their use and how these norms emanated from the problems that the concepts were meant to solve.²⁵ Thus, the recommendation is that intellectual history must consider institutional and social dimensions when addressing past conceptualisations. Focussing only on the explicit definitions of concepts might instead suggest research hypotheses that concern the formally expressed ideas of doctors and theoreticians of the past.

The two difficulties that we have considered above can be met. By adopting current characterisations of concepts for the study of past conceptualisations, we are not recommending that intellectual history should just investigate the formal definitions of concepts offered by experts. Instead, we are testing the hypothesis that a narrow focus on explicit and formally expressed definitions of concepts might lead to relevant outcomes and insights. Specifically, the hope is that these results might be integrated with those reached by more inclusive approaches in intellectual history.

Regarding the other difficulty, although conceptual continuities should not be assumed *a priori* in the history of psychiatry, an *a priori* assumption of incommensurability should be rejected as well. The latter, extreme view would discourage any attempt at investigating whether and how there might be some significant similarities and differences between contemporary notions and those used in the past. The existence of at least loosely continuous contexts in the history of psychiatry, however, is an open historical issue. For our present purposes, we note that a relevant context of this type exists. Contemporary diagnoses of antisocial conditions involve antisocial behaviours and dispositions; it seems that persistent antisociality is a symptom that might establish a connection between contemporary and past constructs.²⁶ For the present analysis, we thus adopt what can be characterised as an ‘ideal category’ of antisocial psychiatric disorder. We suggest that for a condition to be regarded as an antisocial psychiatric disorder, the following criteria need to be satisfied:

- It must be described by psychiatrists and established as a valid diagnosis of ‘abnormality’ that can be ascribed to individuals in forensic or clinical settings by people claiming medical authority.

²⁵ Petteri Pietikäinen, “Ideas of Madness: On the Intellectual History of Psychiatry”; Petteri Pietikäinen and Jari Turunen, “Diagnoses in and out of Time: Historical and Medical Perspectives on the Diagnoses of Distress”, *Diagnosis* 4 (1) (2017), pp. 3–11. <https://doi.org/10.1515/dx-2016-0013>.

²⁶ Katariina Parhi, *Born to Be Deviant: Histories of the Diagnosis of Psychopathy in Finland* (Oulu: University of Oulu, 2018); Katariina Parhi and Petteri Pietikäinen, “Socialising the Anti-Social: Psychopathy, Psychiatry and Social Engineering in Finland, 1945–1968”, *Social History of Medicine* 30 (3) (2017), pp. 637–60. <https://doi.org/10.1093/shm/hkw093>.

- People suffering from the condition will, by nature of the condition (e.g., due to an inability or a limited ability to understand or follow legal and ethical norms), come into conflict with society and represent a danger to the social order.
- The condition is not described as involving hallucinations, delusions, or dissociative symptoms.

Let us now consider how contemporary philosophical discussions on the concept of mental disorder might help in formulating research hypotheses in intellectual history.

To establish whether antisocial personality conditions are mental disorders requires addressing interrelated conceptual and empirical issues. Within the scientific realm, several debates explore the appropriate ways of measuring psychopathy and antisocial personality. The empirical focus is thus on the validity of the different psychometric measures on offer. There are different candidate measures and studies on their mutual relations and relative merits and flaws.²⁷ On the wave of a general dissatisfaction with syndrome-based diagnoses of mental disorder,²⁸ some suggest revising current measures of antisocial personality disorders by considering biological²⁹ and neurocognitive data.³⁰ However, conceptual analyses of the general concept of mental disorder are more important for the present discussion.

Thomas Szasz's classic analysis of the concept of mental disorder³¹ stresses the negative role of values in this central psychiatric notion. According to Szasz's *prescriptive* claim, the concept of mental disorder *ought* to concern

²⁷ Martin Sellbom, Scott O. Lilienfeld, Robert D. Latzman, and Dustin B. Wygant, "Assessment of Psychopathy: Addressing Myths, Misconceptions, and Fallacies". In *Psychopathy: Its Uses, Validity, and Status*, edited by Luca Malatesti, John McMillan, and Predrag Šustar (Cham: Springer) (in press).

²⁸ Bruce N. Cuthbert and Thomas R Insel, "Toward the Future of Psychiatric Diagnosis: The Seven Pillars of RDoC", *BMC Medicine* 11 (1) (2013), p. 126. <https://doi.org/10.1186/1741-7015-11-126>.

²⁹ R. J. R. Blair, "Psychopathic Traits from an RDoC Perspective", *Current Opinion in Neurobiology* 30 (2015), pp. 79–84. <https://doi.org/10.1016/j.conb.2014.09.011>

³⁰ Inti A. Brazil, Josanne D. M. van Dongen, Joseph H. R. Maes, R. B. Mars, and Arielle R. Baskin-Sommers, "Classification and Treatment of Antisocial Individuals: From Behavior to Biocognition", *Neuroscience & Biobehavioral Reviews* 91 (2018), pp. 259–77. <https://doi.org/10.1016/j.neubiorev.2016.10.010>; Marko Jurjako, Luca Malatesti, and Inti A. Brazil, "Biocognitive Classification of Antisocial Individuals without Explanatory Reductionism", *Perspectives on Psychological Science* 15 (4) (2020), pp. 957–72. <https://doi.org/10.1177/1745691620904160>.

³¹ Thomas S. Szasz, "The Myth of Mental Illness", *American Psychologist* 15 (2) (1960), pp. 113–18. <https://doi.org/10.1037/h0046535>.

conditions that are caused by objective disorders of the brain. However, he argues for a *descriptive* claim that psychiatry applies this concept to clusters of behaviour, mental states, and personality traits that deviate from certain social norms, but are not caused by objective neurological disorders. He arrives at the antipsychiatric conclusion that psychiatry systematically misuses the concept of disorder and wrongfully medicalises problems of living.

