

Alienating Travels and Traveling into Alienation

Moreau de Tours's Experimental Attempts to Articulate the Body of Madness

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1. A Laboratory Created by Literature

“It seemed that my body was dissolving and becoming transparent. I could see in my chest the hashish I had eaten, in the form of an emerald glowing with a million sparkles,”¹ wrote the French writer Théophile Gautier in a short article published in 1843 in the newspaper *La Presse*. How did the precious stone get into Gautier's chest and whence? Who introduced the author to hashish? For some time, says Gautier at the beginning of his article, “Oriental” friends had promised to let him taste the drug, but this had only happened “yesterday.” The result was not only Gautier's awareness of emeralds in his chest; he also hallucinated all kinds of butterflies and other wildlife, elementary spirits, and electric current running out through his pores.

One of the friends, whose miraculous stuff made Gautier see everything double until he “became completely mad for an hour,”² was the artist Fernand Boissard, who was living at the time in the Hôtel de Pimodan on the Île Saint-Louis in Paris. In the same building, and probably in his apartment, hashish soirées took place more or less regularly from 1842 onward, as evidenced by a letter from Boissard to Gautier in 1845: “Dear Théophile, on

¹ Théophile Gautier, “Le Hachisch,” reprinted in: Variétés: Description des effets du hachich, par un feuilletonniste de *la Presse* in: *Annales médico-psychologiques*, November 1843, 11. The English translation appears in: Jacques-Joseph Moreau de Tours, *Hashish and Mental Illness*, Raven Press, New York 1973, p. 11f., where almost the entire text by Gautier is cited.

² *ibid.* p. 13.

Monday next, the 3rd of November (1845), hashish will be taken at my place under the supervision of Moreau and Aubert-Roche. Would you like to join us?”³

Jacques-Joseph Moreau de Tours (1804–1884) and Louis Rémy Aubert-Roche were the “Orientals.” Moreau de Tours was an *aliéniste*⁴, a psychiatrist, and Aubert-Roche a doctor; both men had spent considerable time in the Middle East, though not together, and there both had discovered hashish for themselves. Aubert-Roche researched the therapeutic effects of hashish on diseases such as typhoid and plague, the results of which he published in 1840⁵, and Moreau de Tours was interested in the mental effects of the psychoactive drug. Using the tool of hashish, Moreau de Tours hoped to investigate madness firsthand, by studying drug-induced processes of “becoming mad” in himself and others. This artificially induced “model psychosis,” he hoped, would render madness comprehensible and tangible.

To this end Moreau de Tours initiated the regular meetings in the Hôtel de Pimodan at which the psychiatrist, doctors, and well-known artists got high together. These were both social occasions and scientific experiments — the Paris salon on the Île Saint-Louis was also at the time the laboratory of the *aliéniste* Moreau de Tours and his collaborators. Although Moreau de Tours has written quite a bit about his experiments in his book on “Hashish and Mental Illness” and in a number of articles,⁶ the most vivid descriptions of one such

³ “Mon cher Théophile, il se prend du hachich chez moi Lundi prochain 3 9bre (1845) sous les auspices de Moreau et d’Aubert-Roche. Veux-tu en être.” Letter from Boissard to Gautier, published in the introduction to: Charles Baudelaire, *Les Paradis artificiels. Prédédé de la pipe d’opium; Le hachich; Le club des hachichins* par Théophile Gautier, Gallimard, Paris 1961, p. 12.

⁴ An alienist is “one who treats mental diseases; a mental pathologist,” according to *The Oxford English Dictionary*.

⁵ Rémy Aubert-Roche, *De la peste, ou Typhus d’Orient*, Paris 1840.

⁶ See, e.g., Jacques-Joseph Moreau de Tours, “Recherches sur les aliénés en orient. Notes sur les établissements qui leurs sont consacrés à Malte (île de) au Caire (Égypte), à Smyrne (Asie-Mineure), à Constantinople (Turquie),” in: *Annales médico-psychologiques*, 1843; Ders., “Mémoire sur le traitement des hallucinations par le datura stramonium,” *Annales médico-psychologiques*, 1841; “De l’identité de l’état de rêve et de la folie”, in *Annales médico-psychologiques* 1855.

experimental evening are provided by Gautier.⁷ His 1846 account, “Le Club des Hachichins,” begins with the arrival of the narrator on the Île Saint-Louis:

Following a mysterious summons that was couched in enigmatic language, comprehensible to the initiated but inaccessible to others, one evening in December I went to a remote district in the middle of Paris, a kind of secluded oasis that is surrounded by two arms of the river, as though to defend it against the incursion of civilization’s agitation. It was in an old house on the Île Saint-Louis, the Hôtel Pimodan built by Lauzun, where the strange Club which I had joined recently had begun to hold its monthly gatherings. I was going to attend for the first time.⁸

This description of the scene before the narrator enters the Hôtel de Pimodan, a former seventeenth-century palace (Fig. 1), and becomes a member of the “Club des Hachischins,” as it was later named after Gautier’s article, is intriguing and atmospheric. Even before the author becomes intoxicated, the setting is endowed with a mysterious aura of nonlocation, characterized by a utopian union of opposites. The literary description of the quarter in which the Hôtel stood, where the author later lived for a time, is structured by paradoxical elements: The district is quiet and isolated, free of noisy traffic and the threatening pace of modern metropolises, yet it is in the heart of Paris. Correspondingly — here actual geography and literary *topos* coincide — it is an island, a geographical feature that epitomizes isolation,

⁷ “Le Club des Hachischins” was published in 1846 in *Revue des Deux Mondes*. In this literary journal, which was aimed at readers with a general interest in culture, Charles Richet, one of Moreau de Tours’ students, published an article in 1877 describing his experiences with various intoxicating substances such as alcohol, chloroform, opium, and hashish with the title “Les poisons de l’intelligence;” see for this Jacqueline Carroy, Moreau de Tours, Richet, hashish, madness and hysteria, unpublished paper.

⁸ Cited in: Charles Baudelaire, *Les Paradis artificiels*, p. 49.

quiet, and solitude. Framed by rivers, in Gautier's formulations it appears as a place of inner exclusion: in the middle of the city yet immune to the city. In this manner Gautier constructs in literature a quasi-perfect laboratory — or clinic: a place that is connected to the urban infrastructure but is unaffected by the diverse disturbances that the city might cause.⁹

Figure 1: The “Hôtel de Pimodan” on the Ile de France in Paris.

