THE HISTORY OF REASON IN THE AGE OF MADNESS

Foucault's Enlightenment and a radical critique of psychiatry

John Iliopoulos

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What Is Enlightenment?

The Enlightenment is a diverse and complex phenomenon. Its historical origins are difficult to locate, and there is no general consensus on how to determine its goals and objectives.[1] It is for these reasons that the question of the Enlightenment has stirred so much controversy among thinkers. Broadly associated with an intellectual movement that took place around the eighteenth century, the Enlightenment has been considered as defying tradition, authority and religion, on the basis of rational inquiry and autonomy. Rationality is viewed as central to the efforts of the Enlightenment thinkers to free humanity from myth and superstition. But the importance that rationality has come to occupy in this movement has divided its critics. Many scholars have celebrated the emergence of the Enlightenment's faith in rationality and progress, which has given rise to the scientific study of man, to the primacy of the subject and to a humanist discourse. Others mistrust the Enlightenment, maintaining that its adherence to reason has generated irrational practices, which have resulted in abuses of power and totalitarian regimes.[2]

Owing to these diverse and opposing attitudes, Foucault's own involvement with the Enlightenment has been subject to conflicting interpretations. His work is still the object of an ongoing debate about the position he occupies in relation to the Enlightenment. One trend of thought regards Foucault, along with thinkers such as Derrida, Lyotard and Rorty, as a postmodern thinker.[3] Postmodernism is in many ways considered as a counter-movement to the Enlightenment. Whereas the Enlightenment thinkers are generally regarded as proponents of rationality, objective truth and science whose telos, or end, is to liberate mankind from prejudice through the acquisition of ever-more precise knowledge, postmodernism is sceptical of objectivity and truth, thereby distrusting metanarratives, which claim conceptual mastery of the

world.[4] Foucault, in particular, has been viewed as a postmodern thinker of power and knowledge, whose discourse seeks to undermine the foundations of truth and reason by showing how those foundations are never neutral, being always produced by the power relations of a given historical and cultural context. For these reasons, Foucault's insistence on the permanence of power and irrationalism is regarded as being fundamentally in conflict with the unremitting belief in objectivity associated with the view of the Enlightenment among certain strands of postmodern thought.[5] Other critics adopt the opposite attitude towards Foucault's enterprise, but reach a very similar conclusion that his work on the Enlightenment marks a discontinuity in his overall body of thought. Drawing on his late essays on Kant, they argue that Foucault actually defended the Enlightenment only when a rupture had taken place with his earlier 'postmodernism'.[6]

The present study offers an alternative to these interpretations that will shed new light on Foucault's relationship with the Enlightenment and the critical-historical aspect of his work. Its aim is to show how Foucault is neither an anti-Enlightenment thinker who rejects reason and truth, nor a defender of the Enlightenment who had come to abandon his earlier preoccupation with the interpenetration of power and knowledge. His project rests precisely on the idea that there is no necessary 'for' or 'against' the Enlightenment. Foucault's relationship with the Enlightenment engages at length with the question: 'What is this Reason that we use?'[7] Seeking to explore the roots and the historical development of this question, Foucault sets out to interrogate the nature of reason, its possible applications and its limits. It will be argued that for Foucault reason has a history, which manifests itself in forms of rationality, which constitute the foundation of knowledge and the search for truth. These forms of rationality evolve through time and therefore cannot characterize a specific historical period. For this reason, the notion of the triumph of rationality is a simplistic view of the Enlightenment. For Foucault, the age of the Enlightenment begins when forms of rationality are subjected to a critical reflection on their limits, when reason itself questions the rational foundations of what is accepted as reason. The Enlightenment is marked by this tense inter-action between rationality and reason, and can never reach an endpoint. It is an incomplete and open-ended process, representing a critical attitude to the present moment rather than being confined to a particular historical epoch.[8]

Foucault uses Kant to explore the critical aspect of the Enlightenment, focusing on the reflective powers of reason on the limits of what is known. Foucault draws, in many respects, on Kant's philosophy, to dismantle the notion of the Enlightenment as a rationalized project of science, ethics and politics. His aim is to open up a field of research that investigates the ways through which reason examines the limits of what is taken as given and true, as well as the effects that this examination produces on the way people think, act and experience reality. It will be argued that the exploration of Kant and the critical dimension of the Enlightenment is not a late preoccupation for Foucault, but a domain of research already evident in his early writings, which informed his entire body of work. While he distances himself from certain aspects of Kant's thought, Foucault views Kant's critical philosophy as central for developing his own understanding of the Enlightenment, naming his project a *Critical History of Thought.*[9] Kant's method of questioning the pretensions of rationality and reflecting on the limits of who we are through reason inspired Foucault to analyse the birth of the human sciences and especially of psychiatry, which will constitute the main focus of this study. This chapter provides an outline of his critical-historical endeavour, highlighting the mutually supportive and subversive interaction of rationality and reason, which will be crucial for interpreting how Foucault constructs his *History of Madness* and his subsequent reflections on the domains and limits of psychiatric discourse and practice.

Rationality and Reason – The 'Blackmail' of the Enlightenment

From the outset, Foucault makes it clear that the exploration of the limits of reason does not mean that reason is the enemy of critical thought. As he admits, 'It is not reason in general that I am fighting. I could not fight reason.'[10] On the contrary, for Foucault reason is a critical weapon against the excesses of rationalism. Maurice Blanchot notes in an essay on Foucault, 'Foucault is not calling into question reason itself, but rather the danger of certain rationalities or rationalizations.'[11] Thus the crucial distinction on which Foucault's enterprise rests is that between reason and forms of rationality:

I don't at all identify reason with the totality of the forms of rationality. The latter could until recently dominate in the types of knowledge, the forms of technology, and the modalities of governance. The application of rationality occurs primarily in these areas […] For me no given form of rationality is reason.[12]

This distinction is extremely difficult but crucial to elucidate. Forms of rationality are not opposed to reason but, on the contrary, they stem from a basic 'trust in reason', as Nietzsche would say.[13] They are forms of conduct and a structuring of reality based on reason as a principle of knowledge and action. Forms of rationality constitute the implementation of reason in everyday affairs. They are reason applied. They correspond to Kant's description of the private use of reason in a community, when rules need to be followed and practical ends to be pursued. It appears when man, as a 'cog in a machine', as Kant says, subjects reason 'to the particular ends in view'.[14] By necessity, a form of rationality cannot be free in its use since it is placed at the service of the specific role the individual has to play in a society as a worker, a scientist, a soldier or a taxpayer. By contrast, reason has no practical, but only reflective applicability; its role is to work at the limits of thought. Reasoning as a reasonable being, as a member of a reasonable community and not as a cog in a machine, is a purely critical operation, which is free in its public use in the spirit of the Enlightenment. Kant accepts the necessity of a development of certain modes of rationality to be applied to social affairs, but the core of enlightened thought consists of being capable of critiquing these affairs in an open and public manner. The mode of rationality structures reality by assuming the status of a universal and global way of thinking; reason, by contrast, reflects critically on the values that permeate it, the principles that govern it and the historical conditions from which it arose.

The distinction between forms of rationality and reason should not create the illusion that their opposition is as clear cut as it may seem. It should not generate the naïve optimism that critiquing the contingency of rationality in the name of pure reason as a higher tribunal will settle the question of the Enlightenment once and for all. Rationality and reason constitute two simultaneous operations (practical and critical) of the same faculty (reason) and therefore their mutual exchange and interdependence needs to be taken into account before we begin analysing their critical interaction: 'if critical

thought itself has a function — and, even more specifically, if philosophy has a function within critical thought — it is precisely to accept this sort of spiral, this sort of revolving door of rationality that refers us to its necessity, to its indispensability, and at the same time, to its intrinsic dangers'.[15] Rationality is reason as *principle* of knowledge, necessary for grasping and manipulating reality, which does not cover the entire field of human experience and when it attempts to extend its powers to domains beyond its limits, it undermines itself by falling into arbitrariness and irrationality. The courage to recognize these limits and the rigour to demarcate them belong to the reflective properties of reason itself. This is reason's critical operation. Kant's 'pure reason' functions as a border of knowledge and not as its foundation. Its 'purity', however, does not imply that it can be discovered or recovered in its raw state insofar as it can only function as a horizon of rationality, as a limit to its 'impurities', abuses and irrationalities, not as an essence or a higher ideal to be achieved. Even if 'pure reason' could be isolated and rescued, adhering to it would amount to turning it into a practical guide and a principle of action, a new form of rationality. This is precisely the danger of seeking to identify the Enlightenment with the resuscitation of reason. In fact, Foucault warns, any misunderstanding concerning the Enlightenment is a result of this attempt to return to reason and transform it into a supposedly more progressive form of rationality, creating the misconception that the Enlightenment is a movement based on forms of rationality which one must either accept or reject. This misconception is most clearly evidenced in what Foucault terms the 'blackmail' of the Enlightenment.[16] Being 'for' or 'against' the Enlightenment presupposes that we either accept or reject the tradition of rationalism which the Enlightenment supposedly represents. It implies either that a trust is placed in reason as a guiding principle in the search for knowledge and a source of liberation from externally imposed authorities, or that one should be suspicious of reason, whilst ignoring the fact that there is always a form of rationality accounting for this suspicion. Therefore, this dilemma is illusory since in both cases one does not escape the sphere of rationality. As long as the question of the Enlightenment is trapped in this dilemma, it is doomed to undermine itself constantly by reproducing its aporias. This is the case with the Frankfurt School and phenomenology, which Foucault criticizes. Despite their association with the Enlightenment, both theories have overlooked the

critical kernel of Kantian anthropology. Thus, for Marcuse, Horkheimer and Adorno, the growing perils of rationality stem from the intrinsic mechanisms and techniques, from the oppressive powers endogenous to reason itself which capitalism has inherited from the Enlightenment.[17] According to their interpretation, which is a type of humanism, there is an inalienable essence of man which reason has the duty to liberate and to restore to its fundamental rights which are suppressed and denied. Similarly, for Husserl and the phenomenologists, rationality is a distortion of reason produced by western technoscientific society, generating a perpetual crisis involving contradictions and internal conflicts within the field of rationalities and an irrational abuse of reason and of power. Rationality is a sickness of reason for Husserl, a degeneration of reason responsible for the birth of multiple forms of rationality which, by an ironic reversal, annul reason and generate irrationalities.[18] Humanist and phenomenological critique have failed to recognize the subtle distinction between rationality as the domain of knowledge and reason as its limit and instead set in motion the dialectical opposition between the two terms.

Foucault, on the contrary, insists that there is no essence, no *a priori* nature of reason which, in the process of its implementation, supposedly loses its basic design by falling into contradictions and irrationalities.[19] Foucault saw and spotted multiple transformations of rationality in his historical analyses, but 'should one call that the demise of reason?'[20] Rationality in its technoscientific and political forms is undoubtedly linked to mechanisms of coercion and excesses of power, but this in no way suggests that reason is the source of irrationality. On the contrary, only reason can critically reflect on rationality to identify its set of values and imperatives as inherently irrational. Reason cannot lose its basic design because, as limit, it is the faculty which makes possible the spotting and diagnosis of the ambiguities and contradictions of rationality in the first place. This is why, for Foucault, the Enlightenment is not an obligation to restore its supposed 'essential kernel of rationality', but an act of courage and a political problem of determining the 'contemporary limits of the necessary', through the critical interplay between rationality and reason.[21] The Enlightenment is not a rational project but a '*limit-attitude*'[22] of reason that analyses and reflects upon the limits of rationality; it is the critical work of reason reflecting on the boundaries of our knowledge, on what is accepted as rational, true and real.

Foucault's Enlightenment and Kant's Epistemology

For Kant, the dynamic interaction between rationality and reason is first and foremost an epistemological problem, a philosophical question pertaining to the faculties of human cognition and the necessary limitations of knowledge. It is therefore from Kant's abiding preoccupation with human finitude and the possibility of its transparency to knowledge that this analysis must begin. Foucault had shared this preoccupation and already from the early stages of his work he had set out to implement it to the study of concrete practices and institutions. Closely reading Kant's texts, Foucault investigated the question of critique and its essential connection to the limits of rationality. With the help of the Kantian *Critiques*, he demonstrated how the fundamental tension between rationality and reason became an area of philosophical concern since Kant and how it has informed psychiatric practice and theory from the late eighteenth century to the present.

Kant's basic motto, his instruction to those who seek to put their reason to work is: '*Aude sapere:* have the courage, the audacity, to know.'[23] This instruction does not mean the courage to use knowledge against prejudice and superstition. It does not imply the liberation of man through more precise and accurate application of scientific learning which will lead humanity to a more mature state of self-realization. It means questioning knowledge to assess to what extent something can be known and to what extent reason can function as a source of knowledge, without transgressing its limits: limits which can only be located by reason itself. This is why Kant's critique should not be seen as a manifesto of the Enlightenment. It neither describes a unique moment in history nor prescribes a utopian state of affairs based on reason and progress. Kant's work is viewed by Foucault as a reflection on the limits of thought, constituting 'the handbook of reason as it has grown up in the Enlightenment', rendering the Enlightenment 'the age of critique'.[24] Accepting the challenge to criticize rationality and its dangers requires an idea of our knowledge and its limits, and an act of courage to make these limits manifest.[25] Reason does not only produce knowledge but also delineates its boundaries which, when transgressed, generate dogmatism and illusions. Thus, the critical process of the Enlightenment does not amount to expanding or perfecting knowledge, but to 'know knowledge'.[26]

In the field of cognition, reason has no end other than itself. In fact Foucault points out that reasoning, as Kant applies the term, *räsonieren,* is to reason for reasoning's sake.[27] Reason's function is theoretical, speculative and regulatory, ensuring the correct application of concepts and establishing the limits of possible experience. Reason's sole object is the understanding (*Verstand*) and its legitimate use, not objects in the external world. It is responsible for the transcendental conditions of possibility for knowledge, not for its actual contents. Knowledge is governed by the understanding which is applied through a set of conditions set forth by reason, which is itself unconditioned. Cognition is obliged to turn to the *a priori* postulates of reason in order to seek the foundations of what will count as an object of representation. But reason, which has endowed the understanding with the principles of representation, is not itself responsible for representing. It only safeguards the correct application of comprehension. As Kant points out: 'all the concepts, nay, all the questions which pure reason presents to us, have their source not in experience, but exclusively in reason itself […] since reason is the sole begetter of these ideas, it is under obligation to give an account of their validity or of their illusory dialectical nature'.[28] Reason is transformed into a form of rationality when it ceases to be regulatory and becomes a principle of knowledge when it abandons its transcendental domain in order to become empirical.[29] Reason has no end other than itself; therefore, when it is forced to pursue ends foreign to reflection and speculation, it necessarily generates illusions. Reason is sacrificed the moment it is turned into a principle. This is how rationality is born.

Reason carries out its critical enterprise when it questions its own elevation to the status of a principle of knowledge. Reason does not legislate. It 'purges' itself of any teleology and assumes its position at the limits of knowledge. In its critical role, therefore, it does not provide the 'wealth' of the source of knowledge, but the 'rigour' of its limit.[30] Contrary to the commonly held assumptions which identify the Enlightenment with the assertion of rationality as a principle of action and the wealth of cognition and knowledge, supposedly endowing the subject with the autonomy and freedom to overcome dogmatism and external authority, Kant shows that it is precisely the illegitimate status of sovereignty accorded to rationality which increases our dependence on the authority of another and reinforces our state

of tutelage.[31] The attitude of the Enlightenment begins when, by rigorously demarcating the limits of the understanding, reason ensures its legitimate application, rendering the subject autonomous precisely by abolishing the need to appeal to an external authority.

The Anthropology

Foucault's late theoretical analysis of Kant's critique and the Enlightenment can now shed retrospective light on the way he had tackled the same topics at the early stages of his philosophical career, by way of psychiatry. Foucault's treatise, *Introduction to Kant's Anthropology from a Pragmatic Point of View* constitutes the theoretical background of his writings on mental health, from his famous *Mental Illness and Psychology* and the *History of Madness*, up to his recently published lectures on psychiatry. In his *Introduction*, Foucault argues that Kant's anthropology is an exemplary form of Enlightenment critique, opening up a field of research where man himself becomes both the object of rational analysis and at the same time an area of perception whose limitations are submitted to strict interrogation by reason. Kant's anthropological project, Foucault insists, is part and parcel of the three Critiques and must be considered as their continuation and completion: 'The *Anthropology* says nothing other than what is said in the *Critique*: we need only glance through the 1798 text to see that it covers exactly the same ground as the critical enterprise.'[32] The *Anthropology* constitutes Foucault's first systematic attempt to apply Kant's analytic of finitude to the concrete investigation of psychiatric theory and practice as it appeared in the west during the period which has been named the Enlightenment.

In his *Anthropology,* Kant applies the three crucial questions of his *Critiques* (what can I know? what must I do? and what can I hope for?) to the field of experience, leading to a fourth question that will appear in his *Logic* – what is man? – which supplements the critical enterprise and takes philosophical reflection 'to culminate in an interrogation of the questions themselves'.[33] As Foucault shows, the anthropology opened up for the first time in the West the possibility of a logical reflection on the nature of the human mind. This is why it broke radically with all previous abstract philosophical theories and

empirical psychological approaches, and has remained a singular method with respect to all subsequent modes of research in the field of the human sciences up to the present. Anthropology does not constitute a psychological, sociological or cultural project, but a type of empirical investigation of man which considers and constantly refers itself to its epistemological limitations. It shows how the efforts to offer an objective understanding of human nature are always conditioned and limited by the finitude of man:

> When I say 'anthropology' I am not referring to the particular science called anthropology, which is the study of cultures exterior to our own; by 'anthropology' I mean the strictly philosophical structure responsible for the fact that the problems of philosophy are now lodged within the domain that can be called that of human finitude.[34]

Kant's problematic in the *Anthropology*, already in the spirit of his *Critique,* was centred on the long-standing tension between psychology and philosophy. He was concerned with the increasing replacement of the metaphysical discourse of finitude by psychology and its positive theses on human nature. For Kant, the clear and lucid methods of empirical psychology had come to fill the space occupied for centuries by the obscure language of philosophy whose failure to reflect positively on the nature of the soul had 'given rise to the belief that the solutions to its irresolvable problems were hidden in psychological phenomena pertaining to an empirical study of the soul'.[35] However, Kant argues, this growing invasion of empirical psychology into the domain of metaphysical reflection – to the point of complete substitution – rested on a logical impasse: empirical psychology attempted to describe the nature of the soul and the rational laws that govern its functioning. It turned the imagination and the understanding, the representations of consciousness and the structure of perception, into objects of empirical knowledge. It could not, however, treat the nature of reason itself as a psychological phenomenon, insofar as it is reason which not only provides the very tools for psychological explanation, but also bars access to whatever type of experience may lie beyond the domain of rationality. The anthropology, then, is the language of *logos*, reason itself as the outer frontier of empirical psychology designating its condition of impossibility, 'that inaccessible term that we are always approaching, but never actually go beyond'.[36] This is why the anthropology is the very limit of psychology. It studies consciousness in its negative instances

and the faculties of the mind in their deviations. Instead of restoring the laws of cohesion and harmony of the faculties, it foregrounds the moments when these faculties come into conflict and contradiction. 'Anthropology maintains the division of the 'faculties' — *Vermögen* — as in the *Critique.* However, its privileged domain is not that where the faculties and powers show off their positive attributes but where they show their failings — or at least where they face danger, where they risk being obliterated.'[37] The anthropology looks for the limit of the application of the imagination and the understanding, the moments when these faculties transgress their limits and 'become other than themselves, illegitimate'.[38] When this transgression occurs, the rational employment of the faculties disintegrates, leading to phenomena of irrationality, madness. It is the task of the anthropology, in contrast to all psychological enterprises, to reflect on the instances when the harmony of the rational functions of consciousness falls apart and the abyss of unreason threatens the consistency of the mind.

It is at this point that Foucault makes a remarkable observation which has revolutionized the way we interpret the history of psychiatry. He demonstrates that, independently of Kant, in a completely foreign context and institutional setting, the mental health professionals of Kant's time enacted fully the basic principles of the anthropology. In fact, as Foucault shows, these medical anthropologists *created* psychiatry as a discipline by unwittingly implementing Kant's critical method in spite of the general rationalist philosophical framework of the time which determined all psychology and biology. Thus, in stark contrast to the medical treatises of the previous century, there was only a minor contribution to psychological methodology during this period. There was limited use of pathological anatomy as in the rest of medicine. These typical – according to today's standards – psychiatric practices were subordinated to the more fundamental, basic practice of diagnosing and spotting madness as the dismantling of the faculties, an experience at the limits of rationality, a domain beyond comprehension. The proto-psychiatrists of this period were not psychologists exploring the nature of perception and human cognition on the premise of the infinite or of established truths borrowed from the natural sciences; they were alienists for whom 'the infinite (was) no longer given' and for whom 'there (was) no longer anything but finitude'.[39] Theirs was not a rational psychological project investigating the soul, but a

reasonable reflection on a radical alterity. Hence the exclusion of the mad subject and the medico-philosophical and sometimes spiritual description of mental pathology during this period. Far from displaying a medical triumph over mental illness, a thorough study of most books of psychopathology of the early nineteenth century displays a deeply 'tragic confrontation with madness' which broke with all previous psychology and medical theories concerning mental disorder. In opposition to all previous mental medicine, proto-psychiatry understood that 'psychology can never tell the truth about madness', because only the disintegration of the mental faculties can retro-spectively shed light on the normal functioning of the mind – it is only 'madness that holds the truth of psychology', being both the negative horizon and the condition of possibility for the science of psychology. It was this quest for the inner truth of madness which gave birth to the asylum, to psychiatric nosography, to expert psychiatric opinion – to psychiatry itself.[40]

Paradox vs Dialectic

Thus, with the help of Kant's critique, the early Foucault performs an innovative and singular analysis of the birth of psychiatry, challenging the commonplace association of the 'movement' of the Enlightenment with the emergence of institutionalized mental health care. Foucault is not the first to underline the close proximity between medicine and philosophy in the Enlightenment, but he is the first thinker to avoid reproducing the view that the Enlightenment supposedly paved the way for a *rational* psychiatry free of moral, religious or political prejudices. Instead, he advances the notion that the enlightened psychiatry of the late eighteenth century was a *reasonable* enterprise, exercising the anthropological freedom to confront absurdity without the prejudices of psychologism, and the age-old dilemma between rationalism and empiricism.

However, certain pressing questions immediately arise. Why did the anthro-pology last only for a few decades? In terms of logic, this phenomenon cannot be explained. If, according to Foucault's argumentation, proto-psychiatry respected the legitimate uses of reason being therefore logically self-sufficient, there should be no *a priori* reason why it should be replaced by psychiatric

positivism, as it was historically the case. Also, why, despite being the point of origin, the founding act of Western psychiatry, did the anthropology nevertheless remain a remote form of psychiatric practice and theory diametrically opposite to the way it has been practiced throughout the twentieth century up to the present? Was it because the proto-psychiatrists were merely philosophers who, due to lack of scientific sophistication, only posed theoretical problems to which the more advanced scientific thinking of our age has managed to respond concretely? Finally, why is the difference between contemporary psychiatry and its anthropological origins so profound, in spite of their alleged continuity based on shared Enlightenment principles? After all, most contemporary mental health professionals would agree that their rational, experimental, humane and evidenced-based discipline is a more complete and fully realized descendant of eighteenth-century anthropology.