The application of Szasz's view to the history of psychiatry would imply that a psychiatric condition of the past should be considered a mental disorder only if it can be shown that its neurological causes were known or could have been known. On a weaker reading, a condition of the past is a mental disorder if we can relate it to a current mental disorder that has known neurological causes. Seemingly, no antisocial condition from the past, regardless of their supporters' hypotheses, was known to be caused by disordered brain states. Notions such as '*manie sans délire*' (Pinel), 'moral insanity' (Pritchard), 'the born criminal' (Bleuer or Lombroso), 'moral Idiocy' (Krafft-Ebing), 'psychopathic inferiorities' (Koch), as well as many other deficiencies in "moral sentiment", would not qualify as mental disorders.

Moreover, even if we conceded that certain antisocial conditions of the past were forerunners of current conditions, they would still not pass Szasz's test for being considered mental disorders. Even nowadays, there are no known "disordered" brain causes for well-studied and circumscribed antisocial disorders like psychopathy. Some have hypothesised neural correlates or direct causes of psychopathy, such as a dysfunction in the hippocampus,³² structural and functional impairments in frontal lobes and the prefrontal cortex (PFC),³³ an amygdala dysfunction combined with impairments in orbitofrontal and ventromedial prefrontal cortex as exhibited by selection and control tasks.³⁴ However, all these can be regarded as mere differences in the brain and not disorders.³⁵

Thus, if we adopt Szasz's view, historical investigations into antisocial conditions and their status of disorder cannot be reconciled with his prescriptive claim about what should be labelled a mental disorder. Instead, implicitly or explicitly, these historical investigations would only track the values that

³² Marina Boccardi, Rossana Ganzola, Roberta Rossi, Francesca Sabattoli, Mikko P. Laakso, Eila Repo-Tiihonen, Olli Vaurio, *et al.*, "Abnormal Hippocampal Shape in Offenders with Psychopathy", *Human Brain Mapping* 31 (3) (2010), pp. 438–47. <https://doi.org/10.1002/hbm.20877>.

³³ R.J.R. Blair, "The Amygdala and Ventromedial Prefrontal Cortex: Functional Contributions and Dysfunction in Psychopathy", *Philosophical Transactions of the Royal Society B: Biological Sciences* 363 (August 2008), pp. 2557–65. <https://doi.org/10.1098/rstb.2008.0027>.

³⁴ R.J.R. Blair, "Psychopathy: Cognitive and Neural Dysfunction", *Dialogues in Clinical Neuroscience* 15 (2) (2013), pp. 181–90.

³⁵ Robert D. Hare, *Manual for the Revised Psychopathy Checklist*.

brought about the illegitimate medicalisation of problems of living related to mental lives and behaviours that, at the time, were regarded as antisocial. Such a conceptualisation of mental disorder would offer the intellectual historian of psychiatry a very monotonous conceptual landscape. Despite differences in formal characterisations of these conditions by different authors, the entire medical discourse about antisocial mental disorders would be affected by the same basic conceptual confusions.

We might wonder, however, whether Szasz's purely naturalist premise, aimed at granting objectivity to mental disorders, is correct. In fact, the strong antipsychiatric or eliminative consequences of Szasz's approach, which affects both contemporary and past psychiatry, might flag problems in his view. A better account of the concept of mental disorder should enable the historian to conduct subtler and more nuanced investigations of past conceptualisations of antisocial disorders.

Against Szasz's view, some have plausibly argued that a *legitimate* conception of mental disorder might be value-laden.³⁶ Many of these authors argue that for a condition to be regarded as a mental disorder, it must be harmful to the patient. Moreover, they maintain that whether a condition is harmful should be also determined with reference to social norms. Different kinds of harm are considered relevant for the characterisation of mental disorders: death, distress or pain, significant shortening of life, limitation or absence of reproductive capacity, lack of stable and harmonious relationships, lack of capacity for work, etc. Views also differ on whether the harm must be present or only prospective, and on whether the patient needs to appreciate that she is so harmed.³⁷

Research on whether and how the harmfulness requirement was associated with antisocial conditions in the past could lead to important results. In fact, significant worries in psychiatry about the status of antisocial personality disorders stem from the assumption that they do not harm the patient, but those around him.³⁸ To investigate whether this line of reasoning was adopted in the

³⁶ Derek Bolton, *What Is Mental Disorder? An Essay in Philosophy, Science, and Values* (Oxford: Oxford University Press, 2008); K. W. M Fulford, *Moral Theory and Medical Practice* (Cambridge: Cambridge University Press, 1989); Jerome C. Wakefield, "The Concept of Mental Disorder: Diagnostic Implications of the Harmful Dysfunction Analysis", *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)* 6 (3) (2007), pp. 149–56.

³⁷ Bernard Gert and Charles Culver, "Defining Mental Disorder". In *The Philosophy of Psychiatry: A Companion*, edited by Jennifer Radden (Oxford: Oxford University Press, 2004); Jonathan Glover, *Responsibility* (London: Humanities P., 1970); Luca Malatesti, "Psychopathy and Failures of Ordinary Doing", *Etica e Politica* 16 (2) (2014), pp. 1138–52.

³⁸ Ricarda Münch, Henrik Walter, and Sabine Müller, "Should Behavior Harmful to Others Be a Sufficient Criterion of Mental Disorders? Conceptual Problems of the Diagnoses of Anti-



past thus seems significant. However, there is a more fundamental and significant issue that the suggested approach might render salient for intellectual historians. To appreciate it, we need a detailed description of important developments in contemporary analytic philosophy of psychiatry.