Life inside a laboratory follows its own dynamics of space and the specific arrangements of the things within; these can thus relate to each other in unexpected ways. In this sense laboratories are spaces of possibilities and generators of new perspectives on the phenomena assembled there. Time, too, passes differently in institutions for knowledge production than it does outside; they produce their own temporality. In Gautier's literary nonlocation, time initially stands still: “Time, which passes so quickly, seemed not to flow in this house, like a pendulum clock that one has forgotten to wind. The hands always show the same time,”¹⁰ says the narrator after he has found the house, gained entrance, and mounted the ornate staircase. He enters a different time zone—laboratory time or experimental clinic time. There is, however, no single experimental time in contrast to “regular” time outside the laboratory; instead each experiment produces its own temporality, which evolves from the reciprocal relationship among the location, the subject, the object, and the instruments

⁹ The protagonist's entrance into the Hôtel corresponds to the “room within a room” environment often used later in experimental psychology to enable experiments on the mind with as few external influences as possible; see: Henning Schmidgen, “Time and noise: the stable surroundings of reaction experiments, 1860–1890,” *Studies in History and Philosophy of Biological and Biomedical Sciences* 34 (2003): 237–275.

¹⁰ “Le temps, qui passe si vite, semblait n'avoir pas coulé sur cette maison, et, comme une pendule qu'on a oublié de remonter. Son aiguille marquait toujours la même date.” In: Théophile Gautier. *Le Club des Hachichins*, cited in: Charles Baudelaire, *Les Paradis artificiels*, p. 51.

implicated in a specific experiment. In the present case, the specific laboratory time coincided with the temporality experienced during intoxication and artificially induced madness.

Gautier's protagonist enters the vast and magnificent salon and is greeted enthusiastically by the guests already assembled. "The doctor" greets him and hands him a morsel of hashish, formed like a praline, with the words "this will be deducted from your share in paradise."¹¹ To enhance the effects of the hashish, black coffee prepared in the "Oriental" manner is handed round; it will be some time, though, before food is served. Gautier had already described this odd reversal of the usual culinary sequence in his earlier text "Le Hachisch": first the confectionery, then the coffee, and last of all, the food. The purpose, presumably, was to allow the narcotic to develop its full effect unhindered. A dose of 40 grams per person is mentioned; it is obvious that the effects of such a large quantity of the drug could assume disturbing dimensions. Gautier describes his first hashish experience as a sequence of stronger and weaker phases:

Scarcely a half-hour later, I fell again under the influence of hashish. This time the vision was more complicated and more extraordinary. In a strangely lit atmosphere, billions of butterflies swarmed with wings fluttering like fans. Huge flowers with crystal calyces, enormous hollyhocks, streams of gold and silver flowed around me with a crackling like the explosion of fireworks. My hearing was fantastically sharpened. I heard the sound of colors: green, red, blue, and yellow sounds came to me in distinct waves."¹²

¹¹ "Ceci vous sera défalqué sur votre portion de paradis," *ibid.*, p. 52.

¹² Théophile Gautier, "Le Hachisch," cited in: Jacques-Joseph Moreau de Tours, *Hashish and Mental Illness*, p. 12.

Imagine that opulent room crowded with people going through similar hallucinations. The salon must have been full of butterflies and flowers, myriad things and people, animals and sounds, and different synesthesias. Moreau, who supervised the experiments and, as “le docteur,” distributed “portions of paradise” in the Hashish Club, was also the model for Gautier in his first essay, “Le Hachisch,” where he describes how, thoroughly intoxicated, he suddenly felt an irresistible urge to draw:

The visions became so baroque that I felt the urgent desire to draw them and in less than five minutes, at incredible speed, I drew on the backs of letters and notes about fifteen of the most extravagant sketches in the world. One of them is a portrait of the doctor, as he appeared to me, sitting at the piano in Turkish costume and with a sun on the back of his jacket. The notes of the music are depicted as rocket-like and capriciously curling spirals that fly from the piano.¹³

Figure 2: Back view of Moreau de Tours seated at the piano in Turkish costume. Pencil drawing by Théophile Gautier.

Jacques-Joseph Moreau de Tours, seen here (Fig. 2) from Gautier’s intoxicated perspective in Turkish trousers and turban at the piano, was not, as one might think, an eccentric psychiatrist who organized drug orgies purely for pleasure with his coterie of

¹³ “Les visions devinrent si baroque que le désir de les dessiner me prit, et que je fis en moins de cinq minutes, avec une vélocité incroyable, sur des dos de lettres, sur des billets de garde (...) une quinzaine de croquis les plus extravagants du monde. L’un d’eux est le portrait du docteur, tel qu’il m’aparaissait, assis au piano, habillé en turc, un soleil dans le dos de sa veste. Les notes sont représentées s’échappant du clavier, sous forme de fusées et de spirales capricieusement tirebouchonnées.” Théophile Gautier, “Le Hachisch,” reprinted in: Variétés: Description des effets du hachich, par un feuilletonniste de *la Presse* in: *Annales Médico-psychologique*, November 1843, 11, p. 492.

famous Paris bohemians. On the contrary, Moreau de Tours was pursuing serious research aimed at studying the disorders of his patients as closely as possible. When Gautier writes that he was for a time “completely mad,” then he had achieved an ideal result for Moreau de Tours’s project, of which the declared aim was to conduct experiments that artificially induced madness in order to understand it. Moreau de Tours’s emphatic dictum was: “In order to know how a madman loses reason, one must have lost reason oneself.”¹⁴ Only if one was prepared to undergo a self-experiment with the psychoactive substance could one hope to get to know the psychotic state and eventually to understand it, as for Moreau “there is essentially only one valid approach to the study; observation in such cases, when not focused on the observer himself, touches only on appearances and can lead to grossly fallacious conclusions.”¹⁵ Moreau was even more radical in this respect, claiming that “personal experience is the *criterion* of truth here.”¹⁶ In addition to writers like Gautier, whose command of language and power of expression Moreau hoped to make use of, it was primarily psychiatrists who were called upon to partake of the greenish paste and thus experience the artificial versions of their patients’ internal states. Instead of striving to attain objective knowledge about mental disorders, Moreau took a route whereby the experimenter — writer or doctor — would be able to eliminate the distance between himself and his object of study, thereby rehearsing a more appropriate approach and generating a more adequate kind of knowledge than would have been possible from a sober or objective point of view.

This article retraces a number of steps that led to the construction of Moreau’s self-experimental strategy of modeling mental illnesses artificially with hashish and tries to develop some concepts for a theory of knowledge that the experiments seem to enact. What

¹⁴ “Pour se faire idée d’une douleur quelconque, il faut l’avoir ressentie, pour savoir comment déraisonné un fou, il faut avoir déraisonné soi même.”, in Jacques-Joseph Moreau de Tours, *La folie névropathique*, Paris 1869, S. 46.

¹⁵ Jacques-Joseph Moreau de Tours, *Hashish and Mental Illness*, p. 1

¹⁶ *Ibid.*

are the epistemological implications of procedures of knowledge production that – by trying to be adequate to the phenomenon under investigation – function through closeness or *sympathy with* rather than objectifying distance *towards* a phenomenon? And how can such a mode of scientific investigation — in this case of mental illnesses — be described in contrast to strictly analytical approaches?