The answer to these questions is not to be found in the study of 'epistemological breaks'; it can only be traced in the genealogy of the Enlightenment as we briefly outlined it in the second section: since the middle of the nineteenth century, the conception of the Enlightenment has been divorced from Kant's anthropological reflections and has been imbued with the principles of humanism, liberalism and positivism. The Enlightenment has ceased to be associated with the study of finitude and the limits of rationality, and has gradually been considered a rational epistemological structure attached to the values of progress, liberation and security. Thus, contrary to Kant's anthropology in which reason alienates man from himself, searching for the inhuman, the humanist and liberal version of the Enlightenment which came to dominate psychiatric thinking saw reason as the probing instrument and the liberating force of man's inalienable essence.[41] While for the anthropology it is reason itself which foregrounds irrational experiences as indispensable for the human sciences, post-anthropological 'Enlightenment' grew suspicious and even hostile toward the irrational elements of the human psyche, treating them as a force to be eliminated, a dark region which should be made transparent to the light of rationality.[42] This transition from the reasonable to the rational became immediately apparent in clinical practice. The anthropology soon came to be viewed as abstract and primitive and sometimes as cruel and barbaric. Humanists and positivists in the field of mental health agreed that for an 'enlightened' medical institution which should be able to include

madness calmly into its body of knowledge and its therapeutics, the practice of exclusion and the 'tragic confrontation with madness' was an unacceptable reality. Psychiatry should be a valid medical specialty capable of producing positive knowledge based on rationalism and empiricism, a possibility that the anthropological bifurcation of reason had precluded. As a result of this socio-cultural mutation, since the middle of the nineteenth century, post-anthropological psychiatry has established a scientific apparatus which has consistently excluded the anthropology from its epistemological edifice. In fact, it can be argued that Foucault's entire historico-philosophical project rests on the idea that what appears to be psychiatry's march towards progress is in actuality a systematic effort to eradicate the anthropological elements that may adulterate the objective and neutral discourse it wants to achieve.

The first most urgent and immediate task that psychiatry set for itself in the middle of the nineteenth century was the dialecticization of the paradoxes around which the anthropological model was built. If the notion of paradox in Foucault's work implies an irreducible tension between heteroclite elements (reason/madness, empiricism/transcendence) then, in keeping with his termi-nology, dialectics denotes their reconciliation and sublation.[43] Thus, whereas in the anthropology reason is a barrier against the excesses of rationality, in the psychiatric rationality of the late nineteenth century this barrier was lifted, creating a continuum with the irrational. Psychiatric rationality gradually began to give itself the right, the privilege and the power to use empirical means to capture and comprehend the transcendence of madness and to continue its progress toward an ever more complete knowledge of the unknown, in a process which Virilio would name 'philofolly'.[44]

Through dialectics, psychiatric discourse sought to restore the founda-tions of rational psychology which had been in existence at least since the Renaissance, and were so unexpectedly and radically interrupted with the anthropology. For Foucault, however, this progress merely gives the impression of continuity. What it has actually accomplished is to attenuate the paradoxes of the problematic field of anthropology by smoothing out its deep-seated tensions and conflicts. Thus, by establishing a teleological process of psycho-logical understanding, psychiatric rationality has produced 'surreptitiously and in advance, the confusion of the empirical and the transcendental, even though Kant had demonstrated the division between them'.[45] It is exactly

this development which Foucault records in his *History of Madness*. While psychiatry originally defined itself as a discipline on the basis of its anthropological relation to the other, the exterior, foreign and excluded madman, its theoretical edifice reintegrated psychology, empiricism and a discourse of sameness and inclusion. In the middle of the nineteenth century the idea of madness was inserted into positive medical knowledge, it was transformed into mental illness through a system of psychological explanation and medical aetiology, and was removed from its limit position and finitude of knowledge, to become an object of empirical investigation. The truth of madness became transparent to medical positivism, the mad lost their radical foreignness and positivism became dominant.[46]

In the *History of Madness* Foucault concludes with the chapter 'The Anthropological Circle',[47] where he shows how, in the nineteenth century, dialectical psychiatric anthropology cancelled madness as the outside of reason and sublated it, turning it into the mere opposite of rationality that could be studied empirically. Its efforts focused on the reduction of reason to an organizing principle that would not delineate and recognize madness as a wholly foreign realm of truth, but that could presumably measure and analyse that truth in terms of its somatic, instinctual and psychological components. For Foucault, this reduction launched the empirical study of man on the basis of his finitude while simultaneously denying that finitude, paving the way for the linear progression of positivism, an all-encompassing form of medical rationality, which seeks to rationalize madness. Psychiatry was sanctioned as a strictly medical speciality without frontiers, the moment when medical rationality was allowed to penetrate into the depths of insanity, locating its organic substratum, understanding its underlying psychic processes, or liberating its voice and its silenced nature.

The Critique of Psychiatric Anti-anthropology

Another, crucial question is: does this dialectization of the anthropology constitute an epistemological step forward in relation to the anthropological theories and practices which today seem outmoded and unscientific? As it should be expected by now, for Foucault this transformation merits scepticism,

insofar as it disregards the limit-position of pure reason and identifies the Enlightenment with a set of rationalist values and principles totally foreign to the spirit of the anthropology. In fact, this is exactly the type of critique which Foucault performs, not only on a theoretical, but also on a clinical level. This does not mean that he chooses sides. It must always be kept in mind that Foucault is not 'for' or 'against' the Enlightenment. Although he clearly treats the anthropology as the epistemic expression of the Enlightenment and the very foundation of psychiatric theory and practice, he does not favour its promotion as a scientific model that should guide all research in mental health. What he defends is the paradoxical relationship, that is the simultaneous incommensurability, correlation and antagonism between medicine and philosophy as it was practiced during the early years of psychiatry. He then disputes the dialectical dismissal of this paradoxical relationship as a type of obscurantism in the name of a higher form of rationality, which has led exactly to those illusions and aporias which Kant had so accurately predicted in his *Critiques*.

Nowhere in his writings does Foucault propose the anthropology as an epistemic paradigm to be followed. The anthropology is not a rational project, but a form of critique of rationality: therefore it cannot exist as a form of science in its own right, if we take science to mean a rational practice with specific rules of formation, a claim to objectivity and a specific type of institutional support. It cannot be a strictly medical science either, if we take medicine to be the science of the body, seeking to capture the natural language of illness in the laboratory or the corpse. However, studying its forms of application and theoretical constructions in the early nineteenth century, Foucault does favourably outline psychiatric anthropology as a sound medical activity with its strict phenomenological diagnostic and nosological discourse, its unique institutional context and its own body of knowledge. He simply highlights the duality inherent to its epistemological system, which demarcates a boundary between scientific perception and the experience of irrationality which goes beyond it. This duality is reflected in the practice of exclusion of the mad in the early asylum, which, far from constituting a morally condemnable phenomenon for Foucault, indicates an epistemological necessity for a quasi-medical psychiatry, which deemed madness not exactly an illness, but nonetheless as an existent in the real world which could be inserted into a valid medical discourse.

Foucault provides further proof of the epistemological validity of the anthropology in his historical analyses in which he demonstrates that, by overcoming the anthropology, psychiatry has not achieved the desired degree of progress and sophistication. As he argues, it may be that the opposite is in fact the case. In its anthropological conception psychiatry displayed philosophical rigour and epistemological soundness. While on the fringes of medicine, proto-psychiatry maintained a strict isomorphism with medical discourse and a respect for logical argumentation and careful clinical observation. Curiously, it was later, when psychiatry attempted to establish equivalence with the rest of medicine, incorporating the tenets of positivism and the values of demonstration and proof, that it lost its scientific rigour and its validity. The bizarre early nineteenth-century notion of partial insanity may constitute a more valid diagnostic category than today's schizophrenia and the definition of monomania in the early years of psychiatry can be shown to contain a stricter medical reasoning than the concept of dangerousness in contemporary forensic psychiatry. This epistemological regression rather than advancement is for Foucault the direct result of psychiatry's dialecticized anthropology. Overstepping the boundaries of reason, psychiatric rationalism generates effects opposite to the ends it has set out to accomplish. Its will for a neutral, objective and value-free medical knowledge ends up contaminating psychiatric discourse with normative, moral and pedagogical proposi- tions, attaching psychiatric power to extra-scientific factors. As long as the discourse of the anthropology was on a formally equal level with all medical knowledge, the proto-psychiatrists enjoyed a degree of autonomy and their relationship with legal, administrative and pedagogical authorities was based on agonistics and parity. From the moment post-anthropological psychiatric discourse was disconnected from this normative structure, and exceeded the medical domains of intervention, psychiatric power has weakened and its dependence on complex social and political forces has increased. In other words, history proves Kant right, displaying the actual processes through which the dependence and tutelage of psychiatrists on power relations foreign to their discipline is reinforced the more psychiatric knowledge falls prey to the transcendental illusion of mastering fields outside its comprehension.

A Nietzschean Anthropology

Thus, the anthropology is a core, constitutive element of psychiatric episte-mology and the more psychiatric rationality overlooks its indispensability, the more it is deprived of its scientificity. The recognition of this fact, however, somehow does not seem sufficient. The flagrant inconsistencies and illusions of contemporary psychiatry have not curbed the irresistible desire to transgress the limits of cognition; the colonizing force of today's globalizing, all-encompassing psychiatric rationality seems irreversible. The ever-expanding field of positivism and psychology rules unchallenged and it stands as the most widely accepted scientific solution to the philosophical problems of the human mind and behaviour. There exists a vast inter-disciplinary field, which is permeated and guided by rational psychology and neurobiology. Competing scientific paradigms, epistemological obstacles or conflicting psychological theories pose only minor and temporary deadlocks that the system generally removes as internal errors or statistical abnormal-ities. Even the challenge once posed by anti-psychiatric movements has been absorbed by the system's increasing capacity for integration of oppositions into its own logic.

In this all-embracing mental health network which imposes the illusory image of infinite progress and total positivity, the anthropology, which 'can in fact speak only the language of limit and negativity',[48] reemerges as the most groundbreaking and unsettling form of critique. While its logic remains radically anti-dialectical and paradoxical, its scope of action now changes in order to meet the new challenges of our times. As anti-dialectical, the anthropology cannot merely defend the negative side of current morality and epistemology, which the hegemonic logic of globalization has already absorbed. For example, the anthropology can no longer attack psychiatric rationality for its illegitimacy and irrationality; current rationality is immune to this type of critique, since it makes no claims to absolute truth, but to credi-bility and reliability. There can be no anthropological tribunal unmasking false scientific statements – global rationality only asserts statistical approxi-mations. The anthropology is also not another type of humanism, protecting madness against the structures of domination – current systems of subju-gation involve uniformity and control, not repression.

As a paradoxical form of critique, the anthropology carries the hegemonic logic of psychiatric rationality to its extreme. It poses the question: what happens when global rationality reaches its limit-point of saturation and full realization? The answer is indeed paradoxical: strange and unexpected phenomena of *reversal* seem to occur. The seemingly irreversible movement of homogenization and inclusion inside the ideal milieu of our post-asylum, community psychiatry produces forces of distance, alterity and exclusion. The pacifying and security-orientated field of forensic psychiatry generates phenomena of terror. The prevalent ideal of free democratic exchange and universal consensus brings about instances of repression, policing and prohibition. The high level of modern techno-scientific sophistication allows excluded forms of medical reasoning, forms long rejected as magical or religious, to resurface in all their force. These phenomena of reversal are not part of a metaphysical or historical necessity; they do not occur at the level of abstract philosophical speculation. The anthropology spots them in those real and concrete occasions, inside those invisible and local struggles between patients and doctors where madness appears once again as inhuman and resistant to medical understanding. Exactly at the moment when psychiatric rationality forces madness into its universe of moral and positive discourse, it is the mad who, indifferent to their own rights and provocative to those speaking in their name, draw lines of division, separation and duality, where there once was abstract difference and multiplicity.

This new militant anthropology is a radical, post-Kantian and neo-alienist form of critique inevitably leading to Nietzsche. It is the 'Kantian Nietzsche' whom Foucault discovers, the Nietzsche who renews the anthropology not by demonstrating the system's inconsistencies and transcendental illusions, but by critiquing the system's self-deluding omnipotence and unconditional truth and perfection. In an age when all-inclusive rationality universalizes meaning and positivity, Nietzsche traces all the forces of nonsense and duality, which, arising from within the system's own totalizing logic, resist integration and rational control. Through Nietzsche's genealogy, Foucault will not look for medical flaws or epistemological obstacles, but for anthropological mutations, crises, ruptures, discontinuities and radical breaks in the history of psychiatry, emerging from the spontaneous, incomprehensible and subversive acts of patients, which reverse positivity and reproblematize the

lost object of madness. Foucault will focus on those historical events when psychiatry will enjoy the certainty that it has dispensed entirely with the alterity of madness, only to discover that its hegemony is a simulacrum and that it is alterity itself which secretly controls the truth of medical discourse. When all appears settled and psychiatry seems to have imposed unequivocally its unified theories and universal models (biopsychosocial model, the DSM, genetics, neuroscience), it is the patients themselves who make a parody of its meaning and its truth models, and defy the rational programming of the institution. Remnants of the anthropological age of psychiatry, monstrosity, hysteria and other forms of mental illness will arise from the limits of the diagnostic field as agents of a forgotten otherness who have the potential to set the pretension of truth *against* the psychiatric rationality that aspires to integrate and incorporate them. These unmarked terms, these blind spots of the psychiatric diagnostic system, will make the diagnostic game more complex and enigmatic, they will unsettle psychiatry's deep-seated rationality, they will derealize its constituted practices and objects of knowledge and will exclude themselves from the nexus of total socialization and therapeutics.[49]

Conclusion

The Enlightenment is not a state of affairs but an event. It is not an epoch belonging to a historical totality but an attitude towards the present which acknowledges the difference of the present from the past and future. It is a diagnosis which uses reason as a tool for locating mutations, points of transition and ruptures: 'Diagnosis in this sense does not establish the recognition of our identity through the play of distinctions. It establishes that we are difference, that our reason is the difference between discourses, our history is the difference between times, our self the difference between masks.'[50] A diagnosis of our present condition contains an essential relationship with otherness, which is the very function of truth itself.[51] It consists of reflecting on what is other in relation to our present rationality, and how our ontology, that is, our practices, modes of being and existence, differs from other cultures and other societies.

    Kant's *Anthropology* offers Foucault the opportunity to explore the relationship that western rationality has established with otherness. From *The*

History of Madness onwards, on the grounds of the anthropological enterprise of the late eighteenth century, Foucault will analyse in a critical fashion the birth of psychiatry during the Enlightenment as a result of a reflection on human finitude and the limits of rationality. This will enable him to dispel the commonly held view of Enlightenment's preoccupation with reason and progress that supposedly made psychiatry possible. He will show how in the late eighteenth century it was not rationality that viewed madness as its imperfection, but pure reason that conceived the madman as its other.

However, historically the anthropology proved to be short lived. Foucault shows how a few decades after its appearance, the anthropological survey mutated into a type of positivism and naturalism, into a rigid method of analysing detectable and measurable phenomena that can be fitted into an unproblematic understanding of nature. Psychiatry has adopted only those aspects of Kant and his conception of the anthropology which concern the abstract individual and the universal laws underlying human cognition and behaviour, seeking only to develop causal, hermeneutic and explanatory accounts of how these laws operate. It has left out his subtle reflections on the limits of possible experience which undermine the laws of cognition, the moment these take on the value of universality and absolute truth: 'In fact, the moment we think we can give critical thought the value of positive knowledge, we will have forgotten the essential point of Kant's lesson. The difficulty we encountered in situating the Anthropology in relation to the critical ensemble ought to have been indication that the lesson is not simple.'[52] This is in fact one of the most widely studied and difficult lessons, whose misconstrual has led to the illusions that Foucault sets out to combat: the illusion of psychologism, which arbitrarily reduces concepts to natural and psychological mechanisms, the transcendental illusion when rationality aspires to colonize domains which *a priori* lie beyond its grasp and the anthropological illusion, when the anthropology itself attempts to pacify and reconcile its own intrinsic conflicts.[53] To the extent that they have not escaped this triple illusion, most medico-philosophical trends dominating psychiatric discourse today – positivism, phenomenology, psychoanalysis, anti-psychiatry – have been absorbed by the same forms of rationality that they claim to criticize.

All these theories and disciplines will be studied thoroughly in this book in order to illustrate more clearly how Foucault's critical endeavour differs

by reproblematizing the anthropology and the indispensable core of human finitude for psychiatric epistemology. This reproblematization will amount to recurrently questioning the self-evident solutions of psychologism, which mask the inescapable philosophical tensions of the anthropology behind the appearance of objectivity and scientific progress. The very aim of the anthropological critique is 'the destruction of psychology itself', not because psychology is a pseudo-science, but because by reviving and reactivating 'that essential, non-psychological because nonmemorizable […] relation between Reason and Unreason',[54] it will touch the roots of psychology and will shake its foundations, opening the possibility for radical renewal and transformation.

The Historical Critique of Phenomenology

In our introductory exposition of Foucault's critical historical project, we briefly discussed Husserl's crucial contribution to the reappraisal of the Enlightenment. Foucault was deeply interested in the phenomenological approach because, Husserl, in his *Crisis of European Sciences and Transcendental Phenomenology*, offered a 'genealogy' of the constitution of meaning, of the birth of rationality and its claims to universality and progress in Western culture.[1] Husserl was preoccupied with the description of lived experience and the manifestation of its inherent meaning, as well as with the phenomena of nonsense and irrationality stemming from the excesses and coercive effects of reason itself.

In this chapter we shall begin with Foucault's critique of phenomenology for two main reasons. First, phenomenology was the dominant philosophical trend of the 1950s, around the time Foucault embarked on his historical investigation of the sciences of man. We shall demonstrate how Foucault's early methods of analysis took phenomenology to the level of historical critique. Second, phenomenology, with its claim to analyse concrete things in a purely descriptive way, has guided mainstream psychiatric thinking throughout the period extending from Foucault's early writings on psychology and madness to the present day. The way that Foucault integrated but also reacted to this trend is important for reflecting on the historical dimension of psychiatry and its present conditions of existence.

Phenomenology and Anthropology

As it was suggested in the previous chapter, phenomenology has an ambivalent relationship with Enlightenment critique and the anthropology. On the one hand, Husserl, the founder of phenomenology, made an anthropological move by combining the Cartesian cogito with Kant's transcendental motif; he sought to ground a method which 'no longer leads to an apodeictic existence, starting from a thought that affirms itself whenever it thinks', as in Descartes' meditations, but examines 'how thought can elude itself and thus lead to a many-sided and proliferating interrogation concerning being'.[2] With his phenomenological method, a profoundly anti-psychological enterprise, Husserl questioned the problematic of the cogito as a foundation of knowledge and empirical truth about man. He forced thought to interrogate itself, discovering the unthought in the heart of the *ratio*. He therefore repeated Kant's anthropological project, reviving the problem of the *a priori*. However, Kant's abstract categories of cognition did not satisfy the founder of phenomenology, who went on to ground them in an originary consciousness. Husserl asserted that, even if they are worlds apart, the transcendental and the empirical, the rational and the irrational, are experienced by the same transcendental subject, the same universal consciousness. This assertion implies that forms of concrete experience of the unthought – madness, mysticism – can offer themselves to factual analysis of consciousness. Irrationality, therefore, is as susceptible to understanding as any other form of rational experience insofar as it can be studied and described empirically on the level of actual, lived experience. This discovery was a breakthrough in the history of Western philosophy, which soon began to gain popularity in psychiatry.

Foucault's criticism amounts to questioning this method on the ground that it overlooks its Kantian roots, despite its ingenious effort to concretize Kant's abstract categories. As Kant showed, reason and unreason, the empirical and the transcendental, are categories of formal logic; therefore, by reducing them both to the contents of perception, Husserl provides empirical continuity where there is only an *a priori* formal division. This is a logical impossibility. By penetrating transcendental forms of experience through empirical means, meaningful connections and contents of perception, phenomenology confuses the two categories, risking the anthropological illusion in which 'the

phenomenological project continually resolves itself, before our eyes, into a description – empirical despite itself – of actual experience, and into an ontology of the unthought that automatically short-circuits the primacy of the "I think".[3] By dialecticizing the anthropology, phenomenology simultaneously foregrounds and annuls finitude, treating the unthought as the shadow of rationality and madness as 'the inexhaustible double that presents itself to reflection as the blurred projection of what man is in his truth'.[4] The analysis of unreason *as* experience is a groundbreaking contribution to philosophy, yet it requires a prior recognition of this experience *as* unreasonable, through a set of criteria which can only belong to logic, to reason itself, as Kant had warned. This is a crucial limitation of phenomenology, which Foucault sets out to explore.

Foucault and Phenomenology

It was from his early writings that Foucault tackled phenomenological psychology. In 1954, he published *Dream, Imagination and Existence,* a lengthy introduction to the work of Ludwig Binswanger, a pioneer Swiss psychiatrist in existential Daseinanalysis, author of the first work in existential psychiatry to be written in the light of Martin Heidegger's philosophy. During the same year, Foucault published *Mental Illness and Psychology,* in which he attempted a study in various types of psychological theory, mainly Binswanger's work.

In both works, Foucault focuses first on the type of analysis with which phenomenology introduced a radically new approach to mental illness – the *noetic* analysis.[5] In it, the phenomenologist leaves aside, 'brackets' all theoretical presuppositions, all prior knowledge of objective processes, causality, natural analysis and biographical history, following a simple, atheoretical way of examining the mad patient. What is described in phenomenological examination is not the relation of the patient's ideas with the external world, but the way these ideas appear in the consciousness of the patient and, crucially, the way the patient judges them. For the first time since the antiquity, phenomenology does not measure madness by the degree of the extravagance of its fantastical beliefs, but by the consciousness that the mad has of his illness, the way the sick consciousness relates to itself. Thus, the phenomenologist

performs a sceptical enterprise in which, without passing any *a priori* judgement as to whether the patient's symptoms correspond to reality, considers the mental (noetic) processes which forbid the patient from recognizing the pathology of his experience, block awareness of the fact that he is mad and that he may be in need of treatment.

Foucault, however, shows how phenomenology is not sceptical enough. Phenomenology cannot dispense with the judgement of the normal and the abnormal that it purports to overcome. The consciousness undertaking the task of describing an experience as sick, mad, must place itself on the side of health and sanity. Madness does not exist on its own, it must be recognized as such by a subject which considers itself normal and rational: 'the madman therefore is never mad to his own way of thinking, but only in the eyes of a third person who can distinguish between reason and the exercise of reason'.[6] The noetic analysis of the subject which has lost the ability to reflect critically on its experiences must take into account the observing subject which claims to possess that same ability.

The second level of the phenomenological method which merits critique is the *noematic* analysis, which reconstitutes the morbid world of the insane.[7] Here phenomenology attempts to penetrate, comprehend and grasp the mad experience from the inside. It is called noematic because it uses meaning in order to make the structure of the sick world intelligible. It rests on Husserl's assumption that meaning is immanent in the lived experience to be described and that sense is implicit in perception. Meaning, according to Husserl, is 'already there' as an objective state which 'envelops and invests us even before we start to open our eyes and to speak'.[8] Based on this model, phenomenology considers the mad individual as inauthentic and unfree, losing touch with the significations of the world, unable to possess its meaning and it is the task of the noematic analysis to study and describe this alienation. Phenomenology, especially in its existential version, examines how the mad consciousness relates to the constituting elements of perception – time, space, being-with-others – and how it creates its own sense and meaning in relation to these categories of human knowledge, in order to construct its own, private world.

Foucault insists that even this type of analysis overlooks its implicit referentiality to a rational consciousness performing the analysis. The presupposition of a universal meaning is a rational endeavour and there must always be a

rational subject laying down the laws of perception which constitute the criteria for comprehending the mad consciousness. Explaining the consciousness of the mad subject in terms of time, space or being-in the-world, as Binswanger and Minkowski do, amounts to interpreting irrationality on the basis of categories of rational thought.[9] The decision to incarcerate a patient against his will relies on psychological premises about the patient's disturbed perception, as well as on the judgement of the rational consciousness which incarcerates. Existential analysis and phenomenology take the experience of madness and the medical practices that deal with it as given, seeking afterwards to submit both to reflection and interpretation in terms of meaning. Foucault, by contrast, argues that it is the very meaninglessness of the mad experience which defines it as mad. 'Is not the essence of mental illness, as opposed to normal behavior, precisely that it can be explained but that it resists all understanding? Is not jealousy normal when we understand even its most exaggerated forms, and is it not morbid when we "simply can't understand" even its most elementary reactions?'[10] Madness remains 'opaque to phenomenological understanding', precisely because there are 'impressions that seem to have been borrowed from a sense-material totally alien to our sphere: the feeling of an influence penetrating right into our thinking, an impression of being traversed by fields of forces that are once material and mysteriously invisible, an experience of an aberrant transformation of the body'.[11] There is an intrinsic impossibility in comprehending such experiences, an impossibility which troubled Jaspers, the great theoretician of psychiatric phenomenology who named these impressions 'ununderstandable'.[12] With the noematic analysis, therefore, phenomenology risks regressing into full-blown psychologism, as it falls prey to the illusion that, through meaning, the understanding can be extended beyond the frontiers of reason, supposedly reaching the pathological world in its essence.