The inclusion of normative categories such as harm in the conceptualisation of mental disorder might blur the distinction between mere *deviation* from accepted standards and medically relevant disorders. After all, people with antisocial disorders are harmed by how society responds to their behaviour. They suffer restrictions on freedom and educational and occupational opportunities, stigma, and so on. But these harmful societal responses, at least *prima facie*, do not seem to be related in a satisfactory way to the kind of harm associated with the notion of disorder in general. In a sense, these are harms that appear to be “external” to the antisocial condition. Establishing whether the source of harm is not in the society but “internal” to the individual, insofar it is due to her condition, is a complex problem. As Rachel Cooper maintains:

... whether we count a problem as an internally located disorder or as an externally located environmental problem, depends on whether we think it best to attempt to ameliorate the situation by altering the individual or the environment. This depends on what types of intervention might be possible, but also on whether we think that any possible environmental accommodations are reasonable or not. Determining which environmental adjustments would be reasonable depends on a range of considerations—practical and economic, but also ethical and political.³⁹

Cooper’s reference to economic, ethical, and political considerations in the demarcation of internal problems from external ones thus reveals another important and problematic dimension of the concept of disorder.

Some philosophers argue that recognising value-ladenness in the concept of mental disorder requires that we justify the relevant values.⁴⁰ Given that psychiatry has assumed repressive forms in its history, the values that determine whether a certain condition is a mental disorder, as opposed to a deviant condi-

social Personality Disorder and Pedophilic Disorder”, *Frontiers in Psychiatry* 11 (2020). <https://doi.org/10.3389/fpsyt.2020.558655>.

³⁹ Rachel V. Cooper, “The Concept of Disorder Revisited: Robustly Value-Laden despite Change”, p. 157.

⁴⁰ Christopher Megone, “Aristotle’s Function Argument and the Concept of Mental Illness”, *Philosophy, Psychiatry, and Psychology* 5 (3) (1998), pp. 187–201; George Graham, *The Disordered Mind: An Introduction to Philosophy of Mind and Mental Illness*. Second edition (Oxford: Routledge, 2013); Luca Malatesti, “Psychopathy and Failures of Ordinary Doing”; Luca Malatesti and Elvio Baccarini, “The Disorder Status of Psychopathy”. In *Psychopathy: Its Uses, Validity, and Status*, edited by Luca Malatesti, John McMillan, and Predrag Šustar (Cham: Springer) (in press).

tion that attracts harmful social responses, must be explicated, and assessed based on ethically, legally, or medically appropriate justifications. These authors offer explicit prescriptive accounts of the norms needed to distinguish mental disorders from other conditions. Reasonings of this type, however, should also be investigated descriptively by intellectual history of psychiatry.

The recommendation for intellectual history is that it should investigate whether and how experts in the past attempted to offer explicit justifications for proposing or resisting the medicalisation of antisocial disorders. We think that, as in other cases, harm is a key notion. Thus, it should be investigated whether the harm associated with these conditions was considered a non-pathological result of interaction with society, or a consequence of a pathology internal to the patient. If such justifications were indeed offered, it should also be analysed whether they referred to the social or moral costs in medicalising a certain condition. In the next section, we move to consider whether our hypotheses about the usefulness of conceptual analysis for intellectual history are confirmed by a delimited case study.

3. Medicalising moral deviance on the peripheries: the case of Croatian fin de siècle psychiatry

In this section, we assess how notions of antisocial disorders and mental illness, mostly adopted from Austrian psychiatry and Italian criminal anthropology, were applied in the Royal and Land Asylum for the Insane in Stenjevec. The Stenjevec Asylum was founded in 1879. At the time, Austro-Hungarian psychiatry strived to apply cutting-edge discoveries in neurology and evolutionary biology to the categories of mental illness. Vienna became one of the most notable intellectual centres for organicist psychiatry in German-speaking countries in the second half of the 19th century. This kind of psychiatry paid special attention to mental disorders associated with violence and crime, and sexual practices that were considered deviant at the time.

To the Austro-Hungarian Empire, a multinational state with a troublesome dual sovereignty split between Austrian and Hungarian legislatures and governments, modernity brought political strife and disorder. Cities were ill-equipped to deal with challenges of modernization and urbanisation. This prompted experts from different intellectual fields to try to validate their professional credentials and the reputation of their fields by offering scientifically sound solutions to social problems. This led psychiatrists to recognize moral deviance as a crucial issue of modernity that psychiatry must deal with. The broad biological framework used by psychiatrists to elaborate this issue was the theory of degeneration.

We will observe aspects of these theories related to the harmfulness of these conditions (especially to those individuals who were considered to be afflicted by them) and the justification of values involved in framing the standards of health (and/or morality), from which these conditions were thought to deviate. We will pay attention to a circular biologisation of the moral standards. This is the peculiar justification that first recognises a condition to be a deviation from moral standards, but then finds at its core a deviation from objective natural standards. For example, according to this approach, immoral behaviour associated with a condition is pathological insofar as the immorality is caused by biological degeneracy. This involves the idea that the foundation of morality is in biology. However, other authors did not attempt to justify values by relying on a biologisation of the moral order. Some perhaps argued in terms of justified social requirements ensuing in norms that recommended medicalising those who had been incapable or less capable to meet these requirements. There may also be other types of justification that we can find. But then we can also investigate what happens to these same concepts when they are applied in other contexts – whether their initial justification is kept, or something else gets in the way.