In order to be able to address these questions, I will try in what follows to provide some background information concerning Moreau de Tours's professional alienist context. What were the main concepts explaining the nature of mental illnesses at the time and what kind of therapeutic practices were common? In a second step, I would like to show how Moreau's experimental idea came about in the context of a specific therapeutic procedure on one of his patients, namely traveling. It will become clear that the encounter with foreign, particularly Oriental, cultures and their habits played a crucial role in the process of the emergence of Moreau de Tours's experimental idea. By taking a closer look at the experimental practice Moreau de Tours initiated back in Paris as well as at his theoretical reflections about his approach, it will become possible to sketch a notion of the processes of knowledge production that the experiments enact: knowledge production that I would like to term *sympathetic* as opposed to either *analytical* or *empathetic* procedures, with reference to the psychologist and philosopher Vinciane Despret and her intriguing reflections on ethological experimentation.

2. Moreau in Context

Although this project of *sympathetic* experimentation does not have any direct precursors in Moreau's professional milieu, it must be viewed within the framework of a tradition of influential French alienists Moreau drew upon.

After completing his studies in medicine at the University of Tours, Moreau (Fig. 3) decided to specialize in psychiatry. In 1830 he submitted his dissertation on the influence of

physical changes on various mental disorders, particularly monomania, a theme that testifies to the influence of Moreau's teacher, Jean Etienne Dominique Esquirol (1772–1840).¹⁷ In 1810 Esquirol clinically described the disorder of monomania,¹⁸ a mental illness limited in expression to one idea, an *idée fixe*, or to one area of thought, while the other mental processes remain unaffected — a form of partial insanity. Monomaniacs were only impaired at times and could thus provide verbal information about their condition. Most of the time such patients were able to observe and describe the monomaniac experiences resulting from the fixed idea with a certain detachment. Moreau de Tours's research on monomania, which he undertook in 1826 at the clinic in Charenton directed by Esquirol, could consequently be based on his patients' statements to a large extent.

Figure 3: Jacques-Joseph Moreau de Tours (1804–1884).

This method of gathering knowledge, according to Moreau, was intimately connected with the specific environment of the clinic in Charenton. Whereas most hospitals of the period housed a chaotic mix of mental patients, syphilitics, and the poor and decrepit, Charenton's patients were all well-to-do and educated: "It was a new field for observation, which offered a man of the art rich and diverse psychological details and intimate insights."¹⁹ As Moreau discovered, the particular quality of the patients in Esquirol's clinic was that they were able to

¹⁷ The precise title of Moreau's dissertation was: "De l'influence du physique relativement au désordre des facultés intellectuelles et en particulier dans cette variété de délire désigné par M. Esquirol sous le nom de monomanie."

¹⁸ Of the conditions formerly grouped under monomania, pyromania and kleptomania, for example, are still known today.

¹⁹ "C'était là un champ nouveau d'observation, qui offrait à l'homme de l'art un riche moison de détails psychologiques, de renseignements, de faits d'observation intime." Moreau de Tours, *Du hachisch et de l'aliénation mentale*, [1843], Nendeln/Liechtenstein: Kraus Reprint, 1978, p. 364.

give exceptionally precise reports about their experiences. This ability of educated patients to put inner experiences into words played a decisive role in Moreau's experimental system, which I will focus on in the course of this paper — a system that began to take shape during a trip to the Middle East and culminated in Gautier's literary descriptions of intoxication.²⁰

With his radical opinion that to understand the illnesses of his patients it was necessary to go mad oneself, Moreau was not simply connecting to a tradition of French introspective psychiatry that he expanded to include the area of pathological introspection;²¹ he was taking further an epistemological development that had its roots in the clinical practice of Philippe Pinel (1745–1826) and his student Esquirol. Pinel and Esquirol became interested in the imaginings and hallucinations of their patients and were among the first psychiatrists to recommend developing as close a relationship to the patients as possible.²²

Psychiatric practice, which since the early nineteenth century had been primarily concerned with developing treatment for mental patients, needed a classification system: the catch-all term of *aliénés* had been broken down into melancholics, monomaniacs, the demented, and idiots. The theoretical starting point for such a construction of *psychiatric subjects* was the general differentiation between a *physical* and a *moral* side of human life, as proposed by the physiologist and philosopher Pierre Jean Georges Cabanis (1757–1808) in his

²⁰ Immediately after returning from this long trip, Moreau de Tours began to work in Bicêtre, but moved a few months later to the Salpêtrière hospital; at about the same time, after Esquirol's death in December 1840, together with Baillarger, Moreau also took over the direction of the *maison de santé* in Ivry, a position that Esquirol had held in addition to being chief physician in Charenton.

²¹ Compare in this context: Tony James, *Dream, Creativity, and Madness in Nineteenth-Century France*. Oxford: Clarendon Press, 1995, especially p. 98–129.

²² In the time between his text of 1841, "Mémoire sur le traitement des hallucinations par le datura stramonium," describing his Oriental experiences and the first therapeutic and clinical experiments with hashish and his hashish book of 1845, "Du hachisch et de l'aliénation mentale," Moreau became a cofounder of the first psychiatric journal in France, the *Annales médico-psychologiques*. He published his study of the treatment of mental patients in the Middle East, "Recherches sur les aliénés, en orient," in that journal in the same year, 1843. With the *Annales*, psychiatric praxis was established as a discipline. By this time the two founding fathers of clinical psychiatry were dead; Philippe Pinel died in 1827 and Jean Etienne Dominique Esquirol in 1840.

famous text, “Rapports du physique et du moral de l’homme.”²³ Cabanis proclaimed that there was a basic constituting relationship between these two sides, which were sensitive to each other and influenced each other. Therefore, he concluded, as Jan Goldstein writes,

that since physical sensitivity was the single, irreducible property of living things; and since the physical man, the intellectual man, and the moral or volitional man were all manifestations of this same sensitivity, the study of any one of the three was really but an aspect of a single science — an omnibus ‘science of man’ which was most nearly approximated by medicine.²⁴

The first practical conclusion from this assumption that there were irreducible psychophysical interrelations and constituting conditions was that all therapeutic methods had to take both sides of human nature into account. Even if an illness was obviously physical, the physician should go beyond the requisite pharmacological treatment and necessary interventions and, as Goldstein points out, also console the patient, in the common sense of the word, and in that way bring a positive influence to bear upon the patient’s imagination. A conception of a human being in whom the imagination functions as a medium between the physical and the moral side laid a foundation for a brand of psychiatric therapy that dispensed with cold baths and blood-letting.

In 1801, almost simultaneously with Cabanis’s “Rapports,” Philippe Pinel’s seminal work “Traité médico-philosophique sur l’aliénation mentale, ou la manie”²⁵ appeared. Closely following Cabanis, Pinel developed his clinical method of “moral” treatments. Briefly, they included forms of therapy for curing mental disorders “that engaged or operated directly upon

²³ Pierre-Jean-Georges Cabanis, *Rapports du physique et du moral de l’homme*, Baillière, Paris 1800.

²⁴ Jan Goldstein, *Console and Classify. The French Psychiatric Profession in the Nineteenth Century*, Cambridge University Press, 1987, p. 50.