Phenomenology and the *History of Madness*

It was because of the inherent limitations of phenomenological analysis that Foucault was forced to abandon it as a method of approach: 'For two reasons, not unrelated to each other, this project left me unsatisfied: its theoretical

weakness in elaborating the notion of experience, and its ambiguous link with a psychiatric practice which it simultaneously ignored and took for granted.'[13] For Foucault phenomenology remains trapped in a fundamental aporia: it presupposes a universal, transhistorical meaning-giving subject that is in a position to claim to understand experiences that escape meaning. This impossibility needs to be analysed. To this end, Foucault returns to the Kantian roots of phenomenological thinking. He shows how psychiatry has used reason to venture into the world of madness, which is an impossible task, yet it is a fact, unintelligible for phenomenology, that the division between reason and madness did occur at some point in history. Phenomenology is not only incapable of explaining why this division took place, but also why, as historical evidence shows, it was this very division which turned madness into an object of medical perception which preceded and conditioned the effort to directly explore the experience of the mad individual. This is actually the central problematic of the *History of Madness*: 'None of the concepts of psychopathology, even and especially in the implicit process of retrospections, can play an organizing role. What is constitutive is the action that divides madness, and not the science elaborated once this division is made calm and restored.'[14] Phenomenology is the offspring of a primordial confrontation between reason and madness, the direct derivative of this fundamental tension, which created the rational phenomenological subject capable of contemplating the sick consciousness.

If the fundamental division between reason and unreason did take place at some point in history, then what needs to be explained is why and how certain medical subjects were authorized to employ this distinction. What must be accounted for is the specific social process which gave the institutional, medical and theoretical power to the proto-psychiatric, anthropological subject of the late eighteenth century to exclude, study and treat madness as an alien experience. Only a historical investigation beyond the scope of Kant's anthropology and Husserl's phenomenology can and must able to answer the questions: 'Is there an experience of madness which is characteristic of a given society? How was the experience of madness able to constitute itself? How did it manage to emerge? And why was madness chosen as an object of perception?'[15] Combining the Kantian problematic of relations of logic with Husserlian analysis of concrete forms of experience, Foucault goes on to

furnish a type of historico-philosophical method where he explores the social, collective experience among those in possession of reason as the prerequisite and the determining factor for a scientific encounter with madness:

> In relation to phenomenology, rather than making a somewhat internal description of lived experience, shouldn't one, couldn't one instead analyse a number of collective and social experiences? As Binswanger showed, it is important to describe the conscience of the insane. And after all, is there not a cultural and social structuring of the experience of madness?[16]

In order to carry out this endeavour, Foucault begins by clarifying the conditions which made possible, at a specific historical point, the formation of a rational experience that could designate madness as an experience foreign to it. He does not put forward a general theory of man, which would only transpose the problem by offering another rational discourse claiming to capture the inaccessible silence of madness. He does not offer a study of an economic or social context that would accept *a priori* the division between reason and madness. He shows how the division between these two forms of experience had to be made in strictly rational terms; therefore, the conditions that gave rise to it, whether social, economic or cultural, must have opened up a rigorously logical space in which this division could be applied and make sense. It is this logical space on which Foucault bases his endeavour; it is populated by formal and logical correlations obeying describable rules which give birth to and contain all the concrete forms of experience whose meaning and causal explanation can be explained *a posteriori*.

Forms of Rationality

Foucault accords priority to formal relationships over actual lived experience. These logical correlations, however, do not belong to Kant's transcendental subject or to Husserl's pre-reflective 'life-world', that is the totality of our knowledge universe in accordance with and in relation to a transcendental subject; they form the backdrop against which consciousness and subjectivity take shape.[17] Resembling structuralism and analytic philosophy, this methodology consists of showing how these logical connections arise in practices and institutions and are expressed in discourse which constructs subjects of

knowledge and constitutes the universe of meaning. They do not make up the abstract Kantian condition of possibility of knowledge, but constitute the concrete network of conditions in which individual consciousness appears:

> Existentialism tried to describe experiences in such a way that they could be understood in psychological forms, or, if you wish, in forms of consciousness, that you could not, however, analyse and describe in logical terms. To put consciousness everywhere and to release consciousness from the web of logic were, on the whole, the great concerns of existentialism, and it is to these two tendencies that structuralism is opposed.[18]

Foucault, however, is not a structuralist, an analytic philosopher or a Kantian logician. He investigates discourse as a system of rules in their manifest existence, in their consistency and their materiality. He examines how logical relations are put to work inside actual practices, are employed by real individuals and permeate institutions. He displays the logical structure of concrete domains of action whose agents are formed as subjects in the course of the very application of reason. The study of these logical structures requires a method distant from anthropology, phenomenology and dialectical thought, which he terms 'analytic reason'.[19] Analytic reason studies how 'logic is inserted into the very heart of reality',[20] how specific categories of rational thought, forms of rationality, infiltrate, make up and organize power relations and their effect in the way reality is perceived.

Thus, there is no Kantian universal rationality but *forms* of rationality which are not global, but local logical structures specific to each society generating its relations of meaning, its value system and its set of goals founding its laws and institutions. They comprise the web of practices, tactics and strategies through which reason operates in society. They are the very stuff of power in the way they regulate, incite and induce the conduct of others, their possible or actual, present or future actions. Forms of rationality thus make up the calculated and rational principles and mechanisms through which each society pursues its organization in order to direct people's conduct towards a common set of goals that will ensure the management of community affairs.

Forms of rationality not only have a precise geography but also a strictly historical dimension. Programming, measurement and rational calculation change over time, depending on the specific interactions of practices,

institutions and systems of knowledge. In the seventeenth century, for example, various sociopolitical and economic factors raised the issue of rational management and control over the territory. This type of management created a set of institutions and practices that promoted the production and circulation of goods. Productivity became the dominant form of rationality, rendering idleness a vice, a fact that led the unproductive forces of society (the idle, the poor, the vagabonds and the mad) to exclusion (Foucault's 'Great Confinement'). In the late eighteenth century, on the other hand, the dominant form of rationality had to do with another type of government based on discipline and correction. The role of individuals with respect to the social bond was reviewed on the basis of normalization, punishment and correction through treatment. As a result, a group of those deemed as irrational under the previous form of rationality were now removed from the large places of exclusion and were transferred to special institutions where correction and reform would be provided. Madmen were distinguished from delinquents, the poor and the physically ill. The asylum, the prison and the clinic were born. It is the era of the birth of psychiatry.

In all these examples, we see how the historically conditioned forms of rationality create a set of collective rational experiences, which determine each time the features of what a given society designates as irrational. In a retrospective analysis, Foucault notes that his main concern in the *History of Madness* was rationality, that is the way madness became an object of perception, as a result of a collective rational experience shared by those subjects considered reasonable:

> My first book was called *Madness and Civilization* but in fact my problem was rationality […] instead of beginning with the subject moving from awareness to reason, it is better if we see how, in the Western world, those who are not the subjects of reason, those who are not considered reasonable, that is, those who are mad, are removed from the life process […] Reason is what sets aside madness. Reason is what gives itself the right and the means to set aside madness.[21]

Foucault describes a social division generated and shaped by a collective rational consciousness that arises inside institutions. This consciousness, governed by a specific mode of rationality, sets the initial conditions for the

conceptualization of an experience that is foreign to it. Science will begin to reflect on this alien experience only after this social division has taken place. Logic is foreign to causality and precedes it. Only after a logical space has opened up an empirical domain can science begin to fill it with meaningful connections and causal explanations. Causality and hermeneutics can only emerge in a pre-established field governed by relations accountable by deduction, implication and exclusion: that is, by formal rules of logic whose concrete functioning is located in the actual relations between men.[22]

Forms of Rationality and Truth – Madness as the 'Prodigious Other'

However, the shaping of a rational collective experience in the field of a specific form of rationality in the late eighteenth century still cannot account for the genesis of psychiatric theory and practice during this period. The essential event was the formation of the psychiatric subject, the specific medical subject capable of translating this collective rational experience into medical terms. There must have been certain subjects with the official qualifications and the proper training to respond to the specific demands of a rational society in relation to the mad subject, to construct a valid theoretical answer to the problem of insanity and to produce knowledge regarding the irrational inside appropriate institutions: 'A given problematization is not an effect or consequence of a historical context or situation but is an answer given by definite individuals […] these answers are not collective ones from any sort of collective unconscious.'[23] Confronted with the challenge of madness, the various institutional agents of society – legal, medical, philosophical, administrative – posed specific truth requirements which were addressed to specific individuals, whose response endowed them with the ability to authenticate the presence of otherness. Thus, while the 'tragic confrontation with unreason' seems to have occurred almost simultaneously throughout Europe, it was in the French group of the alienists – Pinel, Esquirol, Falret, Leuret – that it took systematic theoretical shape. It was also in Kant's anthropology that it acquired conceptual form. Forms of rationality are not only localizable in time and space, but they also crystallize in the truth-telling

subject. It was this subject, this specific type of consciousness which, in the late eighteenth century acquired the authority and the legitimacy to identify the presence of madness, opening up a new domain which could be called psychiatric.

Foucault goes on to show how this process, from the formation of a form of rationality to the emergence of the psychiatric consciousness, unfolds. As it was shown in the previous section, the rationality of the seventeenth and eighteenth century confined a diverse and heterogeneous group of individuals deemed as irrational (the idle, the poor, the vagabonds, the libertines, the mad), thus there was no need yet for psychiatric subject to exist. There were no asylums or experts in disorders of the mind, but only doctors who treated physical illnesses and offered moral guidance. When the madman entered the 'Garden of Species',[24] that is, the field of classification, it was not as a term of reference 'but as principle of judgment; madness was therefore caught up in the structures of the rational'.[25] In the world of the great confinement, groups of irrational individuals were indiscriminately confined. There was no need to draw a distinction between authentic and inauthentic illness. Both were viewed as of the same origin, and one passes from one to another by means of an individual will. Legally, madness offered no excuse for deviant behaviour. It was on a par with evil, and in fact it only served to amplify evil and make it more dangerous. Crimes were indiscriminately viewed as offences against the sovereignty of the king and the state, and therefore it mattered little whether their perpetrators were mad or simply evil.

In the late eighteenth century the need for distinctions surfaced. The form of rationality was directed toward discipline, surveillance, training and correction. Judicial consciousness focused on the individual whose crime bore a rationality which had to be understood and treated with either medical or penal correctional incarceration. Doctors were asked to identify individuals whose deviant behaviour could be studied in medical terms, treated with medical means and rehabilitated in proper institutions. There emerged a need for specification of whether the perpetrator of a particular crime was to be corrected medically or rehabilitated through punishment. It was at that point in history that an event brought about the isolation of the mad, their extraction from the places of confinement and their insertion into places specifically designed for their treatment. There was a 'New Division'[26] which is

analysed by Foucault as the event around which the whole *History of Madness* is centred.[27]

The doctors of the time were asked to perform a diagnosis, to draw the distinction and spot the crimes attributed to mental conditions, bringing to the fore the theory of alienism. Alienism indicates estrangement, in the sense that certain individuals were agents of an experience whose content eludes understanding. These were experiences at the limit, beyond comprehension, mental states that lie beyond intelligibility, beyond the reach of rationality. Free will, responsibility and rational action were impossible to conceive in this group of patients, since the experience they represent is incompatible with the very possibility of thought. The content of these experiences is located outside the field of possible experience set out by the truth conditions of classification. It is unconditional, exceeding the conditions of possibility which allow for a meaningful existence.

Alienism marks the beginning of the anthropological project of the late eighteenth century. It was a medical-philosophical project whose field of study was an empirical approach to man in close relation to a critical reflection and transcendental philosophy. As we saw in the previous chapter, Kant's anthropology is situated in this context. His project deals with the exploration of the knowledge of man in association with a reflection on pure reason. As Foucault notes, in the *Anthropology* there is an 'extensive analysis of the deficiencies and illness of the mind [which] prompts a brief paragraph on reason'.[28] Whereas in his *Essay on the Maladies of the Mind*, dated 1764, Kant studied the various mental disorders in terms of alterations of the concepts of experience, in the *Anthropology*:

> This classification has been modified: its organizing concepts are those relating to possible experience, while the notions of amentia, dementia, insania, and vesania are bracketed under the general heading of alienation (*Verróckung*), as they are in Sauvage, or Linné. The affinity between the text of the *Anthropology* and that of the *Essay* is still obvious, but here we have a clearer indication of how the text was made to fit with critical discoveries and the scientific developments of the time.[29]

Kant links possible experience with its limit, which is reason. When that limit is crossed, we move outside the sphere of reason, to madness. Possible experience is conditioned by the subject's rationality and is linked to truth and

freedom. On the path to truth man is always free and capable of conceiving the possibility of error: 'the possibility of error is linked to duty, and to the freedom, to avoid it'.[30] Kant uses the term *Kunst* which literally means art, to describe the work of reason to take hypotheses to their limits and conceive the possibility of total self-deception in a rationality that is certain that the distinction between truth and falsity has been definitely achieved. For Kant, through the possibility of deception, reason liberates man from the realm of necessity which his rationality would rigidly impose. Reaching the limits of his truth claims, the subject is free to question the authority of his own established schemas:

> the *Kunst* […] its role is as much to construct an illusion (*Schein*) on top of and facing the phenomenon (*Erscheinung*), as it is to give that illusion the plenitude and the meaning of a phenomenon […] a freedom which is all about exercising negation […] a dangerous freedom which relates the work of truth to the possibility of error, and in this way manages to keep the relationship to truth from the sphere of determination.[31]

The madman lacks this freedom. He lacks the faculty of reason, which enables him to hypothesize that his convictions may be a mere simulation. He is therefore trapped in his unconditional truth, as he is unable to conceive error. Because of his inability to use his reason and therefore to communicate his private truth to others, the madman is the agent of an experience that is possible to observe but impossible to comprehend.

Based on the medical-philosophical theory of alienism, the insane were isolated and placed within asylums. Madness became an object of medical perception. From an object of moral judgement which it was during the classical age, madness was excluded by reason as its pure negativity, its Other, in the late eighteenth century. Madness as an object of knowledge and the asylum were born and psychiatry gradually entered the medical model:

> […] there is a history of madness, I mean of madness as a question, posed in terms of truth, within a discourse in which human madness is held to signify something about the truth of what man, the subject, reason is. From the day madness ceased to appear as the mask of reason but was inscribed as prodigious Other […] something like a history of madness begins, or at least a new episode in the history of madness.[32]

Madness was a case of deception that hid its own truth and for this reason it became the prototype of mental illness, around which psychiatric diagnosis revolved. Delirium, a medical and quasi-philosophical notion and a truth category for the alienists, became the heart of madness for the proto-psychiatry of the early nineteenth century. 'In 1826,' Foucault notes, 'delirium was the constitutive hallmark, or at least the major qualification, of madness.'[33] The delirious individual who committed a crime was acting in a dream state, in the sense that she was a subject 'not aware of the truth and to whom access to the truth is barred. If she is as in a dream, then her consciousness is not the true consciousness of the truth and can therefore be attributed to someone in a demented state.'[34] Employing the Kantian philosophical approach to madness, the proto-psychiatrists were medical philosophers who treated madness in terms of its transcendence rather than its physical (humoural) aetiology or its underlying psychology. They were alienists who saw a transcendence in delirium, 'a silent transcendence, which constitute(s) the truth of madness […] (which) cannot bear witness to its own truth.'[35] They introduced a break with the conventional medical approach to mental disorder, because they were the first to view madness in its internal, private truth. As Foucault points out, 'Esquirol is the last of the alienists because he is the last to pose the question of madness, that is to say, of the relation to truth.'[36] Madness, for the alienists, was not the patient's distorted perception. It was a false appearance, a distorted relationship with the truth, which, for this reason, was incommunicable, and hence a private and inaccessible experience, a limit experience. Madness was for the first time posed in terms of truth and unreason, as otherness.

The presence of madness as radical alterity in the heart of the diagnostic system of the psychiatry of the late eighteenth century is evident both in the theoretical edifice of alienism and in its everyday practice. Despite the isomorphism that the proto-psychiatrists tried to achieve with the rest of medicine, medical knowledge was not used. It was solely diagnosis which made possible the legal role of psychiatry and established an analogon with medical practice. This analogon established formal similarities with the diagnostic truth regime of medicine, without continuity with the content of medical knowledge.[37] Moreover, there was a crucial difference: whereas in medicine diagnosis was able to cover the entire field of diseases, providing differential knowledge, in psychiatry an absolute diagnosis prevailed, between

madness and non-madness. This duality was indispensable for the decision to spot and incarcerate someone against their will, in the context of social defence. It was of paramount importance for the prevention of the crises of madness, which could entail criminal behaviour and therefore prompted compulsory admission and immediate treatment.[38] Therefore truth was placed at the heart of madness as the inner core of its experience and the possibility of its cure. It formed the basis of the doctor-patient relationship. It was later, when psychiatry posed the question of truth within itself, in an attempt to constitute itself as a medical and clinical science, that madness lost its singularity and its position as a limit experience, becoming a mental illness among others.[39]

From Anthropology to Phenomenology and Back

Foucault therefore describes the genesis of the anthropology through a combined analysis of Kantian critique and Husserlian phenomenology. Crucially, this same analysis makes a considerable and revolutionary contribution to the history of psychiatry: it shows how the anthropology was a phenomenology *avant la lettre* and how phenomenology was originally anthropological. The anthropological model was a medico-philosophical system based primarily on a phenomenological diagnostic approach to lived experience, without, however, performing a hermeneutic analysis of lived meaning in which madness could be recognized. It was a diagnostic truth regime attentive to the *interruption* of meaning and the limits of interpretation, where madness was shaped as an object of medical perception.[40] This is why this truth regime did not establish a set of general differences between diseases as in the rest of medicine, but inaugurated an absolute distinction, a duality between the forms of consciousness permeated by rational structures and those experiences governed by unconditional forms of truth and private modalities of logic. In this light, we can reassess, as Foucault does, the deep-seated phenomenological attitude of the proto-psychiatrists in clinical practice. It is possible to reconstruct the anthropological methodology using familiar, Husserlian or Jaspersian aspects of clinical assessment and treatment. At the same time, drawing material from the anthropological origins of

psychiatry, this reconstruction can help restore the long lost critical operation of clinical phenomenology, which originally consisted of installing scepticism in psychology, 'saving appearances' instead of delving in hidden meanings and becoming a valuable interlocutor in the clarification of truth.[41]

For the purposes of this reconstruction, we should reconsider and re-examine the basic phenomenological approaches to mental illness which were discussed in the second section of this chapter. It is immediately noticeable that the noetic phenomenological analysis, thoroughly permeated by the Kantian postulate of a deceived, delusional consciousness, was the overarching theme of the clinical assessment of the mad patient in the years of proto-psychiatry. In the early asylum, there was a clash between the consciousness of the doctor, the possessor of reality and meaning and the sick consciousness that was populated by a cluster of illusions and phantasms where meaning was frozen. This clash was not between the benevolent doctor, the owner of knowledge and morality and the weak, enslaved and ill consciousness, ignorant of its condition. On the contrary, the consciousness of the sick mind was considered sovereign and self-sufficient. If it asserted its power 'over and against all established power',[42] it was precisely because it was strongly aware of itself, albeit in a way 'arising from within the illness'.[43] The patient refused all 'discussion, reasoning, and proof,' he asserted his omnipotence against all refutation, exactly because he had 'insight' into his illness, he recognized the objective pathological processes underlying the delirious thinking, but nevertheless as processes strictly separated from and contrasted with the real world.

> This world of hallucinatory elements and crystallized delusions merely juxtaposes itself with the real world. The patient never confuses his doctor's voice with the hallucinatory voice of his persecutors, even if when his doctor is for him no more than a persecutor. The most consistent delusion appears to the patient just as real as reality itself; and in this interplay of two realities, in this theatrical ambiguity, awareness of the illness reveals itself as awareness of another reality.[44]

This is why the proto-psychiatrists did not attempt to refute the patient's delirium through logical argumentation or demonstration. They did not seek to prove to the patient that his world was false and chimerical and that he should recognize the doctor's world as the only reality. On the contrary, if

the patient had an 'allusive recognition' of his illness, if his precise pathology was rooted in the juxtaposition of two worlds, in a way that 'by accepting two worlds, by adapting himself to both, he manifests in the background of his behavior a specific awareness of his illness',[45] then trying to convince the patient of this juxtaposition would only reinforce his convictions. Thus, the goal became exactly the opposite: given that in acknowledging his 'singularity of experience does not invalidate the certainty that accompanies it',[46] it was this certainty, the patient's strong and sovereign conviction which should be shaken. The doctor did not demonstrate the unreality of the patient's world, but, on the contrary, he performed a theatrical derealization of the external world, so as to bring it to the level of the patient's delusion, giving that delusion real content, while at the same time removing its cause. Pretending to imprison the patient's persecutor, for example, both verified the false judgement and simultaneously eliminated, in the eyes of the mad person, the external cause of his erroneous ideas.[47]

Moreover, history taking involved a process operating at the limits of phenomenological understanding. There was no attempt to reconstruct the patient's personal history so as to restore a meaningful connection or uncover a masked continuity beneath his past forms of behaviour and his present condition. The patient's history should disclose breaks, ruptures and interruptions of meaning which pointed to historical points of onset of his illness. In fact, it was noticed that the patient's interpretation of his own history already contained such an approach: although the mad person perceived his illness as an 'an accidental, organic process', 'at one with his personality', he was nevertheless capable of recognizing in the conflicts and contradictions that he observed in his life as the premises of a morbid process causing 'the explosion of a new existence that profoundly alters the meaning of life, thus becoming a threat to that life'.[48] The patient referred his illness to his whole life, he attributed his symptoms to external factors (in morbid jealousy, for example), but he nonetheless saw the 'illness as a destiny (which) complete(d) (his) life only by breaking it'.[49] He saw in his symptoms 'the most radical misfortune of (his) existence'.[50] He had the feeling that, after the onset of the present situation, '(his) whole (life) has become transformed, poisoned, unbearable'.[51] The proto-psychiatrists took advantage of this very self-awareness of the mad consciousness. Questioning and history taking sought to lead the patient to

the recognition of his mad identity constituted by certain episodes in his life. The patient was reminded of his past incarcerations, his attention was drawn to certain dates and incidents of his life where similar ruptures had occurred as a result of irrational and meaningless behaviour. The patient was faced with a medical description of his life *qua* destiny and not simply biography, so that his own perception of his condition as a singular event could be stabilized and his identity as mad could be crystallized.[52]

Phenomenology and the Simulacrum

Thus, the hermeneutic tradition of phenomenology with which we are familiar today did not exist in the proto-psychiatric setting. A war was waged between the truth of medical diagnosis and the false appearance of the mad consciousness. It was a few decades later that meaning acquired clinical importance, when psychiatry strove to win this war and gain recognition as a proper medical specialty. Under a new, globalizing form of rationality, a rationality of security, prevention and control still prevalent today, psychiatry obeyed the logic of inclusion and integration, filling up the universe of medical perception with meaning, so as to engulf peacefully the meaninglessness of madness. It supplied appearances with referentiality, ontological depth and reality in order to inject substantiality and intelligibility to the vain images of mad perception. Phenomenology became part of this new reality, seeking to pacify the very oppositions it had once set out to foreground. The noematic analysis of insanity became dominant and is still the cornerstone of contemporary psychiatry, enabling the diagnostic truth of psychiatry to assimilate and incorporate madness into the network of significations.