From its Pinelian beginnings, psychiatry has used the notion of harm in relation to asylum inmates. After all, one of the conditions for the confinement of ‘deviant’ individuals into psychiatric asylums was the danger they posed to “themselves and to others”. Both these criteria of harmfulness are documented and outlined in psychiatric texts. The harmful condition of inmates who are described as posing dangers to themselves is mostly given through descriptions of self-destructive behaviour or their inability to properly care for themselves.

Files at the turn of the century from the Stenjevec asylum describe numerous inmates who were confined because of their condition’s potential to cause them bodily harm. One example is of Neža G., a peasant woman whose medical file contains the description of her suicidal behaviour:

The illness started with depression, she was sad, could not sleep, ate little. She was never violent. Once she jumped into a pond, wanted to drown herself. She threatened to cut her throat and had to be watched constantly. (KPV (‘Archives of the Psychiatric Clinic of Vrapče (Patient Files)’ 1911)

Examples more commonly found in psychiatric files describe inmates who were harmful to others and to the community. This is especially prevalent in files of inmates from small, rural communities, where it was feared that individuals who displayed unusual behaviour would attempt arson, or in the case of mothers, infanticide. Persons suffering from epilepsy were described as “dangerous for human society because of their inclination to start fires” (KPV, 1895: the inmate in question denied any intention of arson but displayed quar-

relsome behaviour that put her at odds with both her neighbours and physicians) and talkative adolescent girls from the countryside like Margareta G. would find themselves confined to an asylum because: “her vivacity and chattiness became more intense every day, until she became harmful to the community and had to be restrained...” (KPV 1880).

Looking into the sources reveals that the idea of what constituted harmful behaviour was arbitrary: physicians recommending admission to the asylum cited real instances of violence, alongside the dangers of criminal behaviour that was never displayed by inmates, as well as the “chattiness” and “vivacity” of women.

On the other hand, psychiatric textbooks describe certain individuals as especially dangerous for society by their very nature. Whether they talk about their personality structure or biological constitution, these psychiatric patients are described as people whose very existence threatens social order: they are “organic” deviants incapable of fitting into the existing social contract and thereby represent a permanent threat to others.

The definite diagnostic categories, as well as their etiological foundation, varied; these individuals were described as ‘homicidal monomaniacs’, ‘moral imbeciles’, ‘destructive personalities’, ‘psychopaths’ or people suffering from antisocial personality disorder and similar conditions.

The case studies from Stenjevec asylum mostly concerned people with anti-social disorders who underwent forensic assessment at the hands of psychiatrists. Since they were mostly accused of violent crimes, like murder or attempted murder, their harmfulness to others was never questioned. The antisocial disorder that was mostly discussed in Stenjevec was ‘moral insanity’ or ‘moral idiocy’. The definitions of “‘moral insanity’ and ‘moral idiocy’ were mostly taken by Stenjevec physicians from German-language psychiatry; more specifically, from the Austrian psychiatrist Richard von Krafft-Ebing. Krafft-Ebing was widely known for his casebook *Psychopatia sexualis* (2011),⁴¹ in which he classified and medicalised forms of ‘deviant’ sexual behaviour, informed by his conservative notions of sex and gender. In his textbook *Lehrbuch der Psychiatrie* (1905), published in 1879,⁴² Krafft-Ebing described ‘moral idiocy’ or ‘moral insanity’ as a form of arrest of mental development, akin to intellectual disability.

⁴¹ R. von Krafft-Ebing, Franklin S Klaf, Joseph LoPiccolo, and Daniel Blain, *Psychopathia Sexualis: The Classic Study of Deviant Sex* (New York: Arcade Pub./Skyhorse Pub. 2011). <http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=655093>.

⁴² R. von Krafft-Ebing, *Text-Book of Insanity, Based on Clinical Observations for Practitioners and Students of Medicine* (Philadelphia: Davis, 1905).

The very notion of antisocial disorder as disability, as opposed to being described as a disorder or illness, reveals how antisociality was perceived in psychiatry. Krafft-Ebing was familiar with the criminal anthropology of Lombroso, quoting it extensively in his *Psychopatia sexualis*. Thus, it is only fitting for him to conceive his ‘moral idiot’ as a facsimile of Lombroso’s ‘born criminal’. According to Krafft-Ebing:

though [morally insane individuals were] reared in the surroundings of higher civilization and given every occasion to profit by its blessing, unlike the normal individual have not acquired ethic ideas (religious or aesthetic); or, if acquired, they have not the power to use them in the formation of moral judgements and notions, or to employ them as the motive or countermotive of actions.⁴³

For Krafft-Ebing, the brain that is wanting in capability to acquire or apply ethical ideas is defective “*ab origine*” (transl. from the beginning).⁴⁴ As with his approach to sexuality, Krafft-Ebing viewed morality as the product of “higher civilisation”, an evolved stage of social organisation that European intellectuals of the late 19th century felt they were part of. But simultaneously, Krafft-Ebing thought that the inability to adopt and utilise religious and aesthetic ideas stems from the defective physiology of the brain, giving it the same aetiology usually reserved for intellectual disability. Still, while Krafft-Ebing was convinced that the cause of moral insanity is organic and hereditary, mostly found in individuals with alcoholism, epilepsy, and insanity in their ancestry,⁴⁵ he notes that organic changes causing moral insanity are not easy to prove, because “brain changes upon which [moral idiocy] depends, might not be observable macroscopically... the physical development is never arrested only distorted or manifested in a perverse way.”⁴⁶

Krafft-Ebing postulates that the main harm of moral insanity comes from the inability of the morally insane to grasp the ethical notions that are at the foundation of civilised society. They are “morally colour-blind”, and the moral and public orders seem only an embarrassing obstacle for their egotistic sentiment end effort. It is a condition “that only leads to negation, and even to violation of the rights of others.” Furthermore, for the morally insane, “the gravest crime is merely infraction of police regulation”,⁴⁷ and their moral defect renders them incapable of maintaining a place in society and makes of

⁴³ R. von Krafft-Ebing, *Text-Book of Insanity, Based on Clinical Observations for Practitioners and Students of Medicine*, p. 621.