²⁵ Phillippe Pinel, *Traité médico-philosophique sur l’aliénation mentale, ou la manie*, Paris 1801.

the intellect and emotions, as opposed to the traditional methods of bleedings and purgings applied directly to the lunatic's body."²⁶ Pinel and his student Esquirol, as well as Moreau de Tours later on, supposed that the physical correlates of mental disorders were located in the brain. The traditional therapeutic methods therefore had simply acted on parts of the body that were no longer considered to be related to psychical phenomena. Since, however, a direct treatment of cerebral material appeared impracticable, an immaterial, purely imaginative moral treatment had to substitute for as-yet-unknown methods of physical or chemical (i.e., pharmacological) intervention that would act directly on the brain as an organ.

Along those lines we can also understand Moreau's project to produce mental disorders artificially and experience them from an interior point of view as a strategy that was supposed to stand in for brain research that could not yet be carried out. Even though his research did not directly reveal specific brain functions or dysfunctions, the discovery of hashish's psychical effects and the experimental exploration of them was a first step towards chemical intervention. Early French psychiatry thus placed side by side, in a juxtaposition that to us seems somehow contradictory, the idea of the brain as the central object of psychiatric research together with the idea that the imagination was of prime importance within moral treatment. While brain research at the time was an enterprise carried out exclusively post mortem, one of the basic prerequisites for the success of moral therapies was, as Pinel's student Esquirol wrote in his article "Folie" in 1816, the constant presence of the attending physician: "For one has to live with the mental patients to attain exact knowledge of the causes, symptoms, development, crises, and outcome of the illness; one has to live with them in order to get to know the innumerable minor points that their treatment requires."²⁷

²⁶ Jan Goldstein, *Console and Classify*, p. 65.

²⁷ Jean Etienne Dominique Esquirol, *Von den Geisteskrankheiten*, Huber, Bern, Stuttgart 1968, p. 114. In 1838 this article was republished as the first chapter of Esquirol's two-volume work "Des maladies mentales, considérées sous les rapports médical, hygénique et médico-légal." It appeared in German the same year, published by Verlag der Voßschen Buchandlung in Berlin.

Thus it was the duty of the physician to spend as much time as possible with his patients. In a kind of “participating observation” that went far beyond mere observation, the doctor was required to gain insight into their inner lives and experiences. Although Esquirol did not suggest, as Moreau did, that the physician should go mad himself, he was nevertheless of the opinion that in developing treatment methods that were tailored to each individual case, at times it was certainly necessary “even to enter the ideas” of the mental patients.²⁸ That is, the physician should get involved with their delusions and intervene therapeutically within them. Pinel had already described a number of cases where strategically conceived dramatic scenes, which appeared meaningful in the context of the patient’s logic, had been employed to pull the wool over a patient’s eyes and lead him out of his system of delusions.

Choreographies such as these were intended to exert a direct influence on the patient’s imagination, to shake it up, and in this way eliminate and render ineffective a specific (fixed) idea.²⁹ In this type of clinical treatment, the mental patient became a speaking subject, a person whom the doctor treating the patient had to become empathetic toward and to whom he had to listen because the doctor’s therapeutic interventions depended to a large extent on knowledge gained introspectively through the patient’s self-observation. As we will see, Moreau de Tours, by turning this practice of empathy into a practice of *sympathetic* coincidence, went a decisive step further. Traveling as a therapeutic practice as well as an activity during which novel and unexpected realities were discovered played a crucial role in this context. It was, as we will see, also crucial for the emergence of Moreau de Tours’s experimental idea and practice of modeling mental illnesses with the help of hashish.

Esquirol determined that particular mental illnesses could be conceived of as pathologies of attention. Hence his first moral therapeutic interventions were strategies to

²⁸ Jean Etienne Dominique Esquirol, *Von den Geisteskrankheiten*, p. 128.

²⁹ Cf. Jan Goldstein, *Console and Classify*, p. 87, who also cites examples of this theatrical variant of moral therapies.

distract and divert—in other words to direct the attention towards absorbing experiences other than those focused on the fixed ideas. In addition to crocheting, knitting, weeding, and other crafts, travel was a favorite form of diversionary tactic. Esquirol, who had directed the clinic for wealthy patients in Charenton since 1825, employed this method of giving mentally unstable patients a change — a therapy that had been recommended since ancient times — with increasing frequency and, as he wrote, with success:

I have always observed that mental patients experience alleviation after a long journey, especially when they have visited far-off places whose location and aspect engage their imaginations and when they have experienced the difficulties, unpleasant circumstances, and the usual discomforts of travelers. The travels have a prolonged effect in that they arouse all assimilating functions, sleep, appetite, and secretions. Convalescents, who fear to enter the world because they think they will have to speak of their illness, are less restive after a journey, which then becomes the subject of their conversations with friends and relations.³⁰

According to their financial circumstances, Esquirol sent his Charenton patients off on shorter or longer therapeutic trips, at home or abroad, accompanied by selected assistants. Moreau de Tours, who started work at the clinic in 1826, one year after Esquirol had taken charge, was one of the assistants. After short stays in Italy and Switzerland, from 1837 to 1840 he traveled with one patient to various countries in the Middle East and North Africa: from Egypt to Turkey and Asia Minor via Nubia, Palestine, and Syria.³¹

³⁰ Jean Etienne Dominique Esquirol, *Von den Geisteskrankheiten*, p. 134.

³¹ See, for example, Henri Baruk, *La vie et l'oeuvre de Moreau de Tours*, in: *Annales Moreau de Tours*, Presse Universitaire de France, Paris 1962, pp. 9–14.

3. From Djinn³² to Artificial Madness

In his article “Mémoire sur le traitement des hallucinations par le *datura stramonium*,” published in 1841 in *Gazette Médicale*, Moreau reflects on his experiences during those travels and their medical outcome. In addition to his interest in how other cultures treat the mentally ill, which he described more comprehensively in a later article,³³ Moreau highlights his fascination with the everyday life of the people in these regions, their religion, and their superstitions. Very much in line with Esquirol’s therapeutic practice, which demanded that the alienist must live with his patients in order to get to know their disorders, Moreau integrated himself into the daily lives of foreign cultures as a “participating observer.” According to his first biographer, Moreau’s anthropological interest was so pronounced that he “adopted the costume and the ways of life of the countries through which he traveled. By this means, he could go everywhere and amass customs and traditions, religious beliefs, and a multitude of facts, which he noted down carefully.”³⁴ Moreau’s decision to adapt his clothing and lifestyle to the foreign surroundings can be interpreted as a preliminary form of the self-experimental method that he developed and advocated so strongly later, when he went so far as to claim that in the case of mental disorders the artificially induced personal experience was “the only *criterion* of truth.” At least structurally, this external adaptation to the

³² According to the Encyclopedia of Islam, Djinn are in “the Muslim conception, bodies composed of vapour or flame, intelligent, imperceptible to our senses, capable of appearing under different forms and of carrying out heavy labours (...) They were created of smokeless flame while mankind and the angels, the other two classes of intelligent beings, were created of clay and light.” This is only one of the existing definitions of these beings.