In this universe of meaningful connections, our universe, the psychiatric phenomenological subject does not confront the alienated world of appearances of the insane consciousness. There is only a difference in degree between the two forms of experience, with the doctor being on the side of health and knowledge and the mad consciousness possessing no knowledge even of its own existence. This knowledge is considered capable of being imparted to the patient through a noematic analysis of the universal structures of perception, of those contents of experience inherent to every human existence

which, in their disordered state, produce delusional states prone to psychological understanding.[53] Phenomenological-existential analyses (Heidegger, Merleau-Ponty, Sartre, Ey[54]) and Gestalt theories, have formed the basis of this approach which studies pathological states of consciousness associated with the disturbance of the fundamental forms of human perception – space, time, embodiment, being-in-the-world – which abolish the conception of the mad experience as alienation and withdrawal from the real world, considering instead overproximity, fragmentation and confusion between the real and the imaginary as the constituting elements of pathology. Thus, schizophrenic experiences manifest a particular relationship with space, which loses its solidity and appears fluid and constantly mobile. The schizophrenic patient experiences his body as immaterial, fluid and immortal, or rigid, immobile and dead. Distances are abolished, ego boundaries are lost and the patient locates his hallucinations in external space, although in reality they simply constitute the projection of his inner sensations. The temporal perception of the manic patient is fragmentary, instantaneous and fleeting, consistent with the patient's flight of ideas, his delusions of grandeur and logorrhea. The insane universe is replete with misrecognitions of other people, where either familiar persons are perceived as strangers (Capgras syndrome) or total strangers appear to the patient as relatives (Fregoli syndrome).[55]

The noematic analysis essentially attempts to circumvent the incommensurability and incomprehensibility of the mad simulacrum, the false appearance of delirium, and establishes a dialogue with insanity on the basis of modalities of meaning. However, this dialogue is illusory, which is why the invention of mental illness, contemporaneous with the emergence of meaning, is no more than an artificial nosological entity which, while claiming to represent madness, is merely part of psychiatry's long-standing monologue on madness.[56] Here schizophrenia is the most notable case in point. 'Schizophrenia does not exist',[57] Foucault asserts in agreement with the antipsychiatrists, but not because it is not a real existent in the world, but because it is merely a specific codification of madness in exactly those terms which can make it accessible to reason. It is enough to look at the current phenomenological definitions of schizophrenia which seek to grasp the patient's delirium either through its associated perceptual disturbances (ICD – Schneider's criteria, delusional perception, ideas of passivity), or through its effects on

the patient's functionality (DSM – the criterion B of schizophrenia).[58] Further proof of this is that, as Foucault asserts, 'schizophrenia is coextensive with our society',[59] but not because our 'alienated', automated and consumerist society produces schizophrenics, but because it codifies insanity in terms which allow it to grasp it rationally. As the contemporary form of rationality overproduces knowledge, meaning and communication in order to capture the unknown and the irrational, it no longer tackles madness as a unique destiny, but as a reproducible, simulatable form of quotidian experience. Ordinary individuals nowadays attempt to experience madness through drug use and other ecstatic forms of experience (extreme sports, counterculture, mysticism) seeking to transgress the boundaries of rational experience and express insanity artistically as well as psychologically. The effects of our cybernetic world and our virtual universe on our spatial and temporal coordinates, as well as on our relationship with our bodies, generate 'schizophrenic' phenomena considered by many as differing only in degree from genuine schizophrenia (conspiracy theories, instantaneity, temporal and spatial fragmentation, disorientation, loss of distances, immersion into the networks, phenomena of addiction to the new technologies, autism).[60] If these schizophrenic experiences, the noematic analysis holds, can be produced and reproduced artificially, then a continuum between normality and madness is not only conceivable, but also susceptible to explanation through computer technology, artificial intelligence, existential analysis and biochemical research.

Foucault objects to this line of reasoning insofar as it posits madness as an aberrant, eccentric and abnormal form of experience – not a form of radical otherness. Madness is other exactly because its irreducible, absolute and unquestionable truth is not translatable to meaning, perception and reality. It is a type of false appearance whose force, unexpectedness or violence engenders effects which by necessity break with all prior causality and cannot be dispelled with meaning. This is why, for Foucault, madness emerges only in the occasions where meaning disappears, in urgent crises or even catastrophic forms of behaviour. He shows how the crises of delirium create gaps in the universe of meaning, disrupting any possible dialogue and any form of rational exchange. Despite the function of schizophrenic psychosis or dementia praecox as concepts denoting degrees of degeneration or measurable levels of abnormality, promising total assimilation and full

integration of madness into the system of neurobiological explanation and phenomenological understanding, the exclusion of insanity has not been eliminated. Individuals are still absolved of legal responsibility, are still isolated and excluded, whenever psychiatry is confronted with motiveless crimes or unintelligible acts of monstrosity. Even where perceptual disturbances are not detected and functionality is not impaired (as in the silent delirium of monomania, in the transient delusions of borderline personality disorder, in the alexithymia of the somatoform patients),[61] it is the rigid and immobile images of the delirious patient, his tautological truths and his unconditional certainty, which disrupt the possibility of a therapeutic contract, necessitating a relationship of agonistics, rivalry and asymmetry with the therapist.

Foucault is thus 'a warrior in phenomenology'.[62] He asserts that appearances are in a constant battle with meaning and reality, considering madness as the culminating point, the paroxysmal state of this ongoing battle. While for institutionalized phenomenology this battle must be attenuated by investing the images and appearances of madness with more meaning, for Foucault there is already too much institutional reality and meaning and it is appearance which renews the conflict and unexpectedly regains its power.[63] While, for phenomenology, meaning and intuition can restore rationality's communication with unreason, for Foucault it is exactly when rationality exceeds the limits of reason and incorporates meaninglessness that it transposes the tensions, paradoxes and conflicts with unreason within the domain of its own action and power.

Conclusion

Phenomenology is preoccupied with daily experience, the search for the objectivity of knowledge and the origin of meaning in the founding subject. Beginning from the transcendental foundation of knowledge, it searches for the meaningful and psychological aspects of experience. It accepts, therefore, the lived experience of the insane mind as a reality, but fails to see it as a borderline experience, which has been constructed as such by a regime of truth. Foucault, by contrast, shows that madness is a 'focal point of experience',[64] an experience which, as Nietzsche, Blanchot and Bataille

had shown, lies as close as possible to the 'impossibility of living [...] at the limit or extreme'.[65] It is a singular experience which emerged as an effect of truth, independently of a transcendental rational subject and at the margins of everyday experience. It was born as an object of knowledge at the limits of phenomenology:

> [...] grasping the moment by which a field of truth with objects of knowledge was constituted through these mobile technologies. We can certainly say that madness 'does not exist', but this does not mean that is nothing. All in all, it was a matter of doing the opposite of what phenomenology had taught us to say and think, the phenomenology that said, roughly: madness exists, which does not mean that it is a thing.[66]

Husserl tries to capture the transcendence of finitude through the significations of actual experience belonging to the transcendental subject. He identifies the problematic of finitude as an *eidos*, an essence possessing only formal properties, given to intuition under specific conditions of perception.[67] According to Husserl, madness exists as an essence whose meaning can be grasped negatively through the reduction of the variant significations with which it is invested; it is not a thing, however, as it can only be intuited as a formal structure, an empty region, on which comprehension depends.[68]

For Foucault, on the other hand, madness does not exist, but it is not nothing. He does not presuppose that madness already exists 'out there' as a reality; he is not a formalist or a structuralist either, assuming that madness is an ideal structure, an empty space containing only formal properties, which is nonetheless necessary for modes of representation and signification.[69] He is sceptical of the Husserlian essence of 'madness' which can be intuited and whose meaning can be unearthed through phenomenological reduction and imagination.[70] Foucault begins with the assumption that madness does not exist as an objectively existing phenomenon, seeking to explore what history can make of the real practices and events which were organized around the diagnosis of something that is supposed to be madness.[71] He shows how madness was brought into existence through a diagnostic regime of truth which inscribed it in reality and submitted it to the legitimate division between true and false.[72]

Madness is first and foremost a category of truth, an epistemological problem, rather than a problem of ontological substances. This is why

the centrality of diagnosis reinstates logic into phenomenology, rendering Foucault in many ways a more consistent phenomenologist than Husserl himself. Foucault rejects the esoteric mode of examination of consciousness through which phenomenology tries to grasp the internal truth of lived experience. It is this esotericism which has produced ambiguous and controversial forms of phenomenological understanding: the psychologism of exegesis; the gnostic access to the secrets and mysteries of madness;[73] the 'mystique of communication' with the world of insanity, which haunted even Jaspers himself.[74] Diagnostic truth, on the other hand, is anterior and exterior to hermeneutics. It is a strictly exoteric from of knowledge that determines, distinguishes and classifies experiences as mad, mystical or meaningful. It does not seek to unravel the mechanisms of lived experience, but to test their relationship with truth in a way that will decide whether a particular mode of being actually belongs to the field of medicine or to other institutionalized or cultural forms of knowledge (religion, criminology, philosophy, literature). This is perhaps the most important lesson to be drawn from the anthropological proto-psychiatrists: an experience is an experiment, a test in which truth transforms, modifies, constructs and deconstructs the subject.

Foucault's Epistemology: Subjectivity, Truth, Reason and the History of Madness

Foucault's critique of phenomenology dismantles the notion of the smooth and linear progression of knowledge based on lived experience. Phenomenology claims to be able to focus on the subjective experience of mental illness, to rigorously describe it and to offer its understanding. By recording the history of forms of rationality and of truthful discourse, Foucault shows that social structures and practices frame and classify the subjective experience of mental illness on the basis of true and false statements. At the limits of diagnostic taxonomy, reason reflects on the conditions of impossibility for existence, transforming limit experiences into objects of medical perception. This is how madness gave way to the birth of the asylum near the end of the eighteenth century.

Critiquing the phenomenological universality of subjective experience amounts to rejecting the fundamental character of the subject and its transcendental functions. Foucault uses his critical-historical method in order not to relativize the subject, which is still part of the phenomenological project, but to show how the subject is constructed and transformed throughout history. Social practices generate domains of knowledge and cognition and inside these domains the subject can relate to its objects of perception in a meaningful way. There is no pre-existent subject of representation, as the point of origin from which knowledge is possible and truth appears. Subjects and objects emerge simultaneously as a result of truth procedures specific to a given historical period.[1] The compatibility between subject and object is not necessary but contingent: it is the product of precise and identifiable rules of truth telling which bring about the construction of the knowing subject as much as the object, which is known.[2]

This is Foucault's step towards the conversion of phenomenology into epistemology, as Deleuze points out.[3] In this chapter, we aim to show how the epistemological account of Enlightenment critique is the point of convergence of Foucault's historical and philosophical considerations. His epistemological analyses indicate the central position that truth occupies in his system.[4] His position *vis-à-vis* truth, however, is, as we have shown, thoroughly historical and political. He therefore seems to be a relativist who denounces the stability of truth and its universal validity. Moreover, notwithstanding the logical rigour of his analyses, by reducing the construction of truth and subjectivity to a primordial set of practices and forms of rationality, he appears to be advocating the inevitable mixture of elements foreign to scientific truth. This is why, as we shall discuss at length in the next chapter, he has been labelled an anti-psychiatrist.

Strictly speaking, however, Foucault is not an epistemologist. Or rather, his epistemology does not measure the objective value of a science or the degree of its universal validity. It does not start with an abstract, universal knowing subject, focusing on the structure and principles of scientific statements themselves, examining their ability to yield true knowledge.[5] This type of epistemology is what he calls 'the analytics of truth'. Foucault's domain of research, on the other hand, belongs to the critical tradition, from the ancient Greeks and its revival through Kant's Enlightenment critique, exploring the way a subject is constituted as truth-telling and how it can be recognized as such.[6] This mode of epistemological analysis investigates the questions: 'Who is able to tell the truth? What are the moral, the ethical, and the spiritual conditions which entitle someone to present himself as, and to be considered as, a truth-teller? About what topics is it important to tell the truth? (About the world? About nature? About the city? About behavior? About man?).'[7] For the analytics of truth, such questions are meaningless insofar as the subject of science is *a priori* considered timeless and universal, it is *de jure* the sole possessor of truth on account of its ability to demonstrate the evidence of the world, and the truth that it utters is *de facto* determined by the degree of understanding it has achieved in relation to an equally stable and preconceived universal object of knowledge. If these are the conditions that make up the scientific subject, then scientific knowledge is based on a series of tautologies. Consistent with Western 'logocentricism', the analytics of truth

presupposes a pre-established harmony, a circularity between subject and object, placing truth in the perpetual feedback between a transhistorical subject of knowledge that wills the truth and the natural object always awaiting to give up its internal laws and reveal its inner structure. The critical tradition, on the other hand, disputes the spontaneous existence of this circularity and considers truth as the condition that makes it possible in the first place. A prior truth demand belonging not only to science but also to politics and ethics, is required for the construction of the subject capable of uttering scientific statements, through which it recognizes itself as scientific and its correspondent object as pertinent to a specific domain of perception.[8]

In psychiatry two major forms of medical subjectivity – the anthropological and the psychological – have existed, thus the task of this type of (critical) epistemology is to recurrently ask the questions: what were the truth demands which created the anthropological subject of medicine in the late eighteenth century? What forms of rationality, which governmental, legal, medical and philosophical forces constructed it? Why and how was the anthropological subject asked to turn the philosophical idea of madness into an object of medical knowledge? Why did it bear radically different characteristics and follow a unique line of reasoning; and was its object of knowledge completely different from what it had been only a few decades before, or what it is today? How and why, under which new political or ethical truth demands and forms of logic did this subject become the medical-psychological subject with which we are familiar today? Has this transformation been a sign of progress, or is it just an illusory sophistication of psychiatry?

The answer to these questions requires a close examination of the political and ethical forces affecting the psychiatric subject and the truth which it articulates. This examination is not Foucault's invention. The ethico-political implications of psychiatric discourse have not escaped the attention of psychiatry, from its most devoted proponents to its most hostile enemies. Many mainstream psychiatrists have been able to spot the existence of extra-psychiatric factors that presumably threaten the neutrality of psychiatric discourse with bias, distortion or falsification. The moderate or fierce critics of psychiatry, on the other hand, consider the intrinsic 'impurity' of psychiatric truth as inevitable, seeking either to protect the patients from the endogenous powers of psychiatric abuse or to ensure the correct and humane way

of implementing this impure psychiatric knowledge. Both trends share the same belief in a stable and universal psychiatric subject and assume that its truth-telling is vulnerable to political or ethical judgements, either because it is inherently value laden, or because it falls victim to scientific megalomania or crypto-totalitarian prejudices.[9]

Foucault's position differs radically. In agreement with the analytics of truth, he argues that science, politics and ethics are not to be confused, as they are in a relationship of heterogeneity, always remaining foreign to each other. Nevertheless, and herein lies Foucault's unique contribution, they are in a mutual antagonism and endless confrontation with each other and the psychiatric subject is the origin but also the very product of this agonistic relationship.[10] Politically motivated extra-scientific factors, even when they play no distorting or falsifying role, constitute the organizing principle around which the psychiatric subject becomes recognizable as a truthful agency capable of producing valid statements. Once formulated, these same statements have deep ethical consequences for the individuals and the institutions to which they are addressed, whatever the claim to scientific validity and neutrality. In psychiatric discourse, ethics and politics coexist in a state of strict separation and mutual reinforcement. When Foucault states that psychiatric discourse is at once 'a discourse of truth because [it is] a discourse with a scientific status', a 'discourse expressed exclusively by qualified people within a scientific institution' and a discourse which 'concerns a person's freedom or detention', he highlights the ethico-political overtones of psychiatric scientificity, without contesting this scientificity.[11] Psychiatric discourse is political only to the extent that the legitimate scientific responses that it provides to social truth demands qualify the psychiatric subject as a truth-teller and it is an ethical discourse only insofar as the scientific statements which it produces inevitably exclude, include, marginalize, encompass, train or guide individuals in their conduct and behaviour.[12] It is this dynamic relationship between these three modalities of truth (politics, science, ethics) which permeates Foucault's epistemological studies in the field of psychiatry. For Foucault, truth is not an endpoint for knowledge, but an activity of establishing differences, the axis around which governmental practices, scientific knowledge and ethical modes of subjectivity revolve.[13]

The ethico-political components of scientific knowledge are present in every type of scientific endeavour, but in psychiatry they are more

pronounced, because it is the very object of its research which constitutes a major ethico-political problem for society. Madness challenges the social conception of normality, provokes measures for the protection of public hygiene and requires subjects capable of identifying it and tackling it therapeutically. Kant had sensed this triple – scientific, political and ethical – challenge that madness poses to the rational subject, when he constructed his *Anthropology*. Surprisingly, however, it is in Descartes that this process takes on full theoretical force. This assertion may at first seem odd since Descartes is generally known as the theorist of the founding subject of scientific knowledge, which, free of any political or ethical determinations, seeks the rational fulfilment of the world. Foucault, however, overturns this misconception, to show how Descartes questions the authority of the scientific subject as a guarantor of self-evidence, the moment it becomes entangled in an ethico-political web of problems raised by the very impossibility of thought, the experience of irrationality. Foucault uses the philosophical analogon of Descartes to show how in its origins psychiatry had established a fundamental relationship with the otherness of madness, a relationship that became epistemological only to the extent that it was simultaneously a juridico-political concern and an ethical requirement for the definition of the norm in the late eighteenth century. It was later, with the advent of positivism that psychiatry employed Cartesianism as a model of rationalism in order to disengage its scientific knowledge from non-scientific elements. This Cartesianism, in spite of Descartes himself, has eliminated madness from philosophy. It has obfuscated the historically contingent relationship between the psychiatrist as a subject of knowledge and the mentally ill as recently formed medical object of study, creating the illusory image of a necessary and timeless affinity between the two poles. It overlooks truth as a historical factor bringing together subject and object, placing it at the end of a linear path toward more complete knowledge. It is a positivist effort that has sought to crystallize the rational psychiatric subject into a transhistorical, universal source of knowledge and madness into a reality susceptible to objective medical observation. It has permeated phenomenology, psychology and biology that have encompassed all fields of human behaviour, laying claim to a universal understanding of all possible experience. It is for all these reasons that it has been fully incorporated into today's evidence-based medicine which claims to be able to discover

the nature of mental illness through an allegedly Cartesian 'clear and distinct' method of demonstration and proof.

Foucault challenges this model of linear progress, not because he contests the epistemological validity of psychiatry, but because it is precisely this validity that creates the illusion of a necessary, scientifically grounded ethico-political unity. He argues that this unity is contingent, fragile and precarious. Psychiatric knowledge cannot dispense with madness and the philosophical, social and cultural issues that it raises. Radicalizing Descartes, it is Nietzsche who helps show how madness itself emerges from the edges of diagnosis, the psychiatric regime of truth *par excellence,* to destabilize the image of a politically and ethically neutral psychiatric subject. Since the nineteenth-century phenomena of monstrosity and hysteria, there have been cases where the mentally ill re-emerge as others, as agents of simulation who alter the game of truth imposed by psychiatric discourse. They introduce splits inside diagnosis, depriving the ethico-political unity of its epistemological foundation while renewing at the same time previously silent and unquestionable political and ethical problems that bring about crises, ruptures and breaks.

Foucault's Scepticism

Foucault's epistemological method is a form of scepticism.[14] The notion that what appears as timeless scientific truth involves non-scientific components which participate in its construction, situates Foucault firmly within the sceptical trend of thought. On several occasions Foucault himself declares that his method is sceptical, placing himself within the Western sceptical tradition of Descartes, Kant and Husserl.[15] He does not, however, share the common-sensical epistemological use of Cartesian and Kantian scepticism in the study of the relationship between the structure of cognition and the demand for truth. He does not look for the threshold of scientificity in a supposedly cognitive Cartesian – and Kantian – sceptical framework which foregrounds the limitations of knowledge in the inaccessibility of the knowing subject, as well as in the unattainable in-itself, 'truth or a reality in itself'.[16] For Foucault, Kantian and Cartesian scepticism are singular in the history of Western epistemology insofar as they are not restricted to establishing the internal

rules of cognition, but scrutinize its *external* limitations and its relation to irrationality. We saw Kant's and Husserl's scepticism with regard to the notion of finitude and the phenomena of consciousness in the previous chapters. We shall now discuss Cartesian scepticism and its relevance to the *History of Madness*. Descartes, Foucault argues, does not question the representational function of scientific propositions but introduces external – political and ethical – elements constituting the matrix for the emergence of propositions that can have a representational function. He does not even advocate the primacy of the subject, but shows how subjectivity undergoes transformations when it confronts radical alterity: madness. Madness is not merely the limit of knowledge, but an alien experience that introduces a political and ethical context for the formation of scientific knowledge.

Foucault's scepticism therefore challenges the view that scientific discourse is an autonomous, self-sufficient mode of truth-telling. He illustrates its dynamic interaction, reciprocity and reversible relationship with truth demands imposed externally on science by the practices of government within which it is born and with the ethical truth requirements that it produces in turn. This interaction between politics, science and ethics had already been an area of concern for the ancient thinkers. For the ancient Stoics and Cynics, the knowledge of the self and the world did not concern the discovery of causal connections and the secrets of nature, but it was a relational knowledge, a form of knowledge preoccupied with the relations between politics, institutions and laws and the possibility of rational discourse. This same knowledge had an effect on the subject, as an 'ethopoetic' knowledge, producing a specific relationship of the subject to itself.[17] The problematic was the same for the ancient Sceptics themselves, for whom the production of self-knowledge constituted a rigorous examination of the subject's consciousness closely linked to its political role and the creation of ethical principles.[18]

According to the usual epistemological interpretation, the spiritual epistemology of the ancient tradition became marginalized since the famous 'Cartesian moment' and the beginning of modern philosophy, when a strict separation between politics, science and ethics took place.[19] The assumption is that Descartes' *Meditations* introduce a radical break with ancient spirituality, insofar as in them Descartes detaches the thinking subject from the political or ethical conditions needed for the transformation of the subject's mode of

being in order for that subject to gain access to the truth. The *Meditations* posit objective knowledge based on sound reasoning as the sole condition for the truth. It is enough for the subject to follow a method whereby it will deduce the law of its representations, never letting go of the line of self-evidence, for truth to be attained. Descartes' subject is, then, a transcendental, immutable agent whose freedom from the constraints of interest, passion or morality constitutes the very possibility for the discovery of truth in the form of objective, neutral knowledge. Through systematic doubt of his senses, the same interpretation continues, Descartes aims to reach a state of certainty which only pure thinking can provide, in the manner that mathematics provides clear and distinct ideas. The obvious truth definitively attained is the only requirement for the subject, which thereby becomes the impersonal, universal subject, the agent and origin of a new scientific era, marking the historical point when the institutionalization of modern science became possible.[20]

Our contention is, rather, that for Foucault the 'Cartesian moment' is not a point of rupture but, on the contrary, a moment of revival of ancient scepticism which paved the way for a type of philosophical reflection that would later permeate the critical spirit of the Enlightenment. In an original reading of the *Meditations*, Foucault shows how Descartes in many ways renews the ancient problematic of spiritual knowledge – hence the appearance of Foucault's discussion of Descartes in a brief but crucial analysis in the *History of Madness*. Descartes, Foucault shows, is not merely seeking the foundations of knowledge, nor a foundational relationship of knowledge and philosophy. Descartes is not even performing the usual sceptical exercise which consists of thinking about everything in the world that could be doubted, directing his search towards indubitable knowledge.[21] If we read Descartes' thought experiment not as an intellectual method defining the law of representations, but as a meditation, as its title suggests, it will become clear that Descartes performs a test on himself as a subject, a test of truth through which his subjectivity emerges transformed.[22] Descartes is not concerned with the relation between his ideas and reality or with the relationship between his mind and the external world. He does not simply look for a ground for his beliefs and convictions, but primarily sets as the task of his meditation to respond to the question: 'how could I discover the truth?'[23] As the

meditation proceeds, this search for truth transfigures the subject conducting the meditation.[24] Descartes' will to truth is an *ethical* demand, a desire to avoid deception so that the lucidity of self-examination and self-scrutiny can guide moral decisions and the establishment of codes of personal conduct. It is also a *political* demand, a demand of power placing truth itself in the privileged position of determining the terms in which Descartes can constitute himself as a legitimate scientific subject. This double demand, therefore, precedes and conditions the constitution of scientific knowledge: it does not arise from it. Foucault demonstrates that the *Meditations* do not merely proclaim the foundations of scientific theory, or the ground of political or ethical principles based on scientific knowledge. They constitute a spiritual exercise that tests the political and ethical effects that the truth may have on subjectivity:

> If Descartes' *Meditations* are in fact an enterprise to found a scientific discourse in truth, [they are] also an enterprise of *parrhesia* in the sense that it is actually the philosopher as such who speaks in saying 'I', and in affirming his *parrhesia* in that precisely scientifically founded form of evidence, and he does this in order first of all to play a particular role in relation to the structures of power of ecclesiastical, scientific, and political authority in the name of which he will be able to conduct men's conduct.[25]

Crucially, Descartes centres his ethical and politically pertinent project around a singular moment overlooked by conventional epistemology: the exclusion of madness. In the series of tests to which he submits his thought, Descartes performs the ultimate test, the most extreme hypothesis his rationality can endure. He hypothesizes that there is one case in which simulation, the absolute condition of self-delusion, can take on the form of perfect clarity, and where doubt ceases to exist. This case is madness. The mad subject, Descartes argues, firmly and clearly believes that everything around it, the sky, the air, the earth, colours, figures and sounds are illusory; it believes that its body is made of glass, or it has no hands, or eyes. Whereas for the rational subject this identification is submitted to doubt, for the mad subject it is an unequivocal reality, a distinct and clear conviction free of the possibility of deception. Whereas for the rational subject this state of absolute certainty is merely an extreme hypothesis, a limit case suggested by an evil genius which introduces the possibility of deception, for the mad subject it is a state of absolute and unconditional truth.[26] It is on account of this unconditionality,

this impossibility and this exteriority with regard to all hypotheses, that madness is excluded: madness is not a defect intrinsic to knowledge itself. It is not endogenous to reason, a product of its excess. It is not a property of the object, of its structure and essence. It is postulated by reason as an external condition for the attainment of truth, as a limit beyond which truth becomes unconditional and therefore absurd.[27] Madness must therefore be excluded if the doubting subject is to exert an ethical and political role based on truth.