⁴⁴ *Ibid.*, pp. 621–622.

⁴⁵ *Ibid.*, p. 622.

⁴⁶ *Ibid.*, p. 610.

⁴⁷ *Ibid.*, p. 623.

them candidates for prisons and hospitals for the insane.⁴⁸ They are considered defective from childhood. As children, these individuals are the “terror of their parents and teachers on account of their laziness, mendacity and villainy”, when they reach maturity, they are a “disgrace to the family and the plague of communities and authorities on account of their tendency for vagabondage, dissipation, excesses and theft”.⁴⁹

Thus, for Krafft-Ebing, the morally insane are harmful primarily in the sense that they are a constant nuisance to society – they are incorrigible disruptive elements since their early childhood, criminals, and marginal people that cannot be reformed. Krafft-Ebing also describes them as parasitic and inherently unproductive: “They are born vagabonds, moral weaklings, tramping, begging and stealing are their favourite occupations; work is a burden.”⁵⁰ Their immorality is also manifest in their sexual life. It could be argued that Krafft-Ebing’s view of moral insanity was later to appear in his study of sexual deviance; here, he postulated that the perversions of sexual instinct are based in moral insanity.⁵¹ He will repeat this notion in his *Psychopatia sexualis*, published seven years after the textbook, and directly linking moral insanity with sadism and homosexuality.⁵² Towards the end of the textbook, Krafft-Ebing concludes that the morally insane must be kept in asylums “for their own and for the safety of society”.⁵³ Thus, he implies that their moral defect indirectly represents harm for the morally insane, by forcing them to lead dangerous lives of crime and transience, which might eventually result in their execution.

There are three main conclusions that can be drawn from Krafft-Ebing’s description of the morally insane individual. The first is that Krafft-Ebing’s moral idiot embodies three typical folk devils of the 19th century bourgeois worldview: the dangerous criminal, the unproductive vagabond, and the sexual deviant. Conservative anxieties of the late 19th century, regarding rising crime levels in urban areas, increasing numbers of transient people, and challenges to strict, patriarchal, emotional, and sexual regimes, were projected into the symptomatology of the ‘moral idiot’. Thus, moral insanity served as a fitting excuse to medicalise social unrest, poverty, and alternative sexual lifestyles.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid., p. 624.

⁵¹ Ibid., p. 625.

⁵² R. von Krafft-Ebing, Franklin S Klaf, Joseph LoPiccolo, and Daniel Blain, *Psychopathia Sexualis: The Classic Study of Deviant Sex*, pp. 81; 226.

⁵³ R. von Krafft-Ebing, *Text-Book of Insanity, Based on Clinical Observations for Practitioners and Students of Medicine*, p. 626.

Second, the causes of this condition were considered organic and hereditary and thus, despite moral idiocy being incurable, they laid completely within the purview of medical psychiatry. Krafft-Ebing stresses this by stating that physiological changes in a ‘moral idiot’ are too subtle to be noticed by laymen: so subtle that diagnosis must be strictly clinical.⁵⁴ Thus, social control of morally insane deviants falls strictly on the psychiatrist. The third conclusion concerns the harm associated with the condition of moral insanity. They are directly harmful to society because their condition makes them prone to criminality and transgression of traditional moral norms. In the best case, they will be an unproductive burden to society, in the worst, dangerous and callous criminals. Only indirectly is the condition also harmful to moral idiots themselves, because outside the asylum they will lead dangerous lives on the edges of society and most likely run afoul of the legal system.

Since the early Croatian psychiatrists were educated in the Austrian centres of medical learning, they were familiar with Krafft-Ebing’s definition of moral insanity. But instead of adopting it uncritically, they developed diverse views, largely informed by their own values and practical considerations. In a way, the view on moral insanity as a mental illness, developed in the Viennese and Grazian centres of learning, was repurposed for the values and institutional needs of the periphery.

In their paper on moral insanity in Croatia and Italy, Filip Čeč, Vanni D’Alessio and Heike Karge have noticed a sharp discontinuity in the treatment of ‘moral insanity’ by Stenjevec physicians.⁵⁵ During the first years of the asylum, the morally insane and criminals were differentiated. Later, when Ivo Žirovčić became superintendent, the notions of ‘moral insanity’ and criminality became more Lombrosian; the ‘morally insane’ became fused with ‘degenerates’ and ‘born criminals’.⁵⁶ The first mention of ‘moral insanity’ in the Croatian psychiatric tradition came from a lecture, first published in 1893, titled ‘On so-called ‘moral insanity’ with special regard to pathological sexual drive from a psychiatric and legal perspective’, by Dragutin (Karlo) Forenbacher, a Stenjevec resident physician.⁵⁷ At that time, the Stenjevec asylum had already been wor-

⁵⁴ *Ibid.*, p. 625.

⁵⁵ Vanni D’Alessio, Filip Čeč, and Heike Karge, “Crime and Madness at the Opposite Shores of the Adriatic: Moral Insanity in Italian and Croatian Psychiatric Discourses”, *Acta Medico-Historica Adriatica: AMHA* 15 (2) (2017), pp. 219–52. <https://doi.org/10.31952/amha.15.2.2>.

⁵⁶ *Ibid.*, p. 239.