³³ Moreau’s observations on this subject are given in “Recherches sur les aliénés en orient. Notes sur les établissements qui leurs sont consacrés à Malte (île de) au Caire (Égypte), à Smyrne (Asie-Mineure), à Constantinople (Turquie),” in: *Annales médico-psychologiques*, 1843.

³⁴ “adopta le costume et les habitudes des pays qu’il traversait: grâce à ce moyen, il put pénétrer partout, amasser sur les moeurs, les coutumes, les croyances religieuses une multitude des faits qu’il consignait avec soin.” A. Ritti, cited in: Gabriel Bolotte, Moreau de Tours 1804–1884, in: *Confrontations psychiatrique*, 11 (1973), pp. 9–26, citation p. 13.

appearance of the foreign culture is related to internal adaptation to his mental patients. It is likely that Moreau often appeared in the legendary “Club des Hachischins” in Oriental costume, as shown in Gautier’s sketch.³⁵

During his visit to Egypt, Moreau traveled with a *drogoman*, a translator named Kelim. While rowing him in a boat on the Nile, Kelim first told Moreau about the existence of djinn, a class of spirits somewhere between humans and angels that, according to the Koran, were created from fire before human beings and assume various forms — humans, animals, monsters. Kelim told Moreau about his own encounter with a djinni. In 1831 he had escorted some tourists to the pyramids, which many Egyptians believed were built by djinn. That night he was unable to sleep; after lying awake for some time he heard noises right by his side. When he stretched out his hand in the direction of the sounds, he made contact with something like the fur of a lion or a tiger. Frozen with fear and convinced that a djinni in the form of a beast of prey was lying by his side, Kelim spent the rest of the night anxiously awaiting the dawn.

Moreau was convinced that Kelim’s experience and other similar stories his fellow travelers recounted were not tales colored by superstitious beliefs but rather hallucinations. The question was, how could Kelim, who had traveled with Moreau for three months and was clearly in full possession of his mental faculties, be prey to such lively hallucinations? Moreau suspected a connection with the widespread and regular use of hashish that he had realized was customary among Orientals. He decided to test this assumption by taking hashish himself in various concentrations and forms. This was the birth of his self-experiments — for

³⁵ With this radical claim, did not always find agreement with his colleagues. Self-experimentation smacked of romanticism and was not in keeping with strict scientific claims for objectivity. The fact that Moreau’s work was more or less forgotten until the foundation of the “Société Moreau de Tours” in the 1950s after the official foundation of psychopharmacology and until the translation of his “Hashish and mental illness” in the 1970s might well be connected with this lack of scientific credibility.

what Moreau saw and felt under the drug's influence was definitely well outside his known and familiar realm of experience:

Another time, under the influence of a considerably larger dose, it seemed to me that my body inflated like a balloon and that I floated up into the air. I can give a very exact impression of this hallucination when I remember the images, the phantasmagorical figures.[...] The majority of things that I saw were the cause of some illusion and gave me the feeling of joy or melancholy or even horror.³⁶

This and other transforming experiences confirmed for Moreau his hypothesis that insanity and hashish intoxication were fundamentally analogous, and the first self-experiments had proven the value of continuing with them. Observation and participation in the daily rituals of Orientals and the very reason for his presence there—to try to heal a mentally ill European—led Moreau to develop a focused yet open perspective on what was happening around him. One could say that it required a conjunction of different epistemological foci plus Moreau's unbounded curiosity about his environment to formulate the hypothesis of artificial madness, in a space of explorative observation of self and others.

In Moreau's case, travels abroad were the starting point for the construction of a psycho-pharmacological—and at times literary—experimental system, in which one traveled to foreign parts without in fact going anywhere. Moreau can be considered as an exporter of

³⁶ “Une autre fois, sous l'influence d'une dose beaucoup plus considerable, il me sembla que tout mon corps s'enflait comme un ballon, que je m'enlevais, que je m'épanouissais dans l'air. Je puis donner une idée assez exacte de cette hallucination en rappelant ces images, ces figures fantasmagoriques (...) Le pluspart des objets qui s'offraient à mes regards étaient cause de quelqu'illusion, excitaient en moi des sentiments de joie ou de mélancholie, de terreur même.” Moreau de Tours, *Mémoire sur le traitement des hallucinations par le datura stramonium*, in: *Gazette Médicale* IX, 9. October 1841, pp. 641–647, citation p. 645.

vegetable substances to his home country, where their importation shifted the emphasis of traveling to the inner self of the subject and its chemically induced self-alienation.³⁷ With the aid of hashish, experiencing foreign cultures was transformed into an experimental praxis, where one encountered oneself as “other.” One thing that the monomaniacs could do better than other aliénés, and the patients in the Charenton clinic could do better than uneducated mental patients, was to give an account of their delusional experiences. The hashish user with artificially induced hallucinations was well-suited to the task:

although it [hashish] violently stirs up the organ of intellect and in the process exaggerates its actions, although it heats general sensibility to the point where the individual who is under its influence wholly enters an imaginary world, although it changes in some way his perceptions, feelings, and even his instincts, it never — a truly remarkable thing! — obscures consciousness, the self, completely.³⁸

Depending on the dose, under the influence of hashish it was possible to experience the most diverse states of mental illness: “There is not a single, elementary manifestation of

³⁷ The development of anthropological research, which began around 1900 and led to its establishment as a discipline, seems to have proceeded backwards in Moreau’s case. Until this time the classic anthropologist was a so-called armchair scientist: an objective authority who evaluated the data that others had collected in the field. However, around 1900 this changed and the anthropologist became a traveller, who ideally travelled alone to foreign lands, stayed as long as possible, and adopted the customs of the people under study to gain as deep insights as possible. Moreau’s psychological research took the opposite route: he changed from being an exemplary researcher in the field to an armchair scientist at home in France. Nevertheless, the method of empathy, as formulated in his “one must have lost reason oneself” concept, can be interpreted as anticipating the later praxis of anthropological and ethnographic research.

³⁸ “fortement l’organe intellectuelle, en exagérant son action, en exaltant la sensibilité générale au point de jeter l’individu qui est soumis à son influence dans un monde tout imaginaire, en transformant, en quelque sorte, ses perception, ses sensation et jusqu’a ses instincts, sans toutefois, chose remarquable! obscurcir jamais assez sa conscience, son *moi*”, Moreau de Tours, *Recherches sur les aliénés en orient*, p. 130.

madness that cannot be found in the mental changes caused by hashish, from simple manic excitement to frenzied delirium, from the feeblest impulse, the simplest fixation to [...] the wildest delirium.” The only difference from a mental illness was that self-perception and the ability to remember remained intact. Or at least, intact to the extent that the alienated, intoxicated hashish user, when sober again, was capable of writing down the experiences of this “other” who had lost his mind “but without having lost the awareness of one’s madness, without having lost the power to evaluate the psychic changes occurring in the mind.”³⁹ This was the decisive aspect for Moreau that rendered hashish a useful research tool; this was the epistemic surplus value of the drug for him: total intoxication and total imagination of the world went hand in hand with functioning consciousness.