Descartes' breakthrough, therefore, consists of excluding madness in a threefold manner. Madness is not excluded as a formal or objective condition of knowledge, but as an external, spiritual and ethical condition of truth: 'In order to know the truth I must not be mad.'[28] The rational subject may well be impure or immoral and still know the truth, but self-delusion is the sole extra-ethical condition. It is a state of mind governed by a private, incom-mensurable truth, which cannot be communicated; it cannot be transformed into *ethos*. Secondly, madness is excluded politically; employing the term *demens,* Descartes disqualifies the mad subject as a legal category incapable of certain religious, civil and legal acts. Insofar as the mad subject represents the impossibility of thought itself, legal rights do not apply to it.[29] It stands outside juridical rules, the possibility of rational punishment and correction. It is therefore marginalized with respect to rational norms. Finally, after this political and ethical exclusion has taken place, the mechanisms responsible for the disordered reason inside the mind of the mad person can be made intelligible. Only after madness is conceived as an impossibility of thought, an exteriority and even a threat to reason, can it be contemplated as a rectifiable disease, an object of a constituted knowledge. It is then that the mad subject can become an object of medical reflection and not only an ethically and politically disqualified subject. It can be problematized medically as an effect of truth. This, as we shall show, is crucial for the emergence of psychiatry as a scientific enterprise. There is no pre-existent 'mad' object that calls for a rational investigation of its nature. Nor is there a rational subject that creates the object 'madman' *ex nihilo.* Both emerge in a reciprocal relation, as a result of the effects of truth, when the truth is taken to its limits, to simulation.

Thus Descartes does not posit an abstract, universal knowing subject which grounds the structure and principles of scientific statements.[30] Starting with this assumption, current mainstream epistemology studies the scientific rules

which stem from the relationship of an originary subject with an equally fixed and transparent object, a relationship irreducible to political categories. The 'Cartesian moment' is the founding instance for this epistemology which regards social relations and political forms as elements foreign to the knowledge relation, setting for itself the task of defining the strict separation, incommensurability and heterogeneity between politics, science and ethics. Any confusion and interdependence between these domains is regarded as a negative component clouding and obscuring the knowledge relation and it is the duty of epistemology to restrict as much as possible the obfuscating influence of political and social conditions on the subject of knowledge 'who rightfully should be open to the truth'.[31] Foucault, on the other hand, argues that in Descartes, political and ethical conditions do not constitute an obstacle or a veil for the subject of knowledge, but play a positive role in the production of this subject and its correspondent object. The subject of knowledge is not given but is transformed the more it seeks the truth, by way of the effect upon it occasioned by the articulation of truth. This transformation entails prohibitions, interdictions and restrictions that the scientific subject must follow in order to remain scientific. Cartesian epistemology, Foucault shows, is essentially an ascetic practice, a process whereby the subject explores the part of itself that must be renounced if it wants to behave rationally and regulate its behaviour on true principles. The Cartesian scientist submits to the ascetic price of reason, accepting the necessity of excluding its irrational side as a condition for the modification of its mode of being in order to ensure access to the truth.

From Descartes to the *History of Madness*

Let us now look at how Foucault applies his critical reading of Descartes to the *History of Madness*. The *Meditations* constitute a valuable supplement to Kant's *Anthropology* insofar as they share a common problematic, the dichotomy between reason with madness, but with one important addition: the study of the historical and local interaction between subjectivity and truth, which determines each time the form of this dichotomy, its terms, its epistemological coordinates and its possible reversals. This addition will enable Foucault to

show why and how the triple Cartesian exclusion (political, epistemological and ethical) of the mad subject took place on a social level at a specific point in history and in specific spatial settings. He will use it to demonstrate that the anthropological subject of the late eighteenth century was not a pre-given rational subject seeking to exclude madness in order to assert the autonomy and sovereignty of its rationality, but was formed *as* reasonable through the exclusion of madness. Foucault will set out to illustrate that the Cartesian methodical path of doubt from which madness must be excluded is not a transhistorical, transcendental condition of a universal subject, but it was the product of specific political, scientific and ethical distinctions and decisions made by the medical subject in the late eighteenth century. The result of these distinctions was the exclusion of madness and its problematization for the first time in Western history as a domain of political reflection, institutional transformation, establishment of normality and medical attention.

Foucault does not argue that madness was outside the sphere of medical concern until its medicalization in the eighteenth century and the advent of modern psychiatry. On the contrary, he demonstrates that in the sixteenth and seventeenth centuries the medicine of madness was entirely within the corpus of general medicine, in terms of aetiology and therapy. 'Maladies of the spirit' existed and theories of humours were used to explain mental disorder. Somatic and mental treatments, baths and theatrical performances were medical remedies for insanity. Also, Foucault does not ignore the fact that certain places inside hospitals or private institutions were reserved especially for the mad, such as the Hôtel-Dieu in Paris or the Bethlem hospital in England. By the end of the eighteenth century, however, the newly born asylum bore completely different medical and institutional characteristics. Madness became an object of knowledge as a separate and marginalized topic, not as a condition requiring medical attention like other somatic illnesses. 'It was a matter of understanding how, in the Western world, madness had become a precise object of analysis and scientific investigation only starting in the eighteenth century, even though there had previously been medical treatises concerning (in brief chapters) "maladies of the spirit".'[32] Alienism replaced the theories of humours and medical treatises and taxonomic systems differed radically from the medical theories written only one generation before.[33] The architectural design of the asylum in no way resembled the general hospitals

where the mentally disordered had until then been treated.[34] There was a sudden rupture, a clear discontinuity in the care of the mentally ill from the moment madness became the object of specific medical and anthropological reflection in the late eighteenth and early nineteenth centuries: a discontinuity which Foucault sets out to analyse.

If Foucault were an Enlightenment optimist, he would have claimed that the rationality of Descartes and the political rationality that culminated in the French Revolution, reached a stage of maturity during this period, that scientists and politicians had become 'enlightened' enough to be able to identify mental illness and offer the mad a humane treatment for the first time. If, on the contrary, his work were an anti-Enlightenment project, he would have attributed the birth of psychiatry to an intensification of social control. The social order of the rational state would place madmen under close surveillance to ensure the safety of the path towards reason and progress. Foucault takes neither of these two sides. He refuses the 'blackmail' of the Enlightenment. Instead, he speaks of two new elements that introduce a break in relation to the allegedly smooth progress of seventeenth century rationality. He speaks of fear and division.

A central feature of the late eighteenth century rationality, fear was a result of urbanization and the new disciplinary governmentality. The fear was of the crowding together of the population, the fear of epidemics, the excessive height of the buildings, the fear of the cohabitation of the rich and the poor in an undifferentiated urban environment.[35] This fear gave rise to the need for an administrative division which became possible with the emergence of a new type of knowledge during this period. In the *Order of Things* Foucault notes an important mutation that took place in the eighteenth century scientific rationality. In the eighteenth century, the plethora of information gathered called for a classification of data. Whereas previously *mathesis* was an ontology, a precise quantitative measurement of the world, and taxonomy simply a mode of ordering of things measured, in the eighteenth century there was a *Taxinomia universalis,* a priority of specifying identities and differences, which would direct measurement. Kant's analysis was crucial in this respect.[36] Amidst this fear, a new technology of truth arose, a call for a division and establishment of differences: How could the madman be recognized? How could he be singled out without error? Things no longer stood as they did in the Renaissance where

madness had appeared with clear signs, threatening reason with contradiction. Confusion now emerged as there was no clear-cut way of distinguishing between those who are really mad and those who were arbitrarily mingled with them. Diagnosis was crucial in order to prevent chaos and the generation of even greater fear. It was important for the arrangement of spaces and the clarification of forensic issues. For Foucault, the primacy of differentiation at this historical point took place even before the scientific theories about the mentally ill had been constructed: 'working at the limits of the resources that we have at our disposal, we can still partially trace the evolution of a long, painstaking process of classification that moved in parallel to the theoretical model but was entirely independent from it'.[37] Diagnostic thinking in the late eighteenth century established for the first time a truth regime which called for differences and sought to authenticate mental disorder. This truth regime came to pick out the mad as the genuinely ill among those indiscriminately confined. Mad were not considered the evil, the mystics or the destitute, the dreamers or the mentally deficient. They were those who were incapable of doubting and therefore incapable of verifying what they thought. They displayed a capacity to use arguments according to the rules of logic, but they lacked judgement: they were unable to see through their mental images because they gave absolute truth-value to them. They never questioned the validity of what they perceived. Their delirious convictions were unshakable:

> the act of a reasonable man who, rightly or wrongly, judges an image to be true or false, goes beyond the image, and measures it against that which is not. The madman, by contrast, never steps over the image that appears. He allows himself instead to be totally caught up in its immediate vivacity, and only gives his approval in so far as he is entirely absorbed in it […] Whereas error is simply non-truth, and dreams neither affirm nor judge, madness fills the void of error with images, and binds fantasies together through affirmation of falsehood.[38]

Thus for late eighteenth-century rationality the insane belonged to Descartes' category of *demens*, which is why their exclusion was primarily a juridico-political act. The law posed specific demands on doctors to distinguish rigorously between what will count as true and false illness. So as not to punish unjustly the one whose crime was caused by madness rather than an act of choice, it was necessary for the law to differentiate as clearly as possible between authentic and inauthentic madness. Doctors were asked to perform a

diagnosis, a differentiation and classification of irrational behaviours, in order to ensure that justice could be administered to the legally responsible, and urban fear could be lessened. Crucially, as it will be shown in greater detail in the next chapter, jurisprudence did not forcibly dictate diagnostic procedures: it did not interfere with medical knowledge, but prompted the distinction of true and false phenomena of illness, rendering doctors capable of producing for the first time knowledge concerning the insane. Jurisprudence was an external factor, which set up the truth conditions for the reciprocal formation of madness as an object susceptible of being understood and determined and of the rational subject of mental medicine. This is why Foucault considers the law as the most fundamental political component in the genesis and development of psychiatric discourse.

The second type of exclusion was ethical. The newly born psychiatric knowledge was obliged to legitimate and delineate the norm scientifically. The psychiatric decision to treat and correct medically influenced and generated a whole field of education and pedagogy. In the late eighteenth century, doctors intervened diagnostically in matters of morality, as a result of the bifurcation and close kinship between medical psychology and the institutionalization of ethical behaviour. For the late eighteenth-century doctor there was a fundamental separation between those delirious individuals who could not doubt their experiences and those who were simply law breakers, social outcasts or sexually promiscuous. For the first time since the classical age, the libertines, the vagabonds and the poor were left outside the medical milieu. They fell outside psychiatric and legal jurisdiction as they were indeed unreasonable but in the sense that they were the manifestation of a form of reason 'alienated in the unreason of the heart' and therefore not legally incompetent or politically irresponsible.[39] Theirs was a reason that served the desires of the heart and its use was indistinguishable from disorder resulting from immorality, but it was clearly not madness. In an important passage in the *History of Madness*, Foucault mentions a letter sent by Marquis de Sade's doctor, Royer-Collard, to the chief of police in 1808. Royer-Collard wished to discharge Sade from Charenton in order to turn it into a hospital. In his letter, he states that he does not believe that Sade is mad, but simply a man of vice who cannot be treated medically but is in need of imprisonment. His diagnosis, like many others that separated the world of unreason from that of madness, was decisive:

Royer-Collard no longer understood correctional existence. Having looked for its meaning in illness, and failing to find it there, he reverts to an idea of pure evil, which has no reason for existence other than its own unreason, which he terms the delirium of vice. The day of that letter to Fouché, classical reason ended, leaving its own enigma, and that strange unity that grouped together so many diverse faces was definitely lost to us.[40]

With the insertion of the new type of diagnosis, the absolute diagnosis between madness and reason, the doctor had to give an account of this division, in order to determine how these patients would be treated, how many of them deserved and could benefit from internment and to what extent they posed a danger to society. So the doctor employed the theory of alienism to identify and explain the behaviour of these individuals. The madman was now an object which was isolated physically, observed daily and explained medically. At the same time, the rational subject of the psychiatrist was formed. He was an alienist whose role was to define, explain and manage his new object of study within a specified location – the mental hospital. He became responsible for all the production of knowledge relating to this new field of medicine. The anthropological subject emerged – psychiatry was born.

The Death and Return of the Other

This analysis of Foucault's reading of Descartes has attempted to refute the one-dimensional interpretation of the *History of Madness* as either a historical document, inaccurate in many respects, or a structuralist endeavour devoid of epistemological validity.[41] It is closer to readings such as Derrida's, who has drawn special attention to the simultaneous historical and philosophical originality of Foucault's work which is closely linked to his reflections on Descartes.[42] Unlike Derrida, however, greater emphasis has been placed on the history of truth as it operates in the background of the exclusion of the insane, showing how this background constitutes an essential component of Enlightenment critique. Thus, it has been illustrated that a particular game of truth in the late eighteenth century focused on madness as the impossibility for thought. Diagnosis was the truth regime that satisfied the double requirement of responding to the needs of the late eighteenth-century

universe of taxonomy and of conforming to the rules of medical theory and juridical practice. This diagnostic regime of veridiction simultaneously generated madness as the outside of reason and constructed the rational subject who supervised spaces of confinement such as the asylum in which madness was isolated and studied. It established madness firmly as a marginal and borderline experience foreign to morality and normality.

It is therefore obvious that it is in diagnosis, the truth regime of psychiatry *par excellence,* where politics, epistemology and ethics meet. Diagnosis, as it was indicated in the previous chapter, is not a neutral epistemological endeavour operating in a strict phenomenological field. It is a metalinguistic discourse, a discursive practice through which the elements and rules of construction of a language, one that can be called psychiatric, are defined.[43] But it is not value laden; it is not permeated by extra-scientific, ideological or moral categories, at least not by definition.[44] On the contrary, in order for these categories to have a political effect, they have to rely on the ability of diagnosis to establish a domain in which truth and falsity can be made pertinent. As it has been shown, forms of rationality set up programmes, lay down collective values and goals, and dictate codes of governing and ways of doing things. These programmes, goals and regulations are not free floating but are attached to the production of true and false. They rely on true discourses, which 'found, justify and provide reasons and principles for these ways of doing things'.[45] Rationality does not exert power through the imposition of truthful discourse that is accepted blindly. It 'wills the truth'; that is, it poses a demand for a distinction, the strict separation between true and false statements; the legitimacy and acceptability that this division provides constitutes the power of rationality, creating what will count as real and valid for scientific research.[46] This was precisely the function of psychiatric diagnosis as it was constructed in the late eighteenth century: a set of true and false propositions which offered scientific legitimacy to the political and ethical pretensions of a specific form of rationality. These propositions did not represent the reality of mental illness; they established a differential diagnosis, a basic distinction, a dual field between madness and sanity, conditioning any subsequent investigation of mental illness, its ontology, the modes of being connected to it, the institutional structures supporting it, and the cultural norms emanating from it.[47]

It was from the late nineteenth century when psychiatry sought to become a normed, regulated, established medical science embodied in institutions, that psychiatric diagnosis was divorced from its inherent political and ethical implications, presenting itself as an objective and rigorous activity equivalent and strictly continuous with the rest of medicine. In order to achieve this equivalence, psychiatry sought to dispense with the otherness of madness and its political and ethical bearings, so that a rigorous epistemology could provide objective access to illness and valid methods of its cure. From the middle nineteenth century onwards, biology, genetics, psychology and degeneration served as the aetiological factors of mental disorder. Madness ceased to be the 'absolute other' of reason and psychiatry would look for natural factors that would differentiate types of mental illness. There was no longer a dividing line between madness and reason, but a spectrum of illnesses with a biological reality that should be uncovered using medical means of investigation. Doctors ceased to be alienists and became psychiatrists-psychologists, armed with medical knowledge. This was the dawn of the age of the transformation of psychiatry into a medical specialism. It was and still is characterized, not by the exclusion of madness as other, but by the incorporation of otherness itself. It paved the way for a narrative according to which the psychiatric subject has always followed the model of a medical science, capable of discovering the reality of mental illness in a linear progressive fashion, supported by neuroscience and advanced technology.

Foucault's scepticism critiques psychiatric truth precisely for this supposed level of neutrality and scientific sophistication. He insists that non-scientific elements have not been abolished, but have merely been obfuscated by the 'whiggish-march-of-progress' view of psychiatry. He shows how the linear progress of positivism merely appears to be independent from the political and ethical truth demands, which are nevertheless still imposed on psychiatric knowledge. Thus, it is not the rationalization of psychiatric knowledge but the political imperative of security, which has extended the diagnostic and therapeutic powers of twentieth-century positivist psychiatry and has increased its preventive role to the scientific protection of society through heredity, familial sexuality, education and detection of crime. Also, it is not the humanization of psychiatric practice but the social pressure of the ethic of public hygiene and socialization, which has created the conditions for

the abolition of the asylum through a massive deinstitutionalization and the generalization of psychological therapy and medical care. It is not only because psychiatry has adopted the advances of medicine and technological development (neuroscience, psychopharmacology), but also because there is a consistent ethico-political desire for global medicalization and normalization, that psychiatry has achieved the discovery of biological and psychosocial abnormalities to explain mental disorder.

However, anthropological critique is not content to simply unearth the ethico-political forces that the positivist truth of neurobiological and social psychiatry masks. It must be kept in mind that these forces, these values and metaphysical prejudices hidden in rationality, do not determine the emergence of psychiatric truth according to a certain causality. The truth that they seek to produce no longer belongs to them. This is why it is ineffective to perform an ethical or political critique of psychiatry, to simply deny the validity of psychiatric truth, or to attach this truth to systems of arbitrary (political and ethical) values that need to be overthrown. On the contrary, it is necessary to study truth in its autonomy and its capacity to reverse power relations and values, to silence certain behaviours or give voice and expression to others.

It is in this vein that Foucault scrutinizes post-anthropological psychiatric truth and the fixed subject-object relation, which it has staged since its birth. In it, he does not discover the smooth compatibility between the two terms under the aegis of a rational psychiatric subject. He rather sees a fundamental discord, a tension provoked by the object of knowledge, which unsettles not only the metaphysical illusion of the psychiatric subject, but also the political and ethical coordinates of rationality and the established values sustaining this illusion. Since the dawn of positivist psychiatry, it has been the assimilated, reified forms of insanity, which have shuttered the false image of a neutral diagnostic truth, precisely at those instances when positivism has claimed to have entirely dispensed with alterity. Madness has resisted its integration, not by refuting the biological or psychological model of psychiatry, but, on the contrary, by conforming perfectly to it, while renewing the political and ethical problems which lie behind it.[48]

As Foucault's Cartesian analysis has demonstrated, in the age of proto-psychiatry madness was an alterity, which harboured its own evil genius, its

own private simulacrum, the absolute and unquestionable truth of delirium, which resisted meaning and prompted exclusion. In the present age of an all-inclusive, globalizing psychiatric rationality, on the other hand, an interesting reversal is taking place: insanity no longer asserts its difference, it no longer evokes its own truth, but inserts its evil genius into the truth criteria claiming to comprehend it; it 'contaminates' the clarity of psychiatric truth with simulation. Madness does not refute the truth model on which psychiatric discourse is based, but it insidiously affirms it and simultaneously deprives it of any referentiality, aetiology, meaning or anatomical localization. It puts on the mask of sameness and familiarity, while withholding its secrets, forcing psychiatric rationality into a vacuous, virtual and self-deluded state of absolute truth. Thus, just at the moment when psychiatric truth appears to have irreversibly included madness into the universe of rationality, it is madness that excludes itself, and it is psychiatric rationality that loses its anchoring points and becomes irrational.