⁵⁷ Dragutin Forenbacher, “O takozvanoj moralnoj ludosti (moral-insanity) osobitim obzirom na patološki spolni nagon (sa gledišta psihiatričko pravna)”, *Liečnički viestnik* XV (4–5) (1893), pp. 49–53; 65–69.

king for fourteen years and was led by Jan (Ivan) Rohaček, a Bohemian-born prison physician. Most day-to-day practices at the asylum that produced relevant medical knowledge fell on Forenbacher, who seemed more up to date with contemporary psychiatric theories than Rohaček. The very title of his lecture reveals a complicated web of intertwined fields regarding the issues of moral insanity, between traditional legal science, which claimed epistemic authority over crime and the emergent discipline of psychiatry. Forenbacher's lecture echoes many of Krafft-Ebing's claims about the connections between 'moral insanity' and deviant sexuality, but while Krafft-Ebing considers moral insanity (or idiocy) a form of intellectual deficiency, it seems that Forenbacher makes the case that the morally insane suffer from a mental illness. He defines moral insanity as a "kind of mental degeneration that affects the sensitive ('čuvstvo' in Croatian) part of the soul and manifests itself in partial or complete loss and lack of understanding of ethical and aesthetic notions and judgements".⁵⁸

Forenbacher considers sexual deviants and finds that they are indeed morally insane: "If such people were of a healthy mind, this would be the greatest misfortune and shame in this world. Therefore, we can find comfort in the fact that these unfortunates are not of sound mind."⁵⁹ It is indicative that Forenbacher, by calling morally insane people 'the unfortunates' ('nesretnici' in Croatian), implies that at least some morally insane patients suffer a type of harm due to their condition.

As for the causes of moral insanity, Forenbacher drew heavily upon the established somaticism of the Viennese school coupled with notions of hereditary degeneration, which were popular in the late 19th century both inside centres of psychiatric knowledge and within a broader educated public:

If we observe these people in the entirety of their existence, since birth, in all off their acts, in the entirety of their thinking, drives and emotions, we will see that they are strange. Their odd nature is conditioned either in a hereditary burden or in an acquired weakness of their brain.⁶⁰

Importantly, Forenbacher does not regard moral insanity as only harmful to society. Although he paraphrases Krafft-Ebing, by describing these patients as a source of trouble for their parents, teachers, and society as a whole, as well as lazy and prone to theft and a vagabond lifestyle, he criticises the Lombrosian notion of 'born criminals' and clearly differentiates between criminals and the morally insane; the criminal "knows that his acts are evil", whereas

⁵⁸ Ibid., p. 49.

⁵⁹ Ibid., p. 68.

⁶⁰ Ibid., p. 49.

the morally insane person is unaware of the ethical dimension of his act, much like a colour-blind person is unaware of the character of colour (1893: 52).⁶¹ Furthermore, Forenbacher presents a more nuanced distinction between the 'feeble-minded' and the morally insane, stating that the morally insane are always feeble-minded and intellectually underdeveloped, although they might seem cunning to the untrained eye.⁶²

Forenbacher's picture of the morally insane individual is, thus, more complex than Krafft-Ebbing's. While Forenbacher links sexual deviance and criminality to hereditary degeneration, he does not seem to think that the category of moral insanity lies outside the unitary psychiatric category of 'insanity' or 'mental illness'. He disputes the validity of the 'born criminal' hypothesis and denies the claim that the intellectual faculties of the morally insane are intact, while only their ethical and aesthetical capacities remain underdeveloped. Forenbacher also acknowledges that the morally insane suffer harm, alongside the harm they present to society. By arguing this, he straightforwardly and exclusively binds the medical field, and not the penal system, for tending to the morally insane.

The justification for medicalising moral insanity, in both Forenbacher's and Krafft-Ebbing's work, is behavioural. Acts of the morally insane, especially regarding their sexual lifestyle, are grossly "unnatural" and thus can only be pathological. In fact, it is mostly upon their sexual deviance that the key argument that they are insane is constructed. Since Forenbacher and Krafft-Ebbing both consider moral feeling an innate faculty, blending ethical and aesthetic feelings as key parts of one's personality, a gross deviation from it must be pathological, and therefore a medical condition.

Compared to Žirovčić, one of the longest serving superintendents of the Stenjevec asylum, Forenbacher left little in the way of individual forensic analyses of inmates. Žirovčić, who constantly sought to improve the social standing of the Stenjevec asylum and of Croatian psychiatry in general, showed great interest in criminal and forensic psychiatry and regularly published case studies of criminals who were sent to Stenjevec for court-ordered psychiatric evaluation. While working with said criminals, Žirovčić re-evaluated the conception of moral insanity in three important ways. Closer to Lombroso and Krafft-Ebbing than to Forenbacher, Žirovčić linked moral insanity more closely with innate deficiency and degeneracy, while maintaining its connection with sexual deviance. Furthermore, he linked sexual deviance with the wider category of social deviance: sexuality, violence, proneness to theft, and vagrancy made

⁶¹ *Ibid.*, p. 52.