4. Between Brain Research and Introspection

The analogy between the effects of hashish and madness brought forth the hypothesis that “in order to know how a madman loses reason one must have lost reason oneself”⁴⁰ or that “to understand an ordinary depression, it is necessary to have experienced one; to understand the ravings of a madman, it is necessary to have raved oneself.”⁴¹ As the possibility of chemically inducing madness with toxins such as hashish⁴² suggested, madness did not only exist in the experience of the subject. For Moreau, the toxic effects on the inner experience proved that mental illnesses must have physical causes. Earlier, Cabanis had declared the brain to be the physical and material correlate of mental disorders, and thus its lesions or other material changes must be the basis of mental illness. Similarly to Moreau, Cabanis held that there was

³⁹ Moreau de Tours, *Hashish and Mental Illness*, p. 17.

⁴⁰ Jacques-Joseph Moreau de Tours, *Traité pratique de la folie névropathique*, Baillière, Paris 1869, p. 48.

⁴¹ Jacques-Joseph Moreau de Tours, *Hashish and Mental Illness*, p. 17.

⁴² Moreau experimented later in the same way with alcohol, opium, laughing gas, ether, and other narcotic substances.

no difference in principle between the brain and other organs or between mental and physical illnesses.

For Moreau each mental illness began with a cerebral *fait primordial* (primordial fact) or *fait générateur* (generating fact), which proceeded from a physiological *excitation*.⁴³ The excitation, which was originally material, was the cause of all mental illness, regardless of the external symptoms that manifested themselves. The symptoms were merely the secondary effects of the reaction of individual constitutions to the *fait primordial*. Systems for classifying mental disorders, which played a prominent role for both Pinel and Esquirol, thus became of lesser importance for Moreau because they concentrated on symptoms, which in his view of mental illness were not the key. In “De l’identité de l’état de rêve et de la folie,”⁴⁴ Moreau gave his most precise formulation of the definition first published in his book on hashish: “*Unit of lesion*, in which all anomalies of the ability to think coincide; *primordial fact*, which is the *necessary* starting point, *the original, generative fact* of all these anomalies.”⁴⁵

There was one point on which both alienists, with their therapeutic focus on moral therapies, and other physicians, who still clung to traditional methods such as bleeding and cold baths, agreed: the brain was central to any understanding of how mental illnesses functioned. Yet at the same time the mysterious and infinitely complex organ of the brain eluded the objectivizing invasions of science. Originally inspired by the phrenology of Gall and his student Spurzheim, brain autopsies had been common practice in French psychiatric circles since the beginning of the nineteenth century. Pinel alone had performed some 250

⁴³ Moreau also speaks of irritation. Here he implicitly refers to Broussais’ conception that illnesses are caused by a lack or an excess of stimuli; see the chapter on Broussais in: Georges Canguilhem, *Das Normale und das Pathologische*, Frankfurt am Main 1977, pp. 25–38.

⁴⁴ Jacques-Joseph Moreau de Tours, *De l’identité de l’état de rêve et de la folie*, in: *Annales médico-psychologiques* 1, 3-series (1855), pp. 361–408.

⁴⁵ “*Unité de lésion* résumant toutes les anomalies de la faculté pensante; *fait primordial* qui est le point de départ *nécessaire*, le *fait primitif, générateur* de toutes ces anomalies.” *ibid.*, p. 362.

ouvertures to scrutinize the brains of his deceased patients more closely. Attempts to correlate cerebral changes with observed symptoms, however, had not met with much success, which was attributable in part to the fact that knowledge about the various types of brain tissue was restricted to their localization; their function in the living organism was unknown. For a long time afterwards brain research would remain a purely post mortem endeavor. Moreau regretted this lack of theoretical as well as practical and technical knowledge about the brain: “Unfortunately we know but few of these [cerebral] causes; of the majority we remain in ignorance, for example, those that reside in the deepest parts of our tissues.”⁴⁶

It was this gap in knowledge about living tissue and its functions that Moreau’s self-experiment was designed to fill: inner experience, which would facilitate coincidence with madness. For an external slice of a dead brain, a slice of internal, personally lived experience was substituted. In place of autopsies on dead bodies, there were introspectively gained statements about artificially induced experiences of madness. The statements were intended not only to supply purely qualitative descriptions of madness but ideally also to deliver indications that would point the way to the material bases of insanity as a prelude to more sophisticated research on the brain.

Thus the artificial *fait primordial* or *générateur* in the form of a chemically active *agent provocateur* (provoking agent) not only had the task of producing experiences analogous to madness and making them comprehensible from an inner perspective; the experiences were to deliver insights about unknown cerebral processes. The tool of self-observation, the *sens intime* (innermost sense), assumed the role of facilitating, step by step, direct access to those transformations, which would manifest themselves in the course of psycho-physical experiences.

⁴⁶ “Malheureusement, si un très petit nombre de ses causes nous est connu, nous sommes dans l’ignorance la plus complète relativement au plus grand nombre, à celles, par exemple, qui se cachent et s’élaborent dans la profondeur intime de nos tissus,” Jacques-Joseph Moreau de Tours, *Du hachisch et de l’aliénation mentale*, p. 399.

Although Moreau must be regarded as a prominent advocate of the theory of the organic localization of the causes of mental illness, one result of his experimental operationalization of madness was that he did not adhere to any simple model of the brain whereby one specific lesion would result in one specific symptom, or, as in phrenology, a mental disposition could be identified from the specific forms of various brain regions. Through the practice of self-experimentation and the inherent temporality, Moreau's concept of the brain instead developed from that of a static organ with a finite number of localizable units to that of a processual organ, permanently changing function, which must be investigated using contemporary methods close up.

By inviting poets and writers like Gautier to participate in self-experiments, Moreau hoped to enlist people trained in self-observation. With their professional eloquence they would help him by providing exact information about the temporary alienations experienced under the influence of hashish. For these artificial madmen, the drug, also referred to as an *agent provocateur*, assumed the function of the *fait primordial* or *générateur*; it was supposed to function as a professional articulation machine of their inner states during intoxication, and thus also as a mediator between madness and sanity, between chemical-organic brain transformations and the corresponding experiences.