This has been the case, as it will be shown in the following chapters, with monstrosity and hysteria, two forms of madness with no delirium, which, since the late nineteenth century have given the impression of being ordinary clinical syndromes, while losing nothing of their capacity to overturn power relations. Monstrosity was for eighteenth-century psychiatry the most singular and exceptional form of criminal insanity. Since that time, psychiatric positivism has strove to cancel its terrifying singularity, integrating the human monster into the abstract equivalence of dangerous abnormalities. However, it can nowadays be observed that it is precisely in its most unsuspected, ordinary forms of social danger that the human monster disturbs this equivalence, forcing current forensic rationality to exclude it and to recognize its exceptionality. Monstrosity is nowadays a dubious clinical category; it oscillates between legal and psychiatric truth, it defies its legitimate placement either in prison or in a mental hospital and provokes an administrative rather than a strictly juridical or medical reaction. Similarly, since the nineteenth century, hysteria (and its contemporary derivatives) has adapted fully to the neurological and psychotropic truth models which claim to comprehend madness, while simultaneously falsifying them and giving them an empty content. From an originally harmless neurological syndrome, hysteria has turned out to be unsuitable for a general hospital, a psychiatric institution or

even the psychoanalytic couch; it is a singular mode of subjectivity irreducible to medical or psychological norms. Both these clinical cases disrupt the truth of psychiatric discourse, occupying an epistemological void, a non-space where psychiatrists are forced to exert a political and moral, rather than strictly scientific role. They are both monsters, not only because they provoke fear, danger or bewilderment, nor because they appear as inhuman, other, but mainly because they are epistemologically exterior to the field of normality created by psychiatric theory. They show how psychiatry, like 'each discipline recognizes true and false propositions; but it pushes back a whole teratology of knowledge beyond its margins'.[49]

Increasing the rationalization of psychiatric practice will not abolish but will only accentuate the confrontation with the political and ethical implications of madness inside psychiatric practice. This is because truth is not a property of the object or an achievement of rationality. It is a product of political, ethical and scientific disputes. Truth does not only produce the compatibility between subject and object, but it can also create their distance, irreconcilability, and asymmetry, generating crises.[50] Inside the illusory unity, homogeneity, peace and continuity which positivism seeks to achieve through the rejection of otherness, madness reveals its truth violently through fear, false proximity and division. It is the mad, the patients themselves, who dismantle the positivist continuity between the two poles of the knowledge relationship[51] in a process which reverses the Cartesian epistemological problematic by taking it to its Nietzschean extreme. While Descartes would accept the necessity of excluding madness as a price that the psychiatric subject must pay in order to remain the master of meaning, representation and causality, Nietzsche would celebrate the strategies of counterfeit, evasion and disguise through which madness disturbs the diagnostic truth game, challenging the hegemonic position of the subject in the field of representation.[52] For Nietzsche, as Foucault reads him, it would not be the exclusion but the inclusion of madness which costs the psychiatric subject its authority in the field of knowledge. The more the psychiatric subject aspires to transgress the limits of its knowledge, the more it sacrifices itself as an agent of knowledge, ethics and political power. Confronting madness, the psychiatric subject loses its status as the origin of knowledge, meaning and truth and it is no longer the universal agent of knowledge and morality.[53] On the contrary, it

loses its unity and becomes multiple, facing the fact that it is 'not one but split, not sovereign but dependent, not an absolute origin but a function ceaselessly modified'.[54]

Conclusion

Foucault resists the epistemological claims to a general theory of all science or of every possible scientific statement. Contrary to the epistemological discourse which investigates the rules and forms, the conditions and structures of truth-telling, Foucault analyses truthful discourse in close relation to the political structures within which it can arise and become possible and to the forms of subjectivity to which it is linked. In other words, he explores the political and institutional conditions under which a scientist can acquire the ability to articulate true psychiatric discourse and the modes of subjectification, which this discourse generates. Thus, Foucault's area of concern is the domain that combines the history of science (the political forces, power relations and institutional framework which determine the formation of specific modes of scientific knowledge) and epistemology (the distinction between truth and falsity governing knowledge).[55] In this field of research, Foucault explores the interdependence between truth, power, and ethics, without seeking their identification, underlying unity or strict separation. Instead, he shows that Enlightenment critique consists in bringing these aspects together, raising the question of each with constant reference to the others, without confusing them, relativizing them, or denying their specificity: 'It is the discourse of the irreducibility of truth, power and *ēthos*, and at the same time the discourse of their necessary relationship, of the impossibility of thinking truth (*alētheia*), power (*politeia*), and *ēthos* without their essential, fundamental relationship to each other.'[56] Power relations, epistemological structures and ethical issues find their *locus* of interaction, mutual dependence or even antagonism in the activity of articulating truthful discourse. The role of critique, however, is not to suspend political and ethical issues so that it can ensure that the process of reasoning that a psychiatrist follows is correct in determining whether his statements are true. It rather challenges the truth which endows the psychiatrist with the position of a valid speaker of scientific discourse, questioning

the self-evidence of his status and his indispensability and foregrounding the effects of his discourse on the object which it addresses and about which he is qualified to speak (the mad, the mentally ill, the psychoanalytic subject).

Foucault's critique is not a form of nihilism.[57] He tackles truth as a perspective, not in the sense of being relative on account of limitations inherent in human nature, but because it is strategic and polemic.[58] Truth involves incessant struggles, rivalry and disputes. We should not, Foucault points out, look to philosophers but to politicians, if we really want to grasp the root of truth and its manufacture.[59] Truth is not the exclusive possession of an inventive mind nor the product and ownership of reason, but an effect of relationships of domination, conflict and debate: 'devotion to truth and the precision of scientific methods arose from the passion of scholars, their reciprocal hatred, their fanatical and unending discussions, and their spirit of competition — their personal conflicts that slowly forged the weapons of reason'.[60] Critical psychiatry illustrates that every diagnostic statement made by the psychiatrist opens up a battlefield, an agonistic space. However neutral and objective the utterances of the psychiatrist may be, they define, organize and distribute the whole set of power relations of his institution, posing at the same time the question of the *ethos* to which his institutional structure will give space. Inversely, no moral or pedagogical values, no partial goals or ideological forms will ever prevail, insofar as they will never find full and absolute legitimacy in truth to which they will always remain foreign and irreducible.

4

Is Foucault an Anti-psychiatrist?

In the previous chapter, we saw that for Foucault the truth of a science is not measured in terms of the progress it supposedly makes in the wider scope of the history of science, nor by its accordance with the standards of epistemology. It is produced in the form of crises, events and singularities, in the place where the history of that science and its epistemology overlap. It is the result of a constant political, scientific and ethical battle, which is being waged inside sciences as *rigorous* as mathematics and as *dubious* as psychiatry, which 'only has an imaginary relationship with scientific knowledge'.[1] We shall now attempt to demonstrate this battle as it arises in real psychiatric practice through the study of concrete examples which Foucault himself described and analysed with the astuteness and erudition of a clinician. We shall begin in this chapter with the political conflicts, the legal disputes and the juridical and administrative debates which took place outside the asylum in the late eighteenth century and which had a founding effect on the formation of psychiatric diagnosis and a novel relationship with unreason in the West. We shall then illustrate that when the political stakes, which these conflicts expressed, changed almost a hundred years later, diagnosis was altered accordingly and the anthropology became marginalized. In contrast to anti-psychiatry, which claims that the conflicts inherent to psychiatric diagnosis will forever prevent psychiatry from achieving its ideal end goal of dispensing with alienism altogether, Foucault considers alienism itself as an integral part of psychiatric diagnosis. It is important, therefore, that Foucault's critique be juxtaposed with and thoroughly contrasted to the anti-psychiatrists. While for anti-psychiatry the vulnerability of psychiatric diagnosis to political influence constitutes an epistemological defect which cancels the valid position of psychiatry in the history of the sciences, for Foucault diagnostic truth is

the starting viewpoint, the angle from which political power can be judged, critiqued or overturned.

The *History of Madness* and Anti-psychiatry

When the *History of Madness* was published, it was generally received with silence and indifference. As Foucault himself observes, apart from an isolated favourable reaction which came from literary circles (Blanchot, Barthes),[2] most psychiatrists and historians received the book with scepticism. Psychiatrists were mostly preoccupied with theoretical debates, paying little attention to the book's historical approach, while historians showed little or no interest. Some of the psychiatrists who reacted to the book were Marxists who examined it from the angle of the epistemological concerns of the Soviet school of psychiatry to which they adhered (Pavlov, reflexology). But even this group of scientists dismissed Foucault's research as ideologizing and falsified.[3] When the anti-psychiatric movement gained popularity in the 1960s, the book became the object of severe criticism and systematic attack; it was immediately labelled as anti-psychiatric, the 'gospel of the devil' among psychiatrists,[4] a treatise which denied the reality of mental illness, represented psychiatric knowledge as pseudoscientific, and portrayed Enlightenment rationality as an oppressive power that excluded unreason. Foucault became associated with Laing, Cooper and Szasz, and was introduced as a representative of anti-psychiatry in various seminars and conferences.[5] Foucault reacted to such a categorization and rejected it on several occasions. He protested that his work had been clearly misread as advocating the inexistence of psychiatric knowledge or demonstrating the mythology behind it: 'Sometimes people have read my book about madness as if I had written that madness does not exist, or that madness was either a myth in medical or psychiatric discourse, or that it was a consequence of mental institutions. I have never said that madness does not exist or that it is only a consequence of these institutions.'[6] Foucault did not contest the validity of psychiatric discourse or the therapeutic role of the asylum, but merely performed a study of the way various practices contributed to the rise of psychiatry as a medical discipline. His critics failed to grasp the historical scope of his research, which, far from disputing the

existence of mental illness, explored the conditions of its emergence as a field of positive knowledge. This is why their interpretation of the book – as a theoretical piece of work engaged in a polemic against psychiatry – appeared to Foucault as highly inaccurate and enigmatic:

> It is, however, rather curious that all the psychiatrists have read this as a book of anti-psychiatry — a book which says explicitly: I shall speak of what has happened with regard to madness and mental illness between the middle of the seventeenth century and the beginning of the eighteenth, roughly speaking — and I have not gone beyond Pinel. As if the book were speaking about the mental situation! […] it wasn't a matter in any case of a direct attack on contemporary psychiatry, because it stopped at analyzing facts and events that took place no later than the beginning of the nineteenth century. And so why did people insist on seeing in that work a direct attack on contemporary psychiatry?[7]

Foucault remained puzzled by this miscomprehension, which he characterized as superficial. He went on to make the humorous remark that it is exactly this type of reaction regarding the historical origins of a scientific enterprise, however shameful they may be, that marks the enterprise itself as pseudo-scientific.[8]

Lecturing on psychiatric topics at the Collège de France a few years after the publication of the *History of Madness,* Foucault reiterated his own critical project, and gave an alternative account of his relationship with anti-psychiatry. In the course summary of his lectures published under the title *Psychiatric Power,* he analyses the historical role of anti-psychiatry and he offers a different perspective on the type of critique that this movement promotes. Anti-psychiatry is a diverse phenomenon, which has permeated psychiatric practice since the historical point when the psychiatric institution and the doctor's role in it were put into question. Foucault notes that anti-psychiatric discourse and practice are not restricted to the critique of the validity of medical knowledge, but they extend to a systematic attack on the psychiatric institution. Anti-psychiatry does not deny madness, but on the contrary aims at liberating it from the constraining effects of medical intervention: 'I think this enables us to understand what is at stake in anti-psychiatry, which is not at all the truth value of psychiatry in terms of knowledge (of diagnostic accuracy or therapeutic effectiveness). The struggle with, in, and against the institution is at the heart of anti-psychiatry.'[9] Foucault

shows how anti-psychiatry disputes the validity of psychiatric discourse, not from a strictly epistemological standpoint, but always in relation to the doctor's power, and the truth effects of his discourse on the patient. What it questions is not the set of scientific statements or methods followed, but their ability to yield truth claims about mental illness, to the extent that the doctor's power and his role in the asylum distorts and compromises their truth value:

> It seems that the major tremors that have shaken psychiatry since the end of the nineteenth century have all basically called the doctor's power into question; his power and its effect on the patient, more than his knowledge and the truth he told regarding the illness. More precisely, let us say that, from Bernheim to Laing or Basaglia, what was at stake was how the doctor's power was involved in the truth of what he said and, conversely how this truth could be fabricated and compromised by his power.[10]

Despite their different perspectives and positions, anti-psychiatrists share a common interest in the way relations of power have determined the distribution of roles in the asylum, the epistemological approach to mental illness and the forms of medical intervention. Foucault credits anti-psychiatry with bringing this type of critique, which focuses on the relations of power and the articulation of truthful discourse in the psychiatric institution, centre stage: 'The typical reversal of anti-psychiatry consists in placing them, rather, at the centre of the problematic field and questioning them in a fundamental way.'[11] At this point, Foucault's own critique becomes pertinent. His analysis in the *History of Madness* also revolves around the relationship between power relations and the production of truth inside psychiatric discourse, which eventually determines the division between reason and madness. Foucault makes it clear in *Psychiatric Power* that the systems of representation of madness that he explores in the *History of Madness* are the result of an 'apparatus of power and game of truth, apparatus of power and discourse of truth'.[12] But in spite of its apparent affinity with anti-psychiatry, Foucault's critique is fundamentally different. Anti-psychiatry rests on certain *a priori* conceptions of power and truth, which are regarded as inherent to the functioning of the institution. The doctor-patient relationship is always a relationship of domination and subjugation and the truth that the doctor holds and promotes is a scientific legitimization and justification of his oppressive role. Foucault's critique is more sceptical; his analysis contests the

transhistoricity and universality of a single type of power relation between psychiatrists and the mentally ill and reveals the historical transformations that power undergoes in the psychiatric institution. He shows how particular types of power relations produce different truth regimes, which determine the position of the mad as objects of knowledge, without necessarily operating as instruments of control and oppression.

This chapter will focus on Foucault's lecture course, *Abnormal*,[13] which highlights the series of events and crises which were determinant for the genesis of psychiatry, as described in the *History of Madness*. Foucault's project will be contrasted to the anti-psychiatric endeavour, to show how his critique is more radical and far reaching. Questioning all preconceived notions of power as simply subjugating and oppressive, Foucault stresses the productive relationship between power and truth. He explores power relations in terms of their underlying forms of rationality which produced a particular regime of truth, opening the logical space in which psychiatric discourse appeared. This truth regime involved juridical aspects, which in this epoch gained specific importance. Foucault discusses extensively the rise of late eighteenth-century medical jurisprudence, whose role in the birth of the new discipline of psychiatry was so central, that he underscores its constitutive role not only for the 'history of criminal psychiatry, but also for the history of psychiatry *tout court* and ultimately for the human sciences'.[14] He shows how medico-legal conflicts gave rise to the truth regime of psychiatry in the late eighteenth century through the establishment of psychiatric diagnosis, and examines the limits of juridical and psychiatric discourse, where the alienists introduced madness as otherness, as the negativity and exteriority of reason. The study of their medical and philosophical stance as a scientific response to legal disputes epitomizes Foucault's critical analysis, which is not a refutation but a reinterpretation of the Enlightenment and its implications for psychiatry. Madness is not a factual existence that must be freed from the illegitimate discourse of psychiatry, as anti-psychiatry suggests, but it was conceived as a limit experience and an object of medical perception, which arose from the engagement of the alienists in the institutional and juridical debates of the time.

Forms of Rationality, Regimes of Truth and Psychiatric Power

We shall now begin with the question of psychiatric power and its relationship with the truth about mental illness, and how it marks a point of rupture between Foucault and the anti-psychiatrists. Szasz criticized state psychiatry from a liberal point of view, advocating a private form of therapy freed from the oppressive apparatus of the asylum.[15] Many leftist discourses, which Foucault characterizes as 'lyrically anti-psychiatrist',[16] regard power as inherently oppressive and the relationship between psychiatrist and patient as containing an endogenous reality of domination. Basaglia (1924–80), an Italian communist psychiatrist who sought to replace the subjugating institution with a community health care system attached to state unions, is a case in point.[17] Existential psychiatrists such as Laing (1927–89) and Cooper (1931–86) promoted a type of extra-institutional network of mental health services where the mad could be accommodated and cared for in their authenticity, which is compromised by the label given to them by the psychiatric profession.[18] The common ground of the various anti-psychiatric discourses is the notion of psychiatric power as intrinsically oppressive and that the truth about the mad is a distorted and pseudoscientific body of knowledge supported by a legal system of exclusion and coercion. The mad are undesirable deviants who are deprived of their natural rights and liberties in the name of science and the maintenance of social order.

Foucault rejects such monolithic interpretations of power. He sees domination as merely one form of power relations and sets out to analyse power in its complexity and its inherent logic.[19] Power is not a thing but a set of relations that circulate endlessly and undergo reversals. As we have shown, there is an underlying form of rationality behind power, which relates to a historically contingent form of government. This form of rationality underlies the management of individuals, groups and populations and regulates people's conduct. Whether statist, dominating or liberal, it is the logic endogenous to a specific power formation, which comprises the set of relations, strategies and tactics that govern the asylum and constitute its very existence – its architectural design, its discourse and its type of medical intervention. It is therefore the logical foundation of power, not its ontological structure, which Foucault investigates.

> I was then involved with some psychiatric institutions, where the power of the administration, of the director, of the doctors, of the family, etc., functioned absolutely, with reference to the mentally ill. If I had wanted to make, as they say, an ontology of power with a capital P, I would have tried to establish the origin of these great institutions of power; I would have placed my analysis exclusively on the level of the institution and of the law, and on the power relationship, more or less regulated, with which the violence against madness or madmen would have been exercised.[20]

Foucault considers the logic that sustains power, its strategies and the interactions that constitute the asylum world. His analysis operates at the level of the form of rationality that formed certain relations of power, which throughout the seventeenth and eighteenth centuries shaped a collective attitude towards a specific group of individuals that could be designated as mad.

In order for the logic of power to be exercised, to become acceptable and to function, a true discourse needs to be produced, accumulated, put into circulation and set to work. Power rests on an economy of truth. As we have discussed, power does not blindly impose truth or untruth but demands truth and needs it in order to function. In our society, Foucault points out, 'we are forced to tell the truth, we are constrained, we are condemned to admit the truth or to discover it. Power constantly asks questions and questions us; it constantly investigates and records; it institutionalizes the search for the truth, professionalizes it, and rewards it'.[21] Over the centuries, the truth obligation, this will to truth imposed by the system of power, the obligation for any subject to know itself, to tell the truth about itself, and to constitute itself as an object of knowledge in order to be governed, has been crystallized in institutional forms which sanction and legitimize the search for truth and turn it into an object of scientific examination. Among those institutional forms, Foucault singles out the law as central in the establishment and investigation of truth in the history of the West. The Greeks were the first to problematize the constitution of a truthful discourse on the basis of a legal situation and for them the juridical discovery of the truth served as a model for various forms of knowledge such as philosophical, rhetorical and empirical. In the centuries that followed, their method remained stationary and did not achieve the founding of a rational knowledge.[22] It was taken up again and developed by the Western societies from the Middle Ages onwards, when Western culture

revived and amplified the elaboration of justice and punishment through the establishment of truth, engendering certain types of knowledge which began to become organized around scientific forms. Thus, the inquiring model, which prevailed roughly from the Middle Ages until the end of the eighteenth century, legitimized measurement and proof as means of discovering the truth, giving birth to the sciences of observation.[23] In the late eighteenth century, it was the normalizing logic of legal investigation, which sanctioned not only evidence but also the examination of irrational behaviour, generating the human sciences.[24] It is this essential affiliation between stating the truth and the practice of justice, fundamental for the formation of institutions and the establishment of the rules governing scientific discourse, which Foucault tries to analyse: 'You see in that all these cases — whether it is the market, the confessional, the psychiatric institution, or the prison — involve taking up a history of truth under different angles, or rather, taking up a history of truth that is coupled, from the start, with a history of law.'[25]

Foucault points out that the law is not the mask of power or its alibi.[26] It is its instrument of producing truth. In the West, legal procedures express a society's 'will to truth', in the sense that they seek to sanction types of truthful discourse for the justification of penal practices. Through witness testimonies, expert opinions and police investigation, courts aim at the correct way of enforcing justice and punishment. As a result, legal proceedings *produce* the truth regime of the sciences represented in a courtroom: the psychiatric or medical expert and the forensic investigator are called on to supply a reliable system of classification and definitive criteria for the authentication of the object which they present as true in their testimony. They are forced to make decisions and to articulate statements that affect their entire discipline.

> The problem was not to show that psychiatry was formed in the heads of psychiatrists as theory, or science, or discourse claiming scientific status, and that this was concretized or applied in psychiatric hospitals. Nor was it to show how, at a certain moment, institutions of confinement, which had existed for a long time, secreted their own theory and justifications in the discourse of psychiatrists. The problem was the genesis of psychiatry on the basis of, and through institutions of confinement that were originally and basically articulated on mechanisms of jurisdiction in the very broad sense […] and which at a certain point and in conditions that precisely had to be analysed, were at the same time supported, relayed, transformed, and shifted by process of veridiction.[27]

Foucault argues that juridical forms were decisive historically for the origins of psychiatry and the opening of the asylums in the late eighteenth century. It would not be an overstatement to characterize the courtroom as the birthplace of psychiatry, and forensic psychiatry as the starting point for the production of psychiatric knowledge. At a specific point in Western history, the encounter between the criminal psychiatrist, the magistrate and the police determined the rules for the formulation of valid propositions, which generated the entire discipline of psychiatry. In the forensic setting, psychiatric truth found its external conditions, as it was forced to produce the criteria for the formation of concepts, objects of knowledge and appropriate methods in order to respond as a valid science to the legal and administrative demand.

In this chapter, we shall demonstrate that Foucault upsets the ideological conception of power which regards juridical forms and psychiatric knowledge as components of the same superstructure which mask a basic reality of domination. We shall illustrate that psychiatry and the law maintain a productive and mutually regulatory relationship with each other, which no form of rationality can disrupt or distort *a priori*, but can only alter its conditions and modes of existence. This is why, as we shall now see, Foucault argues that the reason psychiatry could not emerge within the framework of sovereignty was not the prevailing system of prohibition and interdiction. It was the impossibility of establishing legal grounds for turning madness into a legally ratified object of knowledge in the seventeenth and early eighteenth century. The discipline of psychiatry was not born until the late eighteenth century when, under a disciplinary form of rationality, legislation proliferated and clinical knowledge came into being.[28]

Sovereignty – The Great Confinement

The first and most pervasive misconception that Foucault attempts to dispel is the identification of power with sovereignty, interdiction and prohibition. By interpreting power in negative terms as a system of law, repression and censorship, critical theory – and the discourse of anti-psychiatry in particular – has never managed to escape the image of the sovereign who forbids and of the absolute subject (monarch, father, general will) who manipulates the

law and against whom the only possible challenge is transgression. Ethnology and psychoanalysis have adopted and universalized this legal conception of power, reducing it to a basic relation of man in his primitive state with a juridical model of repression and prohibition (libido, the incest taboo).[29] To complicate matters further, this juridical conception of power has been widely associated with Kant and by implication with the Enlightenment, insofar as for Kant the possibility of the constitution of morality and the accomplishment of maturity appears to refer to the sovereign whose law is in tension with the ethical attitude of the universal subject and the requirements of practical reason:

> Why do we always conceive power as law and as prohibition, why this privi-leging? We can obviously say that this is due to the influence of Kant, to the idea according to which, in the last instance, the moral law, the 'you must not', the opposition 'you must' / 'you must not' is at bottom the matrix of all regulation of human conduct. But, to speak truthfully, this explanation through the influence of Kant is obviously totally insufficient. The problem is of knowing whether Kant had such an influence and why it was so strong.[30]

The anti-juridical, anti-monarchical, anti-legalist discourse in terms of the rights of the subject of law has come to be emblematic of most forms of critique of power. Liberal, Marxist and existential forms of anti-psychiatry have attacked, as it has been shown, the intrinsically coercive powers of the psychiatrist in order to proclaim and defend the patients' rights against a transhistorical system of domination. Such a discourse has been attributed to Foucault's critical stance, which has, for this very reason, been classified as anti-psychiatric.[31] Szasz (1920–2012), for example, conceives psychiatric power as essentially negative and dominating, following the assumption that power is always modeled around a figure of sovereignty. In his book *The Manufacture of Madness*,[32] he depicts the psychiatrist as the direct descendant of the Holy Inquisitor. Psychiatric power diagnoses, labels and incarcerates the mad in the same way that the Holy Inquisition in the Middle Ages had picked out, suspected, isolated and interrogated certain people who it had identified as witches. Only the method changed towards scientificity. But essentially psychiatry is a religious force, a coercive institution that excludes and oppresses. In his scant reference to Foucault's work, Szasz interprets the analysis of the great confinement as an intensification of social control and the

exercise of a powerful sovereignty that silenced madness, rather than the birth of a new discipline.[33]

Foucault reads Szasz's narrative as a piece of historicism.[34] Szasz presupposes sovereign power and unreason as given objects whose opposition is a necessary outcome of history. Contrary to Szasz, Foucault argues that the model of sovereignty is a contingent form of power, which prevailed over a specific period of Western history and is not timeless and universal. He adds, crucially, that during its prevalence in the seventeenth and eighteenth centuries, it did not engender psychiatry as a medical specialism. At the time, there existed only pre-psychiatric structures and a non-specialized discipline concerning the 'maladies of the spirit'. With its specific governmental technology and its juridical model, which bore constant reference to the king, the system of sovereignty did not harbour the conditions for the emergence of clinical knowledge. The system of sovereignty was a 'system of Law-and-Sovereign', an extension of administrative techniques whose aim was to obtain proof of whether a crime had been committed that would harm the state or the sovereign.[35] There was no need to 'inscribe the crime, however outrageous, in terms of something like a nature',[36] insofar as the only concern of the state was to demonstrate simply that a crime had indeed taken place and that, however petty or extraordinary, it already constituted a form of regicide. Thus, the doctor's role was limited; he did not intervene at the level of sentencing, but at a procedural level. The main concern of the authorities under the system of sovereignty was the exemplary punishment and public torture rather than the correction of deviants, that is, the criminals, the mad and the poor. As there were no legal provisions or special institutions where these groups could be cared for, treated or corrected, they were lumped indiscriminately inside places of confinement, as an administrative measure of social order. This is Foucault's 'great confinement', which is to be clearly distinguished from the birth of the asylum a few decades later, when the problem of the confinement of the mad was posed in terms of scientific validity rather than morality. The negative power of the monarch, his absolute authority and force of subjugation and legal prohibition, did not suffice for the birth of the asylum and the discipline of psychiatry. The asylum was not born until the end of the eighteenth century, under a different mode of rationality.