⁶² *Ibid.*

parts of a semantic whole in Žirovčić's diagnoses. Žirovčić also denies that moral insanity can harm the morally insane – it is only they who are harmful to society, due to their proneness to criminal and violent behaviour. Finally, Žirovčić openly expressed doubt over the possibility of therapeutic rehabilitation of the morally insane, arguing that they have no place in mental institutions and are better suited for prison. Žirovčić first mentions moral insanity in his classification of mental disorders, which he adapted from Theodor Meynert, an Austrian physician and one of his mentors. Meynert, a well-known brain anatomist, was a representative of the Austrian hard somaticist school of psychiatry but believed that psychiatric illness was reversible and curable in the clinical surrounding of the modern asylum. However, moral insanity was decidedly not one of these illnesses. Žirovčić, more or less faithfully following Krafft-Ebing, classifies moral insanity in the category of mental deficiencies, together with congenital feeble-mindedness, and names it 'moral idiocy' ('moralni idiotizam' in Croatian) or 'moral insanity'.⁶³ According to Žirovčić, the intelligence of the morally insane is undisturbed: they are often highly gifted in "music, mathematics and crafts, sometimes even particularly brilliant in some area", but they are "inaccessible to mystical notions" and cannot understand moral or social laws; "due to their moral blindness they always come into collision with human society, ending their life in an asylum or prison".⁶⁴ With Žirovčić, Forenbacher's assumption that the morally insane are feeble minded is abandoned: they can indeed be highly skilled and brilliant in diverse fields. Another abandoned notion, previously held by Krafft-Ebing and Forenbacher, is that moral insanity can be acquired: it is necessarily congenital, not a disease but simply a form of mental deficiency. Even more importantly, Žirovčić directly ties the capacity to adhere to norms and values with the adoption of "mystical notions". This speaks of Žirovčić's conviction that moral laws are religious in nature – directly conjoining spirituality and somaticism in the diagnosis. Hence, the very biology of the morally insane determines them as sinners and transgressors of societal laws.

In his 1896 paper "Moral corruption and mental illness",⁶⁵ Žirovčić discusses the nature and sources of conscience and distinguishes between two types of criminals. On the one hand, mentally ill criminals are led to crime by the "terrible suffering brought on by mental illness, disruptions of the senses, crazy thoughts, changes in consciousness, epileptic confusion, influence of

⁶³ Ivan Žirovčić, 'O nazivlju i razdielbi duševnih bolesti'. *Liečnički viestnik* 4 (1895), p. 92.

⁶⁴ *Ibid.*

⁶⁵ Ivan Žirovčić, 'Moralna izkvarenost i duševna bolest', *Liečnički viestnik* 9 (1896), pp. 201–6.

toxins on the brain, or the paralytic or dementic withering of the mind...".⁶⁶ These criminals should not be judged in the same way as sane criminals and they should be referred to the mental asylum to prevent the worsening of their condition.⁶⁷ On the other hand, some criminals are "immoral due to their heredity, lacking moral feeling, shouldering the stigma of malice and harmfulness: people who are ready for any kind of evil, parasitic and dangerous members of human society, who cannot be brought to any kind of useful profession or have their personality improved by punishments, born criminals."⁶⁸

Žirovčić also stresses that these people can be quite brilliant in some of their intellectual faculties, while completely lacking moral sensibility because:

different mental capacities: reason, morality, artistic (aesthetical) sensibility, can develop independently of one another, because it is undeniable that specific qualities have different organic centres in the brain. Thus, it is understandable that while one quality is significantly developed, another can be delayed in its development: partial brilliance on one side, partial idiocy on the other.⁶⁹

Žirovčić identifies the cause of this illness in heredity, stressing that these individuals hail from parents who are mentally abnormal, suffer from neuroses and psychoses, and are often physically ugly and twisted.⁷⁰ Žirovčić states all the ways in which such individuals are harmful to society:

...as children, they are a burden to their parents, teachers and companions due to their lack of concern for anything; laziness, insincerity, deceptiveness, malice, cruelty, a variety of passions and sexual vices, irritability, jealousy and vengefulness bring them into constant conflict with their surroundings and they become bitter, depraved people: peaceful and cheerful life is unknown to them, they constantly seek greater thrills, living the life full of excess, becoming drunkards, etc.⁷¹

A confluence of moral condemnation and belief in biological inferiority informs Žirovčić's attitude towards people dubbed morally insane. Since these people, according to Žirovčić, bring harm to society and are not truly suffering from any curable illness, he sees no point in keeping them inside mental institutions. The asylum is after all, a therapeutic place, "a sanctuary for the mentally ill, who find remedy or relief for their illness there",⁷² Since the morally insane

⁶⁶ *Ibid.*, p. 202.

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*, p. 203.

⁶⁹ *Ibid.*

⁷⁰ *Ibid.*

⁷¹ *Ibid.*, pp. 203–204.

⁷² *Ibid.*, p. 205.

are not ill, they should soon be released from the asylum, and they will continue to do evil. Keeping them in the asylum for life would be inconvenient, since they would be constant “trouble and fetter for other patients, who, suffering as they do, are also strongly opposed to criminals and find their honour hurt if they are confined together with them”.⁷³ Also, since they represent a burden for society, and since asylum care is too expensive, they must be done away with in a way that minimises such a burden.⁷⁴

Žirovčić perceives harm that is involved in moral insanity as harm to society at large; he does not recognise the morally insane as ill or disordered and sees only further harm in keeping them inside asylums. The reasons for this distinction are twofold. On the one hand, he views moral insanity as an incorrigible deficiency in moral faculties, unrelated to any common disturbance that is characteristic of mental illness. Since this deficiency neither causes suffering to the morally insane nor impedes them in their professional and intellectual development, it cannot be considered a condition that requires special care. On the other hand, it is important to Žirovčić, an influential physician, to stress the purely therapeutic role of psychiatry and to separate it from the punitive system, to ensure better care for the mentally ill and to destigmatise them by clearly distinguishing them from common and born criminals. Thus, Žirovčić conceives moral insanity as a hereditary abnormality, brought about by the somatic structure of the morally insane, but it does not constitute an illness – it is an incurable pathology. Its causes also legitimise an important biopolitical role of psychiatry: if born criminals are indeed born of mentally ill parents, then psychiatry’s role in curing mental disorder and potentially enforcing eugenic measures holds even greater importance.