The experimenter, who sympathized with madness, was thus neither completely mad nor did he belong entirely to the system of reason. He participated in both and created a mixed state, an *état mixte*, in which both coincided. The clear distinction between objects and subjects of psychiatric practice, which Esquirol's concepts of therapy presupposed, was radically called into question by Moreau's proposition, for his sympathetic experiments expressed something that went beyond the salon-laboratory and changed the very perception of reality. According to Moreau, the *états mixtes* were not only confined to states induced by hashish and other drugs, such as opium, ether, and laughing gas; they included the dreams of sleep. The common factor in all mixed states was a separation from the physical and the

mental level, a separation that was not accessible to the waking, reasonable, and concentrated subject. For Moreau, sleep was “a particular state of humans, which one can only study exactly if one disassembles it by separating the purely physical from the mental side.”⁴⁷

If madness and sleep functioned in a similar way, however, then potentially everyone was mad when they withdrew to their inner world and went to sleep. In that case, madness was a part of everyday life. Everyone was at times mad or sane; everyone was in a sense two persons who merely simulated wholeness because of the dictates of rationality:

There is within man another inward man, endowed with the same faculties, the same affections, liable to all the determinations which resemble, structurally, those of outside phenomena, or rather whose observable modes of behavior are merely the outward manifestations of secret dispositions and the representations, in some sense, of that other's operations.⁴⁸

After partaking of the *agent provocateur* hashish and entering an *état mixte*, there was not simply a new relationship between body and mind; instead, body and mind were only experienced as separate phenomena through this third state, this in-between, and in this way one attained reality. One could say that on ingesting the drug, the self-experimenter became conscious of his self as dual, as an organic entity and as a mentally generated self, through *experiencing* a discrepancy between the two. The experience made him a moderator between the two phenomena, he became the conduit for producing knowledge about going mad and its materiality. Pigeaud, a French historian of medicine, writes of Moreau's concept of madness:

⁴⁷ “un état particulier de l'homme qu'on ne saurait étudier avec quelque exactitude qu'en le décomposant, pour ainsi dire, et en séparant l'une de l'autre la partie purement physique et la partie psychique.” Jacques-Joseph Moreau de Tours, *De l'identité de l'état de rêve et de la folie*, p. 370.

⁴⁸ Moreau de Tours, cited in: Tony James, *Dream, Creativity, and Madness in Nineteenth-Century France*. Oxford: Clarendon Press, 1995, p. 108.

“Thus madness is transport, madness is one thing approaching another, madness and metaphor [...] are clearly and logically connected.”⁴⁹

In the course of Moreau’s experiments, madness became more than just an illness that needed to be cured; the artificial madness became something distinct from the sufferings of his patients, it became an experience of the highest creativity and inventiveness. The mad and the sleepers represented for Moreau *états mixtes*, which by their very existence brought dualistic systems of thought into question. Therefore their systematization required new, more flexible concepts, beyond rigid dualisms. Moreau introduced a logic into the conceptualization of the human mind that was at least threefold, for in his view there existed states in between madness and sanity that made it possible to start a communication between the two — hashish and other substances could act as mediators in both directions. As the self-experimenters traveled constantly between madness and reason, it was possible for them to transport knowledge of experiences from one side to the other and in this way to populate sober reality with new, surprising, and astonishing things, as well as to eavesdrop on madness’s principles of functioning and to articulate them. Thus for Moreau, the genius was nervous by definition. Madness and genius *in radice conveniunt*.⁵⁰ The intoxicated, the genius, and the dreaming sleeper resided in an in-between that Moreau wanted to use productively for acquiring knowledge about madness—about hitherto undreamed-of realities.

Moreau embarked on travels that started in Esquirol’s clinic and went to the Middle East and back again to France. On the way he gathered experiences that changed his perspective. Esquirol had already begun to be interested in his patients’ hallucinations and to take their content into account when designing his therapeutic interventions. He listened to what his patients had to say, took their descriptions of themselves seriously, and integrated

⁴⁹ “Ainsi folie est transport, folie est rapprochement d’une chose à une autre, folie et métaphore [...] sont fortement et logiquement liés.” Pigeaud, *Le génie et la folie: Étude sur la psychologie morbide*, p. 603.

⁵⁰ Cf. Jacques-Joseph Moreau de Tours, *La psychologie morbide dans ses rapports avec la philosophie de l’histoire ou de l’influence des névropathies sur le dynamisme intellectuel*, p. 416.

them into his “moral” therapies, which aimed to influence the imagination. This already prefigures a later relevance of introspection in understanding mental disorders in French psychiatry. To gain access to the patients’ experiences and to understand the details of their symptoms, Esquirol deemed it necessary for a physician to live with his patients and empathize with them as far as possible. In his opinion such measures were necessary in order to develop the most effective, individualized treatment methods for the various mental disorders. In contrast, Moreau, who recognized the hallucinations of the mentally ill in his Arab travelling companions’ tales about encounters with djinn, did not restrict his questions about madness to how it might be treated or cured. Rather, Moreau asked how might it be possible to learn something about madness by becoming artificially mad oneself. His experimental engagement with madness was designed to give madness articulation, and at the same time it brought madness closer to daily experience, such as in the dreams of sleep.

The artificially produced *état mixtes* were precarious states, located between madness and reason; they touched madness but were still different from it. For Moreau they were states that at once allowed participation in madness and made it accessible to knowledge. Here hashish served Moreau as his tool. In taking hashish the self-experimenter embarked on travels into his own inner self and the interior of madness. He assumed the perspective of madness without relinquishing the consciousness of self. Thus the *états mixtes* were multiperspectival states, in which different perspectives could be experienced and set in relation to each other simultaneously; in this way they opened a field in which madness or at least its artificially produced versions articulated themselves. To enable such articulations required a passionate interest, a state of being in-between, and a hazardous experimental praxis where at times one’s own reason was at stake.

In this sense it was not objective knowledge *about* madness that was produced here; rather, Moreau created a technique of chemically induced encounter or coincidence with artificial madness. The self-experimenter was to get to know a version of madness from the

inside, beyond the secondary external symptoms, in order to gain insight into the primary causes. Here knowledge was not a finished, verifiable result of an experiment; Moreau was more interested in the process, and his decisive categories of knowledge became his own experiences of going through madness:

To those who, after having read my words, still have considerable doubt, I can only repeat: I understand your doubts because, in the case of psychological matters, I know it is impossible to understand what you have not experienced. With illusions and hallucinations [...], I can say one thing, and you will be convinced if you follow it. Do what I did: take hashish, experiment on yourself, and see for yourself.⁵¹

5. Processes of Knowledge-Production via *Sympathy*

Moreau's exhortation to follow his example and go mad in an experiment both had consequences for the field of experimental psychiatry and represented a critique of classic theories of knowledge. The classic theories' focus on finalized and verified knowledge *about* something he countered with a concept of knowledge in his practice that foregrounded processes of trying out and tentative attempts. Furthermore, Moreau's self-experimental project questioned the identification of science and objectivity inherent in classic theories. Without questioning the legitimacy of objectivizing procedures in general, Moreau's praxis implicitly suggested that knowledge-production could also be done outside of objectivity.

Thus in this last part of the paper, I would like to suggest that the self-experiments initiated by Moreau can be described as processes of becoming *sympathetic* with the illnesses under investigation. Sympathy in this context neither implies that the self-experimenter tried to go mad himself in the sense that he would transform mimetically into a patient nor does it

⁵¹ Jacques-Joseph Moreau de Tours, *Hashish and Mental Illness*, p. 75.

mean that he attempted to feel as the mental patient did via empathy. What I address as *sympathetic* experimentation rather tries to capture Moreau de Tours's practice as one that transcended the a priori opposition between subject and object by experiencing artificially constructed *états mixtes*, thus allowing for an adventurous involvement with reality as a multiplicity of experiential modes.