Discipline – The Birth of Psychiatry

The conditions of possibility for the birth of the asylum and the formation of psychiatric knowledge are to be found in a new form of rationality which took shape in the late eighteenth century. An important double reversal occurred during this period: the rise of jurisprudence and the birth of the human sciences. The law became a discourse of truth holding monarchical power in check, preventing the excesses of sovereignty by putting forth the inalienable natural rights of man. This, Foucault notes, was the revolutionary approach, exemplified during the French Revolution, marking a new type of critique where legal discourse no longer supported but limited the arbitrariness and illegitimacy of the sovereign.[37] The other form of critique emerged from the extension of scientific reflection on the validity of governmental inter-ventions, which, rather than facilitating governmental practices, questioned the dogmatism of the state on the basis of a scientific knowledge of man. This scientific knowledge provided a norm to which critique should refer in order to challenge the superstitions of authority. Both discourses generated the optimism of the Enlightenment as a new era of progress and freedom guaranteed by a global rationality and a set of universal, codifiable principles, which prevent the abuses of power. They have permeated, ever since, the discourses that claim to liberate humanity in the name of either scientific validity or legal rights. They have constructed the influential emancipatory model of the Enlightenment and its supposed affiliation with humanism, which both psychiatry and anti-psychiatry have followed and reproduced. Thus, on the one hand, mainstream psychiatry adopts the discourse of the human sciences according to which the discovery of the true, psychologically normal subject dismantles the false image of the juridical individual imposed by power relations. Humanist or liberal discourse, on the other hand, has largely guided anti-psychiatric movements, which seek to free the enslaved, alienated subject from the shackles of normality, in the name of its authen-ticity and its natural rights.[38]

Foucault shows, by contrast, that it was not the advanced rationality of the exact sciences that were presumably able to annex the complex, confused and ambiguous domain of human behaviour.[39] It was not the increased awareness of the nature of man and his universal rights that made possible the creation

of medical knowledge and the provision of mental health as an inalienable right of man. Both the scientific knowledge of man and the stipulation of the legal subject are reducible to a new form of rationality, a new system of disciplinary logic, which appeared in the late eighteenth century. Instead of the sovereign, the eponymous and powerful head of the state, we see emerging 'an anonymous, multiple, pale, colorless power', which is disciplinary power.[40] In discipline there is no sovereign; there is a reference to a norm and model. No one occupies the position of sovereignty and there is an impersonal, anonymous and universal subject endowed with the capacity for freedom and autonomy, but also with the ability to be trained, corrected and adjusted. It is with recourse to this universal subject that the development of clinical knowledge about man and the construction of a philosophico-juridical theory of individuality became possible. But freedom and autonomy, the scientific discovery of the self and the establishment of rational principles for moral conduct, were deeply connected with a tight network of correction, constant surveillance and permanent visibility. Therefore, they do not represent the supposed ideals of the Enlightenment or humanism, but aspects of a form of rationality which, although liberating with respect to sovereignty, established a diffused disciplinary set of power relations permeated by strict rules and a code of normalization. 'The "Enlightenment", Foucault points out, 'which discovered the liberties, also invented the disciplines'.[41]

What interests Foucault is not the discovery of natural rights or the promotion of the liberties and natural propensities of man that the Enlightenment supposedly advanced. His originality lies in his concern with the establishment, within the disciplinary system, of a relationship with alterity, which constituted the condition of possibility for the birth of psychiatry. It is this relationship with the limits of rationality and with the exteriority in relation to the norm, which was the root of late eighteenth-century anthropology and its systematization, through Kant and the philosophical thinking of specific clinicians of the time, of what will constitute the domain of critique and the problematic of the Enlightenment.[42] Insofar as the norm attaches individuals to the disciplinary system, the mechanisms of distribution and classification aim at establishing and defining the norm, which by necessity refers to those who deviate from it and must be brought into line with it by way of correction. As disciplinary systems rely on clinical knowledge, which

classifies, hierarchizes, and supervises, they come up against those who cannot be classified, those who escape supervision, those who cannot enter the system of distribution: in short, the residual, the irreducible, the unclassifiable and the unassimilable.[43] It will be only at the limits, at the margins of the disciplinary apparatus that the madman and the delinquent will appear.

To the extent that these marginalized individuals came to share a common property of posing a threat to the norm, a new legal system was required which would make offences intelligible, amenable to correction and prevention and therefore less threatening.[44] Crime presumably contained a kernel of madness and all madness harboured the possibility of crime, giving rise to a crucial problem, that of determining whether a criminal was in need of imprisonment or hospitalization. Crime, from this moment onward, had a nature. There was a rationality behind the criminal who was no longer considered the anonymous enemy of monarchy, but a temporary despot, a defiant of the norm and the social contract. This rationality had to be diagnosed and restored to the norm. At this point delirium became the constant theme and reference point for the law. In the face of a crime committed under the influence of delusional ideas, the law confronted the unintelligible and faced the limits of reason, exhausting its scope of implementation.[45] It could no longer be applied insofar as there was no rationality to be understood and corrected. The law needed psychiatric expertise to pin down delirium, refer to it in order to define legal responsibility, to isolate and observe the delirious individual so that he would be medically trained and rehabilitated. This was the first legal appeal to psychiatry.

The second, more crucial legal appeal, constitutive *tout court* of psychiatry, emerged not in the presence of delirium, which, even the magistrates under the regime of sovereignty could recognize, but in its absence. The real anxiety of the courts which made the recourse to mental health specialists urgent was the human monster, the criminal committing 'acts of delirium,' motiveless crimes, crimes with no interest, where delusional thoughts were impossible to elicit and yet there was strong evidence of a delirious crisis due to their unintelligibility, unexpectedness and extreme nature. At this point in history, psychiatry became the most pertinent, the most appropriate response since it could provide scientific answers.[46] It responded to the challenge of spotting those exceptional conditions in which delirium reigned supreme, but was

nevertheless inaccessible to the layman. It sought to grant itself the privilege of demonstrating scientifically the existence of partial insanity, that is, the manifestation of madness exclusively in the form of crime, when all that the judge expected to see were either rational motives or overt dementia and imbecility. Psychiatry should be able to convince the courts that it alone could diagnose the presence of delirium even when it was absent from the patient's speech, that it could describe its silent phantasms and its hidden irrational mechanisms and that it could predict its unexpected, dangerous crises and violent paroxysms.

Thus, psychiatry was not born from the calm advancement of rationalism and its knowledge did not rest on the tautology of defining the norm on the basis of preconceived conceptions of man. It was generated by a medico-legal battle that engaged medical expertise in a paradoxical situation: it was the mute, violent delirium of monstrosity, by definition exceptional, inexplicable and impossible, which formed the condition of possibility for the construction of psychiatric knowledge and the formulation of valid medical propositions:

> Paradoxically, the monster is a principle of intelligibility in spite of its limit position as both the impossible and the forbidden. And yet this principle of intelligibility is strictly tautological, since the characteristic feature of the monster is to express itself as, precisely, monstrous, to be the explanation of every little deviation that may derive from it, but to be unintelligible itself. Thus, it is this tautological intelligibility, this principle of explanation that refers only to itself that lies at the heart of analyses of abnormality.[47]

Notwithstanding this paradox, or because of it, psychiatry became the most pertinent scientific enterprise, owing to its ability to classify individuals, provide diagnostics, define the norm medically and at the same time establish its limits. Being a type of medical discourse and hence, the science of the normal and the pathological, psychiatry, far from exerting religious effects, assumed the status of a royal science:[48]

> Psychiatry was one of the forms of social medicine that appeared in the nineteenth century. The history of psychiatry written by Szasz — another one of his merits — discloses the social function of medicine in a society of normalization […] But what permits medicine to function with such force is that, as opposed to religion, it is part of the scientific institution. It is not enough to indicate the disciplinary effects of medicine. Medicine may very well function

as a mechanism of social control, but it also assumes technical and scientific functions.[49]

Psychiatry surfaced as a scientific response to the problem of dealing with penal, administrative and therapeutic matters linked to the notion of normality. It gained social significance and it was able to influence legal judgement and political decision making on account of its functioning as a scientific component in the network of discipline and normalization. Its import lay in its validity when determining and describing the norm and designating those who escape it, rather than in its religious power to invest the dominant class with a dogma that excommunicated dissidents.

Foucault against Anti-psychiatry

We have therefore shown how psychiatry was generated as a scientific discipline in the late eighteenth century, precisely at the point when jurisprudence became a productive rather than a suppressive discursive practice. We showed how it was not the oppressive model of sovereignty but the constructive function of legal discourse, which allowed for the existence of truthful discourse concerning the mad. This account, however, still does not explain whether Foucault differs from anti-psychiatric positions; it does not clarify why Foucault does not refute the scientificity of psychiatric propositions, and why he does not align himself with anti-psychiatry in portraying psychiatric power as an instrument of social control. The fact that juridical practices had a constitutive relationship with psychiatry still appears to undermine the autonomy of psychiatric discourse. Furthermore, the fundamental connection of psychiatric truth with otherness and the limits of reason seems to display a logical weakness, a contradiction and the insinuation of philosophical notions which invalidate the scientific status of psychiatry.

In order to tackle these aporias, we need to return to our discussion of the diagnostic truth regime of a science as a politically motivated but autonomous system of distinguishing between the true and the false. It should be kept in mind that for Foucault diagnosis is part of an external history of truth, which means that it is not a falsified construct but a type of scientific discourse which fulfils the truth conditions created by extra-psychiatric schemas of rationality.

Multiple practices, institutions and systems of knowledge that are capable of yielding scientific knowledge in psychiatry. These conditions of possibility for the formation of clinical psychiatric knowledge are localizable in practices outside medicine, which nonetheless do not distort the scientific validity of its discourse: 'Political practice has transformed not the meaning or the form of discourse, but the conditions of its emergence, insertion and functioning; it has transformed the mode of existence of medical discourse.'[50] Social, cultural and normative components converge in the production of truthful, scientific discourse, which, in a rigorous fashion, articulates a new form of knowledge that can be called psychiatric. The discourse produced is culturally driven without being reducible to the external conditions that engendered it. By exposing the non-scientific elements of psychiatry, Foucault does not dismantle the scientific endeavour, but demarcates its boundaries in order to foreground the historical contingencies that engendered it as a scientific theory that lays claim to universality:

> One can show, for example, that the medicalization of madness, in other words, the organization of medical knowledge around individuals designated as mad, was connected with a whole series of social and economic practices at a given time, but also with institutions and practices of power. This fact in no way impugns the scientific validity or the therapeutic effectiveness of psychiatry: it does not endorse psychiatry, but neither does it invalidate it.[51]

Crucially, Foucault shows how the political, social and legal concerns of the late eighteenth century did not distort psychiatry, but, on the contrary, enthroned it as a 'royal science' and rendered it indispensable on account of its capacity to diagnose, isolate and potentially cure the alterity that stands outside the norm and the rational boundaries of the law. The law did not permeate clinical knowledge but it became dependent on psychiatric expertise in order to decide whether the criminal is in need of punishment or treatment: from the late eighteenth century onward, Foucault argues, the law 'can no longer judge; it is obliged to come to a halt and put questions to psychiatry'.[52] The law did not invoke existing psychiatric theories in order to justify the imprisonment of law breakers. Such theories did not exist before this period. On the contrary, the need for a distinction between the criminal and the mad, the anxiety of the jurors to differentiate between the correct way to punish law breakers and the provision of therapy to those who suffer

from mental disorder, allocated to doctors the task of performing a strict and valid diagnosis. By this legal act, psychiatry established its role as a scientific endeavour at the heart of the social system. Psychiatry became privileged among the sciences by being in a position to decide with its scientific statements the right to punish; it acquired a central position in the legal and administrative network of public hygiene.

The paradoxes of this newly formed psychiatric truth were the inevitable outcome of the need to account for the emergence of an irrational experience that called for rational description. Therefore, they are not only understandable, but also constitute an integral part of the anthropological character of proto-psychiatry. This is why these paradoxes do not undermine its scientific worth. On the contrary, as Foucault notes, it was when faced with these limit situations, when human finitude became a clinical problem, that psychiatric discourse constituted itself as a rigorous scientific enterprise. When alienists performed the diagnosis, the absolute diagnosis between reason and delirium, between madness and delinquency, they applied a strictly phenomenological approach to mental disorder, free from theories and speculations. Both Philippe Pinel (1745–1826) and Jean-Étienne Dominique Esquirol (1772–1840) were primarily diagnosticians.[53] Despite the existence of numerous theories for the aetiology of mental disorders, their gaze penetrated to the depth of the illness only secondarily. Their primary concern was the classification of illnesses, in order to produce a valid approach that would resemble the methods of the newly born clinical medicine. Psychiatry

> had to codify madness as illness; pathologize its disorders, errors, and illusions, and undertake analyses — symptomatologies, nosographies, prognoses, observations, clinical files, et cetera — to bring this public hygiene, or the social safety it was responsible for, as close as possible to medical knowledge and thereby enable this system of protection to function in the name of medical knowledge.[54]

The courts had imposed the urgent and immediate need for the identification of the various types of illness, so that sequestration or other forms of medical intervention could be justified. Therefore, a reliable scientific method of categorizing illness was necessary. Alongside other diagnostic syndromes – dementia, lypemania and mania – the proto-psychiatrists coined terms such as 'partial madness' and 'monomania' to denote conditions that escape rational explanation. They resisted elaborate theories or psychological

interpretations and sought to describe experiences that they recognized as being beyond reason. Their descriptions were formal and strict, in accordance with the medical diagnostic model:

> For the alienists, psychiatry really was a medical science because it obeyed the same formal — nosographical, symptomatological, classificatory, and taxonomic — criteria. Esquirol needed the grand edifice of psychiatric classifications that so delighted him to ensure that his discourse and objects were the discourse of psychiatry and the objects of a medical psychiatry. The medicalization of the discourse and practice of the alienists passed through this kind of formal structuration isomorphous with medical discourse.[55]

Foucault therefore would totally disagree with certain anti-psychiatrists who argue that psychiatry is a pseudoscientific discourse used by systems of power to justify the incarceration of deviants, the undesirable and the law breakers. These thinkers claim that psychiatry was invented as an extension of the prison, in order to cover up coercive practices with the mask of scientific authority.[56] Although Foucault accepts the role of psychiatry as an instrument of public hygiene, his conclusion is precisely the opposite. He shows how the asylum emerged precisely at a time when the distinction between delinquency and mental illness became necessary. Madness became a problem for the system of power relations, when the necessity arose to differentiate between the various types of irrationality and deviance; hence, the simultaneous birth of the penitentiary and the asylum in the late eighteenth century.[57] What began as a moral problem of indiscriminate sequestration in the era of the great confinement was transformed a few decades later into a scientific issue that demanded the division of inmates. Psychiatry emerged as a response, in the most scientifically rigorous way possible, to this social demand; it established itself as a firm epistemological entity making serious truth claims, not as a coercive discipline, oppressive or pseudoscientific by nature, as anti-psychiatry suggests.

Foucault beyond Anti-psychiatry

Foucault's later works illustrate that the *History of Madness* is not a refutation of psychiatry but a demonstration of the way psychiatric truth is dependent upon but not reducible to juridical forms, administrative networks and

mechanisms of power. At the origins of psychiatry, diagnostic truth was part of an anthropological endeavour (in the Kantian sense), which functioned with scientific clarity and philosophical rigour with reference to the alterity of madness. What remains to be examined is the precise nature of this alterity. What needs to be considered is what the status of madness is in Foucault's system and how it differs from anti-psychiatry. It will also be crucial to elucidate Foucault's perspective on mental illness and whether it is a notion that he endorses or rejects in view of the juridical and scientific crises, which have occurred since the end of the alienism of the late eighteenth century.

As it has been shown, psychiatry constituted itself as a science from the moment it defined madness as an illness. It was within the same movement, the same regime of truth, that madness was identified as a problem of human finitude and as a reality that had to be codified in medical terms. Madness therefore came to existence in the form of a problem to which mental illness constituted a medical solution. Mental illness is a medical derivative of madness, a type of medical perception.[58] It was born simultaneously with madness as its empirical and institutional expression. What anti-psychiatry criticizes is precisely the medical expression of madness as arbitrary, anti-scientific and illusory, and purports to produce the truth of madness and to free its supposed entity from the concept of mental illness altogether. Anti-psychiatry essentially seeks to 'demedicalize' madness, dismissing mental illness as a distortion of the reality of madness.[59] Foucault challenges this pretention as epistemologically utopian and politically ineffective. He disputes the defence of madness as a vague anthropological constant to be liberated, and considers it as a problem urgent enough to necessitate the construction of the diagnostic categories that represent it, provoking administrative, juridical and institutional responses. These responses are never strictly medical and never fixed, but are thoroughly political and always in the process of being revised: 'I don't think that in regard to madness and mental illness there is any "politics" that can contain the just and definitive solution. But I think that in madness, in derangement, in behavior problems, there are reasons for questioning politics: and politics must answer these questions, but it never answers them completely.'[60]

Anti-psychiatrists hold that there exists a transhistorical system of repression permeating psychiatric practice which labels, misdiagnoses and

forcibly confines the irrational members of a community, in a process derived from the repressive nature of medical rationality. Anti-psychiatry accepts the existence of madness in its primitive state, rejecting its transformation into mental illness through pseudo-scientific diagnostic models, which reify it and subject it to the doctor's power which its medicalization entails. It advocates the right of the patient to produce his madness and the truth of his madness and sets out to give the individual the task and right of taking his madness to the limit, of taking it right to the end, in an experience to which others may contribute, but never in the name of a power conferred on them by their reason or normality; detaching behaviour, suffering, and desire from the medical status given to them, freeing them from a diagnosis and symptom-atology that had the value not just of classification, but of decision and decree; invalidating, finally, the great retranscription of madness as mental illness that was begun in the seventeenth and completed in the nineteenth century.[61]

For the anti-psychiatrists, madness is an independent ontological reality. Psychiatry, deployed by the oppressive mechanisms of the state, submits madness to the medical model which labels it as mental illness, a fictitious entity impossible to analyse and uncover medically. This interpretation leads the anti-psychiatrists to an inevitable aporia: 'if madness is not a mental illness charted on a nosographic table, if madness has a specific reality that shouldn't be pathologized or medicalized, then, what is it?'[62] Anti-psychiatry needs to account for the reality of madness, its supposed internal structure as autonomous and ontologically independent from the reality with which medicine purports to invest it. Anti-psychiatric critique takes the medical model as given, accepts *a priori* the division between the sane and the mad and chooses to side with madness in the name of its supposed rights, which it also considers transhistorical. As it cannot go beyond the medical model of truth, it inevitably considers psychiatry as inherently incapable of adopting it. Therefore, anti-psychiatry concludes, any attempt on the part of psychiatry to make the obscure ontology of madness medically intelligible unavoidably stumbles against the necessary limitation of psychiatric knowledge, falling into simulation.[63]

For Foucault, on the other hand, power does not seek to impose false models in order to incarcerate the mad. He is sceptical of notions such as Power or the ruling bourgeoisie, which historicism uses as universals. As

he characteristically puts it, 'the bourgeoisie doesn't give a damn about the mad'; there was no abstract and universal despot such as a ruling class that repressed and excluded madness for politically motivated reasons. Instead, there was a particular technology of government whose logic was enacted by real agents – doctors, the family, parents, magistrates, the police – involved in a set of real and concrete practices. The mad were confined when a specific from of rationality was faced with the problem of their designation and management as mad and not because of power's hidden political or ideological agenda:[64]

> For when I say that I am studying the 'problematization' of madness, crime, or sexuality, it is not a way of denying the reality of such phenomena. On the contrary, I have tried to show that it was precisely some real existent in the world which was the target of social regulation at a given moment […] That people are suffering, that they make trouble in society and in families, that is a reality. What I have tried to analyse are the ways these conditions, and the context in which this kind of suffering — delirium, persecution, etc. — are problematized as an illness, a mental illness, something which has to be cured inside such institutions and by such institutions.[65]

The fact that madness is something real in the world, a concrete situation provoking concrete reactions, does not entail that it is a substance masked and repressed by the authority of the doctor who imposes an arbitrary nosography and diagnosis upon it. On the contrary, Foucault shows how the medical model and the diagnostic thinking of the alienists conceived madness not as an ontological invariant which should be restrained and suppressed, but as a category of truth, an experience at the limits, an anthropological problem, an idea of reason which deserved philosophical contemplation, medical attention and social response: 'Madness cannot be found in its raw state,' Foucault notes.[66] Madness is unthinkable outside the specific scientific and philosophical game of truth and falsity, which endowed it with the status of mental illness, a field of valid research and cognition. For the alienists, mental illness was an artificial but, nevertheless, necessary mode of representation, a concrete medical response to the real problem of madness. It was not a mythical entity but a 'quasi-natural object',[67] a contingent and historically determined reality, formed as an object, as an area of concern, through the interplay of specific relations of power and discourses of truth.[68]

For Foucault, therefore, mental illness is the enactment of a problematization, not an entity problematic in itself. Curiously, it has become problematic from the moment psychiatry overcame alienism and sought to establish itself as a medical specialism, under a new form of legislation. From the middle of the nineteenth century, psychiatry began to function in the framework of generalized security and control, instead of discipline, training and surveillance, seeking to nullify the dangers and risks that madness might entail.[69] So as to justify its new role in social defence, psychiatry began to act not only therapeutically but also *prophylactically* with respect to the crises of madness, its sudden and unexpected outbursts in the form of criminal behaviour. Monstrosity, the linchpin of alienism, now had to be prevented. Prognostic knowledge and not diagnostic truth, put an end to alienism bringing about the second, 'real birth of psychiatry'.[70] The construction of notions such as schizophrenia and hystero-epilepsy codified social danger as illness attributable to discernible pathological processes, automatism, lack of free will, abnormal instincts and degrees of degeneration.[71] Knowledge of these causes increased the power of the psychiatrist who would now be capable of assessing the extent to which an individual already resembled his crime before he had committed it. It allowed psychiatrists to detect disorder early, eliminate the risk of monstrosity and ideally dispense with the problem of madness altogether.

The emphasis that the system of security placed on the prognostic value of diagnosis, however, eventually turned mental illness into a problematic term. In the age of alienism, it was enough that clinical examination could reveal the truth of delirium in those rare and exceptional individuals who committed monstrous crimes, so that they could be absolved of legal responsibility and be committed to the asylum. In the era of prevention, on the other hand, the detection of automatism and lack of free will should take place before the actual crime, so that the individual's pre-emptive incarceration could be justified. From this moment onward, mental illness became closely linked to danger and the courts began to request the psychiatrist to identify the risk present in an individual on the basis of prognostic signs which could link his illness with the possibility of legal transgression. Dangerousness, however, is not a clinical notion, it is not a medical category; it is an administrative term which concerns social defence rather than medicine.[72] Instead

of distinguishing between madness and delinquency, dangerousness conflated the two notions in the figure of the abnormal individual, the 'individual to be corrected', the everyday, commonplace, 'faded monster' whose pathology must justify his possible criminal behaviour.[73] However, since his future culpability could not be demonstrated at the level of disturbed consciousness and logical error, as in the monster, the proof of his propensity for disturbance had to take place at the level of the voluntary/involuntary axis, on a continuum of degrees of automatism which connects insanity with the smallest crime.[74] A type of knowledge was therefore produced which dealt with the mixture of madness and criminality and which, for this reason, was consistent neither with psychiatry nor with the law; it 'verge(d) precisely on undecidability'.[75] Thus, as an expert in court, the psychiatrist began to pathologize every possible abnormality that could become criminal; he began to investigate early signs of 'perversion' and disordered personality traits. He provided neurobiological evidence and signs of automatism which could provide a substratum for an offence not yet committed.[76] Instead of increasing the rigour of his diagnosis, the forensic psychiatrist dealt with an exploded symptomatological field which tackled disorders of conduct rather than the search for delirium – homosexuality, kleptomania, arsonism, exhibitionism, became illnesses during this period – addressing healthy individuals in the form of screening, statistical analysis and preventive intervention through social work, performing precarious risk assessments and producing a clinical discourse mixed with pedagogical and administrative elements, 'a discourse of fear and of moralization, a childish discourse, a discourse whose epistemological organization, completely governed by fear and moralization, can only be derisory, even regarding madness'.[77] Joining the security system of *policing* abnormalities, forensic psychiatry became epistemologically suspect because, losing its bellicose relationship with madness, it associated mental illness with immorality and social offence, precisely at the moment when it sought to describe pathology in a value-free way.