4. Conclusion

In this paper, advancing a hypothesis that was suggested by an analytic characterisations of the concept of mental disorder, we have outlined the role of the concept of harm in the definition of moral insanity or moral idiocy, as it appeared in Austrian and Croatian psychiatry. The Austrian part of the Austro-Hungarian Monarchy represented the administrative and imperial centre, as well as a centre for medical learning. Austrian cities like Vienna and Graz (together with Prague as the Bohemian centre) were places where superintendents and resident physicians in Stenjevec received their education. Works of Austrian psychiatrists like Meynert and Krafft-Ebing served as the basis for categorisa-

⁷³ Ibid.

⁷⁴ Ibid.

tions and classifications of mental disorders used by Stenjevec physicians. In this sense, Stenjevec represents a peripheral institution, the theoretical bases of which were imported from Austrian universities and other foreign writings. In the patient files of the Stenjevec asylum, harm is presented as a danger that the mentally ill pose either to themselves, their family and neighbours, or society in general. Suicidal behaviour and self-harm, as well as the inability of the mentally ill to effectively care for themselves, are presented side by side with immoral and disruptive behaviour, violence, and an affinity towards vagrancy and beggary.

Thus, the idea of mental disorders as harmful conditions is tied to a very broad definition of harm that encompasses care for the physical health and safety of patients as well as normative ideas about morality, public order, and traditional ideas about harmonious family life that were rooted in the bourgeois culture of the 19th century. The emotional suffering of individuals, more prominent in contemporary psychiatry, is only given passing attention. Indeed, it seems that physicians were often indifferent about the psychological and even the physical well-being of the mentally ill (the death rate, due to malnourishment and infectious diseases in the 19th century mental asylums like Stenjevec, was extremely high), but paid close attention to the threat these individuals posed to the public order and to the sane. It is not unusual that views on moral insanity are perceived through the lens of a 'moral idiot' as a dangerous individual. In Krafft-Ebing's description of moral insanity, it is primarily society that suffers the negative consequences due to the pathological condition of the morally insane person. A possible harm endured by the morally insane of lacking capacity for choice, by virtue of their inability to grasp moral notions, is never explicitly named as such.

In Stenjevec, there were two opposite receptions of Krafft-Ebing's notion of moral insanity. Drago Forenbacher, one of the most prolific Stenjevec physicians in the 1880s and 1890s distinguished between the harm that morally insane people inflict upon society and the harm their moral deficiency inflicts upon themselves. Forenbacher clearly describes the morally insane as ill: their intelligence is deficient in every way, and they cannot enjoy the wholesome lives of healthy people. They are dangerous to society, but this danger is only one aspect of their pathological condition – their life is one of suffering. Ivan Žirovčić, whose administration of the asylum and diagnostic classification influenced Croatian psychiatry considerably in the first half of the 20th century, does not view moral insanity as a condition harmful to patients. The morally insane are predisposed to life of crime and are in no way harmed by their lack of ability to comprehend moral notions – in fact, according to Žirovčić, they can

be successful and brilliant in various fields. Thus, the morally insane person is not perceived in the same way as the mentally ill person: he does not suffer but is the source of suffering for broader society. This idea will lead to the further dehumanisation of people thought to be morally insane, and further down the line, of everyone who fits the “borderline” categories: ‘degenerates’, ‘criminal personality’, ‘hereditary burdened’, ‘psychopaths’, and other categories that are used to medicalise social ills.

Methodologically, the findings appear to indicate the fruitfulness of formulating research questions and hypotheses in intellectual history by considering explicit analytic characterisations of psychiatric concepts. We hope that our exploration will encourage further research on the plausibility and limits of this approach. A collaboration between analytic philosophy and intellectual history of psychiatry could improve our understanding of psychiatric concepts and, if needed, enable us to sharpen them. This, in turn, should help us in treating more humanely and fairly those who unfortunately fall within these categories.

Acknowledgements

Many thanks to Dr Heike Karge, the organiser of the workshop *Modern Psychiatry in Rural Societies: Southeastern Europe and Scandinavia in Comparison*, 4–5 December 2019, University of Regensburg, and to the audience for discussing a previous version of this article. We are also grateful to Viktor Ivanković for proofreading and commenting on a previous version of this article. Many thanks to Mia Biturajac for proofreading part of the introduction. Finally, we would like to thank Tomislav Bračanović, who very kindly helped this article to find its home.

LM’s work on the paper is an outcome of the project *Responding to antisocial personalities in a democratic society* that is funded by the Croatian Science Foundation (HRZZ IP–2018–01–3518, PI: Luca Malatesti)

Pojmovna analiza i intelektualna povijest: moralno ludilo i šteta u hrvatskoj psihijatriji *fin de siècle*

Sažetak

Istražujemo može li analiza pojma mentalnog poremećaja kako se provodi u analitičkoj filozofiji psihijatrije značajno pridonijeti intelektualnoj povijesti antisocijalnih poremećaja ličnosti. Raspravljamo o mogućim opasnostima te interdisciplinarnе interakcije. Koristeći se uvidima iz analitičke filozofije psihijatrije istražujemo postoje li značajne razlike u eksplicitnoj konceptualizaciji pojma štete prilikom dijagnoza moralnog ludila u relevantnim tekstovima austrijskih i hrvatskih psihijatara na prijelazu iz 19. u 20. stoljeće. Rezultat našeg istraživanja, prema kojemu su u središtu rasprave o moralnom ludilu u ranoj hrvatskoj psihijatriji bili različiti pojmovi štete, ukazuje na plodonosnost interakcije između analitičke filozofije i intelektualne povijesti psihijatrije.

Ključne riječi: antisocijalni poremećaj ličnosti; hrvatska psihijatrija u 19. stoljeću; intelektualna povijest psihijatrije; moralno ludilo; pojmovna analiza