As I mentioned above, the suggested concept of *sympathy* is inspired by the writings of the psychologist and philosopher Vinciane Despret, who developed a similar concept in her work on ethological approaches, notably in the context of her reflections on Konrad Lorenz's experiments with jackdaws. However different those experiments might be from the ones conducted by Moreau de Tours, there are two decisive analogies between them that I would like to focus on: both depend on an engaged involvement on the experimenter's side without reserve, and both consist of processes of becoming something or someone else as a strategy for gaining novel insights into as-yet-alien modes of experience.

Referring to Henri Bergson, Despret differentiates between sympathy and analysis. Analytical access to reality seeks to trace an object back to elements that are already known while (intellectual) sympathy denotes an occurrence or process "by which one places oneself within an object in order to coincide with what is unique in it and consequently inexpressible."⁵² To be involved in such a process of changing one's perspective carries the implicit risk of encountering new realities that cannot be traced back to familiar elements in the sense of classic conceptions of knowledge. Instead of analytical distance, such a concept of science pursues *sympathetic proximity* and thereby allows for surprising encounters with hitherto unsuspected modes of experience. With regard, however, to the relationship between physician and patient or between psychiatrist and the insane, sympathy is not only to be distinguished from analysis — the classic method of the way science deals with reality. A

⁵² Henri Bergson, *Denken und schöpferisches Werden*, Europäische Verlagsanstalt, Hamburg 1993, p. 183. English translation online: http://www.quantonics.com/Review_of_Bergsons_An_Intro_to_Metaphysics.html

distinction must also be made in the other direction, namely, with regard to the empathic approach to disorders. For although an empathic physician seemingly stands in close proximity to his patients, the concept of empathy is nevertheless based upon a clear distinction between subject and object as in classic scientific concepts. In this case a subject — the only subject in the process — undergoes a change by empathizing with an object, while the object plays an entirely passive role. Sympathy, by contrast, is fundamentally reciprocal and hence constructs a new level of novel, mutual experiences in which something can be expressed that is new and unique and (hitherto) inexpressible.

Despret formulates the specific quality of becoming sympathetic with or coinciding with the object of an experiment in her analysis of Konrad Lorenz's experiments as follows: "The experimenter, far from keeping himself in the background, involves himself: he involves his body, he involves his knowledge, his responsibility and his future."⁵³ To involve oneself always means to put one's body, mind, and their habits at stake. In Despret's reading, Lorenz did get involved and in his experiments ran the risk of becoming jackdawlike to the degree that the jackdaw became humanlike—or rather the jackdaw and Lorenz together succeeded in constructing or making emerge a new mode of experience, one that was neither the experience of a jackdaw nor the one of a human but rather an artifactual third. In allowing for his own transformation Lorenz thus risked finding out unexpected things about the jackdaw but also about himself, an experience that might have called into question deeply engrained thinking habits. Together man and bird constructed a mutual level of coinciding, which changed both of them and enabled new insights—new modes of experience—to be *articulated*.

In an analogous way Moreau de Tours's project aimed at coinciding with the inexpressible uniqueness of his patients' modes of experience. Both Moreau and Lorenz were interested in their subject in the literal sense. That is, they dared to be (*esse*) between (*inter*);

⁵³ Vinciane Despret, *The body we care for: Figures of anthropo-zoo-genesis*, in: *Body and Society*, vol. 10, no. 2/3 (2004), pp. 111–134, citation p. 130.

Lorenz between humans and animals, Moreau between sanity and madness and somehow also between Orient and Occident. The experiments could only be successful if the experimenters were prepared to be changed by the object of study during the investigation. In this process the object itself became an actor, as it were, a sympathetic actor that participated in defining the rules of the experiment. However, when the object of study itself appears on the scene as an actor and acts together with the experimenter, the experimenter becomes a part of the research area and can no longer assume a distanced position; subject and object then do not confront each other but together form a shared process of becoming. This is particularly evident in Moreau's praxis, where the psychiatrist going mad temporarily without really becoming ill stands at the beginning of any possible insight into insanity; implicitly, such a praxis even calls the distinction between physician and patient into question.

In short, Moreau's experiments were not concerned with empathizing with his patients, but with the *articulation* of that which they rendered expressible in madness. Here madness was not a static, clearly defined entity; only in the process of *sympathetic* experimentation did it become an experienceable reality about which something could now be said from an artificially constructed and nevertheless internal perspective. The self-experimenters formed an alliance with madness and ran the risk of being altered themselves, but they also risked changing the signification of what were considered mental disorders by giving them an existence outside of the asylums: they performed artificially induced changes of perspectives, catapulting body and mind into hitherto unknown spheres where madness, or rather delusions, were given the opportunity to articulate themselves — whether in published writing or in “the most extravagant sketches in the world.”

5. Conclusion

I would like to suggest that the conception of knowledge implied in Moreau's experiments as I have described them, being based rather on *proximity* than on distance and rather on

sympathy than on *empathy*, renders more visible what is at stake in “experimentalizations of life” that ever and again are confronted with phenomena that seem to withdraw from strictly analytical approaches. What I want to put forward should, however, not be confused with romantic ideas of becoming one with nature or the living and thus acquiring some kind of authentic knowledge about them. Looking at the example of Moreau de Tours’s experiments, rather, it becomes obvious that there is a necessity for constructing artificial situations that are capable of bringing about the possibility for new experiences to emerge.

When addressing a particular reality, a comprehensive approach must demand that we constantly seek ways in which to approach the phenomena under investigation in an adequate manner. That means, generalizing Moreau’s experimental program, we must construct artificial setups that are planned in relation to and even more with a sensitivity to the interests of the reality under study — in his case, madness, or rather the patients exhibiting it. Next, the phenomenon must be interrogated as to how it should be understood and which questions it can or is ready to answer and how; in short, the investigated phenomenon must play an active role in the construction of experiments that concern it. Madness, in this sense, exhorted Moreau de Tours to encounter its complexity from an inner perspective, and he emphatically insisted that this would be the only way to get closer to its experiential mode and thus to an understanding of it:

Any individual can see and observe for himself. With a little extract of Indian hemp, he can summon a most interesting spectacle. He witnesses the rapid dissolution of his capacity to think; he feels his thoughts, his mental activity, carried away by the same whirl-wind which agitates the cerebral molecules affected by the toxic action of hashish. I doubt that anyone who attempts this experiment and who thus temporarily becomes psychotic will ever be of the opinion that the body is of little importance in mental disturbance.

Instinctively, through deep insight, the mind tends to identify with the organs in order to materialize.⁵⁴

A single self-experimenter would not have been sufficient for the task, so Moreau engaged an army of volunteers who shared with him the risk of exploring the in-between realm of madness and reason and of becoming mentally and physically changed in *sympathetic* processes, aiming at articulating madness.

⁵⁴ Jacques-Joseph Moreau de Tours, *Hashish and Mental Illness*, p. 81.