In keeping with anti-psychiatric critique, Foucault judges this development as scientific adulteration and political derision of psychiatric expert opinion. Contrary to anti-psychiatry, however, he does not consider it an intrinsic epistemological flaw of mental illness.[78] He assesses it as an epistemological regression with respect to the earlier, proto-psychiatric conception of mental

illness, as the most exemplary of form of Kant's transcendental illusion, the price that the psychiatric subject had to pay for aspiring to expand his biopolitical role and incorporate madness into the universe of meaning and protection.

Dangerousness, Anti-psychiatry and Neo-alienism

Thus, the subjugated, disempowered status of current psychiatry authority and the value-laden and pseudo-scientific definition of mental illness are not the result of the infantile epistemological level of psychiatry, its axiological nature or its inherently coercive role, but the product of a new, all-encompassing rationality denying and suppressing the anthropological kernel of psychiatric discourse. This is why critique cannot simply demand more rationalization and psychologism into the supposedly immature level of psychiatric diagnosis, or more humanism in order to protect the patients' rights and to avoid the illegitimate abuses of power. Either of these two options will not change the fact that forensic psychiatry will continue to operate 'way below the episte-mological level of psychiatry',[79] and its entanglement in administrative forces and intra- or extra-institutional bureaucratic mechanisms will be reinforced. The anthropological conclusion which Foucault draws is more ground-breaking because it highlights a radical reversal in the current state of affairs: positivist, 'enlightened' psychiatry does not only undermine itself in its effort to eradicate madness, but the more derisory it becomes, the more it betrays the rules of its own discipline in the name of rationalism and humanism, the more it allows insanity to become dangerous and monstrous once again.

Thus, it is pointless to attack psychiatric rationality for its supposed abuses and the terror it allegedly exerts over madness. It is psychiatric rationality itself which has now reached a critical point where it unwittingly renews the anthropological problematic of alienism. In its effort to dispense with the anthropology and the perils of delirium, psychiatric knowledge ends up reviving the crises of madness in a fiercer and more insidious way. Despite its ambition to submit mental illness to a pacifying, inclusive network of socialization, the security-orientated form of psychiatric rationality has helped propagate the monstrous aspects of insanity more effectively into the

networks of rationalization. Compulsory admissions have multiplied because heterogeneous forms of abnormal conduct are excluded on the basis of their suspected insanity. 'Everyone in the asylum potentially carries the danger of death,' Foucault notes.[80] Madness is now an even more dangerous enemy, because it has become invisible; it lurks behind the anonymity of ordinary behaviour and the most commonplace disturbance of conduct. It stealthily inserts the absolute diagnosis between reason and madness that the new psychiatric rationality tries to obliterate. This inadvertent neo-alienism, this identification of madness with danger still prevalent today, has generated a new juridical and administrative crisis which calls for a redefinition of mental illness. The latest amendments of the Mental Health Act in the United Kingdom have raised concern regarding the extension of the criteria for involuntary hospitalization to certain patient groups mainly on the basis of potential threat to self and others (drug addicts, the personality disordered).[81] Domestic and international terrorism have divided psychiatrists (the Breivik case in 2011) and have raised serious issues regarding the mental state of the perpetrators of unintelligible acts, who are detained indefinitely and are observed medically despite their (confused) status as political prisoners and criminals (Guantanamo).[82] Amidst this generalized medico-legal confusion, there is an increasing need to draw distinctions: the political and juridical role of the psychiatrists must be delineated more strictly; the criteria for mental illness must be refined in order to clarify whether the subjects treated by psychiatrists, interned in psychiatric institutions, interrogated or even tortured in the presence of psychiatrists, constitute clear-cut cases of schizophrenia, forms of ordinary social deviance or political dissidence, or rare and exceptional cases of monstrosity, a condition left untheorized since the eclipse of the notion of monomania.

It is equally pointless to defend the patients' rights and speak in their name, not because humanist discourse is to be rejected, but because it is *de facto* overshadowed as form of critique by the urgent need to reflect on the anxiety and fear that madness provokes in this new form of punitive power.[83] Well beyond any concept of right and morality, it is the mad themselves who have now become the analysers of the system, resisting medicalization, adopting all possible medical, political or moral attributions, disqualifying the psychiatrist as a scientific subject and becoming more dangerous and terrifying the

more they are subjected to rational understanding. Critique is now forced to abandon the self-evident schema of an oppressive psychiatric power excluding and suppressing insanity on the basis of 'a pure and simple tautological affirmation of the following type: I, reason, exercise power over you, madness'.[84] Today there appears to be a fragile and asymmetrical relationship between the two terms, a mutual imbalance; on the one hand there is a form of psychiatric rationality providing an unconditional and sometimes coercive network of inclusion, solicitude, care and knowledge and on the other hand, madness provokes exclusion, hides behind simulation and inflicts terror on the rationality of security: 'Now the critique of knowledge I would propose does not in fact consist in denouncing what is continually — I was going to say monotonously — oppressive under reason, for after all, believe me, insanity (*déraison*) is just as oppressive'.[85] This is why the *History of Madness* was not a praise of madness, just as *Discipline and Punish* was not an apology for crime.[86] In his studies, Foucault focuses on the struggle between the perils of psychiatric rationality and the dangerousness of the patient who revolts, of the mentally ill who poses a threat to society, of the monster who renews the problem of fear inside penal practice. This struggle is ongoing, pervasive and transcends the mental institution. This is why Foucault was sceptical of anti-psychiatric efforts to support deinstitutionalization and the extension of normalization through the expansion of psychiatric care.[87] These reforms contribute to the excesses of psychiatric rationality and therefore proliferate the reciprocal dangers of madness. Although he judged fruitful the anti-psychiatric criticism of the perils inherent to the mental hospital, he noted that new dangers and risks have emerged and multiplied from the moment madness has been supposedly liberated. He critiqued the dangers produced by the closing down of asylums and the opening of free clinics by Basaglia in Italy;[88] he indicated the urgent need to criticize the private, 'liberated' medicalized apparatus which Szasz has privileged over the therapeutic State;[89] he was deeply suspicious of the 'leftist doxa' which, with its anti-repressive rhetoric, chooses the 'good side' of madness in order to combat the 'badness' of psychiatric power.[90] 'My point is not that everything is bad,' Foucault notes, 'but that everything is dangerous, which is not exactly the same as bad. If everything is dangerous, then we always have something to do.'[91] Danger exists in both sides of the dividing line and it is the work of the critical historian to extract himself from

the mechanisms which make the two sides appear, illustrating the illusion of their nature and unity.[92]

Conclusion

The criticism that Foucault is engaged in an anti-psychiatric endeavour using counter-Enlightenment discourse holds no currency. Foucault's enterprise is a type of historical critique that questions such groupings. Arguing that his own critical approach is rooted in the Kantian question of how a possible 'we' gets established and formulated rather than the Cartesian problematic of the universal, transhistorical and impersonal 'I',[93] Foucault dismantles the notion that there are pre-existing uniformities in the way psychiatry is practised throughout history and that a common rationality is shared by those involved in its practice or by those who criticize it. He states that he cannot possibly be considered part of an anti-psychiatric 'we' because such a position would imply a conception of psychiatry as homogenous and immutable rather than historically produced and contingent on rules and regimes of truth. He stresses that he was ignorant of anti-psychiatry at the time of the writing of the *History of Madness*, and distances himself from a discourse whose basic tenets – psychiatry's lack of scientificity, its role as instrument of social control – he sets out to question.[94] He notes that there have existed various types of anti-psychiatric discourse, of the existentialist, Marxist, Reichian or even Deleuzian-Guattarian type, which remained heterogeneous and never achieved systematization and uniformity. Laing rested his analysis on abstract existential concepts to support his view of transhistorical psychiatric oppression and stopped short of employing his theory to demarcate the limits of psychiatric knowledge.[95] Marxist analysts criticized the psychiatric institution from 'a defensive trade-union angle', which offered no solution out of the impasse of their resulting ideological opposition with medicine and the administration.[96] Szasz's critique equated psychiatric power with the state and his proposal of a liberal type of treatment merely transposed the problem. By denying the existence of mental illness, he ended up complementing the canonical doctor patient relationship: 'Psychiatrists were selling the status of illness they gave to their

clients at a rather high price. Szasz sells non-illness to people who think they are sick.'[97]

Moreover, the thinkers engaged in polemics against psychiatry never identified with each other and did not present a common ideological or theoretical platform. Szasz – who in his later works rejected the term anti-psychiatry – described Laing as a defender of psychiatry, a 'drug-guru' and the high priest of 'super-sanity'. Peter Sedgwick (1934–83), a critic of psychiatric practice from a leftist point of view, wrote *Psycho Politics,* a book highly critical of anti-psychiatry from which he clearly distanced himself.[98] All totalizing and all-encompassing theories have failed to prescribe definite solutions, offer global criticism and gain universal validity; they can only provide tools that can be used on a local level. Critique is essentially local, autonomous and non-centralized.[99] It is a way of posing the problem of a possible consensus among thinkers instead of asserting it in advance:

> I am not sure that at the time when I wrote the *History of Madness*, there was a pre-existing and receptive 'we' to which I would have only have had to refer in order to write my book, and of which this book would have been the spontaneous expression. Laing, Cooper, Basaglia and I had no community, nor any relationship. But the problem posed itself to those who had read us, as it also posed itself to some of us, of seeing if it was possible to establish a 'we' on the basis of the work that had been done, a 'we' that would also be likely to form a community of action.[100]

Foucault not only questions all existing 'we's', but he insists that this 'we', the identification of the community of which we are part, is never given but is subject to critical reflection:

> … for the philosopher to ask the question of how he belongs to this present is to no longer ask the question of how he belongs to a doctrine or a tradition. It will also no longer simply be a question of his belonging to a larger human community in general, but rather it will be a question of his belonging to a certain *us,* to an *us* that relates to a characteristic cultural ensemble of his own actuality. No philosopher can go without examining his own participation in this *us* precisely because it is this *us* which is becoming the object of the philosopher's own reflection.[101]

Richard Rorty criticized Foucault for undermining the Enlightenment by failing to appeal to a 'we', and promoting instead an anarchic discourse that

forbids any participation in a community. Foucault responded by saying that he does not regard enlightenment critique as a necessary appeal to a 'we', since defining this 'we' is exactly what critique seeks to explore.[102] Critique starts out with the problem of deciding whether it is suitable to place oneself in a community of shared principles and values, before recognizing and accepting these principles outright. Critical thought analyses and questions the consensus about the premises and frameworks that shape experience so as to assess the condition of possibility of its existence or its future formation, rather than deciding how one will endorse the principles of consensus after they have been posed.

The Simulation of Hysteria at the Limits of Medical Rationality: Foucault's Study of an Event

In the previous chapter, we analysed the political factors which constituted psychiatry as a discipline in the late eighteenth century. We focused on the juridical components that contributed decisively to the formation of a particular diagnostic truth regime that generated psychiatric knowledge. We contrasted Foucault's analysis with anti-psychiatry, to show how these extra-psychiatric forces comprised the external truth conditions that shaped but did not penetrate truthful discourse and made up the political coordinates, which guided but did not distort diagnosis in psychiatry. We shall now turn to the internal, ethico-epistemological conflicts and transformations, which took place in the years following the initial episode of the birth of the asylum. We shall deal extensively with the obstacles, which impeded the formulation of diagnostic truth in a way that would harmonize the newly born discipline of psychiatry with the rest of medicine. We shall focus our discussion on simulation, the major epistemological blockage of the nineteenth century, which still constitutes a central topic of debate, a crucial issue threatening the scientific validity of psychiatry as a whole. Hysteria, a special case of simulation in late nineteenth-century psychiatry, will be the reference point of our analysis. For Foucault, the phenomenon of hysteria was a groundbreaking event, which altered the course of psychiatry and the way psychiatrists approached normality. It was not a random accident, a mere dysfunction in the technology of the psychiatric institution, but an exceptional case, a singularity which introduced a new problematic for diagnosis emerging alongside the medical model, becoming itself the model for critique. As a point of

rupture in the history of psychiatry, hysteria can serve as a clinical example of what constitutes an event from a historical perspective. That event disrupted the rational framework of psychiatry by creating a situation in which truth and illusion, the history of veridictions and the history of simulacra, came to coexist on the same strategic plane. Foucault's analysis of hysteria demonstrates how his philosophy of the event does not undermine Enlightenment critique but actually enacts it by causing reason to reflect on the limits of the rational explanations that it provides.

Simulation as Crisis

Simulation has been the most important epistemological problem haunting psychiatry since the early nineteenth century. It had already constituted a problem for general medicine, forcing doctors to face the possibility that symptoms may not simply be accepted as facts of nature, but also as artificially produced and reproduced signs. While medicine, however, could hope to overcome this phenomenon by demonstrating the objective causes of real illnesses, in psychiatry this task seemed impossible. As we have shown, the truth regime of alienism had designated madness as the prototype of mental illness, on account of its appearance as a limit experience conceived by reason. It justified psychiatric intervention. On the basis of its classification as a newly constituted type of malady of the spirit, doctors could commit individuals to the asylum without requiring their consent. However, the appearance of madness as a limit experience conflicted with the need to identify it in clinical terms. It was by definition impossible to demonstrate its presence through proof and verification. The fact that the incarceration of the mad rested – according to the Kantian anthropological project – on the conception of an *a priori* of reason rendered the empirical identification of madness far from self-evident. Madness emerged as a conceptual entity which could not be subjected to unequivocal rational observation and interpretation, generating an inner tension for clinical practice: 'The madman, who was the outsider *par excellence,* pure difference, "other" to the power of two, became in this very distance the object of rational analysis, fullness offered to knowledge and evident perception, the one precisely to the extent that he was the other.'[1] Madness as

an object of medical perception contained a fundamental conflict: while in the realm of logic it stood out as a clear entity, on the level of perception it was inaccessible and impenetrable: 'The eighteenth century perceived the madman, but deduced madness.'[2] The tension between the *de jure,* that is, in principle, exclusion of the mad as agents of unreason, and their *de facto,* empirical identification,[3] generated the phenomenon of simulation. Delirium was expressed solely in the patient's speech and was evaluated by the subjective judgement of the doctor: it was therefore not difficult for healthy individuals to simulate it for secondary gains. There appeared, since the time of Pinel in the early nineteenth century,[4] impostors who presented the psychiatrist with typical signs of mental illness, but who turned out to be individuals who wanted to absolve themselves of responsibility for a crime or who sought to escape army recruitment. On many occasions, it was the family which provoked, modified or projected the patient's delirium for its own benefit. Simulation displayed the epistemological singularity of proto-psychiatric thinking, especially its inherent dualism:

> Whereas [general] medical knowledge functions at the point of the specification of the illness, at the point of differential diagnosis, medical knowledge in psychiatry functions at the point of the decision between madness or non-madness, the point, if you like, of reality or non-reality, reality or fiction, whether this be fiction on the part of the patient who, for one reason or another, would like to pretend to be mad, or the fiction of the family circle, which imagines, wishes, desires, or imposes the image of madness.[5]

In the face of simulation, characterization of illness was not feasible. There was no objective truth that would enable the psychiatrist to demonstrate illness anatomically in order to conduct evidence-based forensic analyses, statistical observations and experimental research: that is, to perform the role of a proper clinician. The psychiatrist could not produce the reality of madness, which remained, at this stage, a conceptual object with no empirical support. He could not substantiate its existence and justify its presence scientifically. He could not convince the courts that restraining the mad and diagnosing them as carriers of risk and danger could be medically grounded. He could not verify sufficiently whether a patient was in need of involuntary hospitalization or whether he was a malingerer. He could not provide valid prognosis regarding the future threats that the patient might pose. He lacked demonstrative truth:

> The great problem of the history of psychiatry in the nineteenth century is
> not the problem of concepts, and not at all the problem of this or that illness;
> neither monomania nor even hysteria was the real problem, the cross psychiatry
> had to bear in the nineteenth century. If we accept that the question of truth
> is never posed in psychiatric power, then it is easy to understand that the
> cross nineteenth century psychiatry has to bear is quite simply the problem of
> simulation.[6]

The simulators posed the greatest challenge to the truth claims of the early
medical anthropologists and were the driving force behind the formulation of
valid knowledge concerning mental illness. If the definition of legal respon-
sibility was the major external truth condition which set in motion the entire
epistemological machinery of proto-psychiatry, simulation was the most
important internal truth requirement for the construction of psychiatry as a
serious medical practice.

The proto-psychiatrists followed a unique and singular method in order
to deal with the problem of simulation. Normally, it would be expected that
they would simply reproduce the medical process of anatomical demon-
stration and postmortem examination in order to refute the falsification of
symptoms, but this was not what happened. They adhered to a truth modality
that did not privilege global, empirical knowledge. According to their para-
scientific truth regime, truth is not universal, global and timeless, but has a
history and a geography: it occurs only in ruptures and breaks. It does not
obey the Aristotelian desire for truth, but emerges suddenly as an event.
Truth, according to this epistemological attitude, is the locus of the simul-
taneous emergence of subjects and objects. It surfaces not when meaning
manifests itself or when causal connections are established, but whenever
gaps in the universe of meaning appear and points of reversibility overturn
knowledge relationships. It is a discourse which does not produce scientific
knowledge, but determines truth in the form of the test, arbitration, strategy
and conflict.[7] This truth regime had existed in the civilizations of the Near
East as well as in Archaic Greece, and it was only later that it was inserted
into the philosophical system of the post-Aristotelian Greek philosophers.[8]
Once it was systematized and organized as a rigorous epistemological schema,
particularly in the Stoics, it began to enjoy an equal apodeictic status as
deductive reasoning and scientific demonstration, influencing the conjectural

sciences, as Aristotle had called them: military and political strategic thought, agronomy and medicine.[9]

Thus, despite its marginalization in western society since the Middle Ages, this truth regime has been pervasive inside the diagnostic thinking of medical practice from Hippocrates (c. 460–c. 370 BC) and Galen (129 AD–c. 200/c. 216), up to the eighteenth century. In Hippocratic and Galenic medicine and later in the medicine of Thomas Sydenham (1624–89), it was less the anatomical localization of an illness and more its critical moments – fevers, convulsions – which were of interest. These moments of crisis, where the battle between the illness and the defences of nature reached its peak, revealed the truth of the illness, determined its course and constituted the right occasion, the *kairos* when medical intervention would be appropriate.[10] The proto-psychiatrists applied the same logic and followed the same regime of truth; they did not rely on inquiry and examination in order to tackle the problem of unreason. Their basic diagnostic method was the *test* which they used in order to detect and prove, albeit negatively, the presence of madness.[11] They studied madness in its crises and the sudden outbursts of its inner truth. Although their nosographic approach was formally isomorphic with the rest of medicine, it was designed in such a way as to test and make manifest the moment when the truth of madness appeared, as in crime, and they saw their ability to establish the truth of the mad as a way of gaining control over unreason. In the early asylum, biological theories or psychological interpretations were used only secondarily; it was the ruptures, unintelligible and reversible relationships that determined the presence of madness. Madness was not sought in the causal chain of a known mental pathology, but in its violent discontinuity with all prior causality. A criminal was judged and incarcerated as mad when he *did not* present with any motive, interest or predisposing signs.[12] When a person exhibiting disruptive behaviour was sequestered, the intention was not to explore her disturbed family life or poor upbringing, but to explain her sudden *rupture* with an otherwise normal family milieu.[13] The spatio-temporal crisis of madness, by definition foreign to meaning, etiology and causality, was the cornerstone for the decision to commit individuals, with the further aim to isolate them from their ordinary environment which could mask, trigger, muddle or exaggerate the clinical presentation of an irrational paroxysm. The space of the asylum was first and

foremost the place where the crisis of delirium could be observed in its naked state as the locus of rupture and upheaval in the patient's consciousness and behaviour.[14]

The implementation of the truth-crisis offered a way out of the perils of simulation, because it defied the typical rules of clinical diagnosis. Simulation is possible only to the extent that there exists a presupposed, pre-established mode of medical representation that it imitates, a basic medical reality that it pretends to embody and a system of psychological meaning which it faithfully reproduces. Proto-psychiatry, on the other hand, conscious of its confrontation with meaninglessness, managed to furnish reliable evidence of insanity by positioning it precisely at the limits of representation, where it by logical necessity manifests itself. It looked for it at the edges of representation, on the fringes of meaning and in a world of false appearances, foreign to reality. The body of the insane was not scrutinized anatomically but was subjected to restraints and a system of deprivations. The insane individual was inserted into a *sub-real* environment. He underwent a ritual in which he was subjected to isolation, minimal satisfaction of needs as well as a tactical process of rewards and punishments, in which he was led to the awareness of his deluded omnipotence and distance from the real world.[15] This ceremony, aspects of which are still in existence in today's mental hospitals (chemical restraints, isolation, electroconvulsive therapy) has been studied and criticized by sociologists and anti-psychiatrists as an unscientific and shameful practice of psychiatry.[16] However, its cruelty, barbarity and violence can only be judged as such by the standards of the moral, all-inclusive and pacifying order of a risk-free order, an order for which madness has ceased to exist as a limit experience. Confronted with the incomprehensibility and non-negotiable truth of madness, this 'scientifically incorrect' practice involved a truth ordeal involving bodily interactions as the sole evidence of delirium when all that the psychiatrists had at their disposal was the patient's discourse.[17] The fact that it constitutes a truth modality foreign to scientific proof and positive demonstration is no argument against its value as a testing ground for madness.

Simulation and Hyperreality – The Neurological Body

Nevertheless, it is a historical fact that the ritualistic and juridical mode of truth production of the test was soon deemed unacceptable for a psychiatry aspiring to become a medical specialism continuous not just with the form but mainly with the content of medical discourse.[18] So long as madness could not be demonstrated anatomically, psychiatry could never become a branch of medicine. Nineteenth-century psychiatry, therefore, strove to incorporate the regime of truth-demonstration and truth-observation already prevalent in medicine. It sought to dispense with the para-scientific truth-test, not only because it was irreconcilable with a proper medical discourse, but also because it allowed the crises of madness to run their course, posing social and individual danger.

Psychiatry thus set for itself the task of combating simulation without having to resort to the truth-test. This endeavour was supported by a new form of extra-medical rationality, which set new standards for the epistemological threshold of medicine. It was the regime of security, which, since the middle of the nineteenth century, replaced the law of the sovereign and the norm of discipline with a new concept destined to alter radically the social and political role of psychiatry: the concept of *reality*. The logic of security and management of the population set up an ensemble of mechanisms for the protection of society from the uncontrollable elements of nature, whether present or future ones. It was centred on the effort to intervene at the level of variables, unforeseeable elements of the environment and potential accidents, in order to ensure the safety of the population and secure the forecasting and prevention of risks, dangers and crises. The processes of the external world were studied, plotted on statistical graphs, manipulated in order to be put in check, nullified and regulated, even or mainly before they occurred. Contrary to, and in juxtaposition to, the disciplinary logic which opposes reality to the imaginary, security tried 'to work within reality, by getting the components of reality to work in relation to each other, thanks to and through a series of analyses and specific arrangements'.[19] Reality was not established as a negative supplement to a set of prescriptions and norms, but as a continuum between the actual and the virtual. It encompassed every possible anomaly that was no longer considered as a future actuality to be prevented, but as a potentiality

intrinsic to the present processes which science must correct. Reality became so strong a principle of action and domain of intervention, that it soon ceased to be a self-sufficient notion and became an all-encompassing, all-inclusive force engulfing the virtual. It became 'hyperreal'.[20] Otherness, negativity and simulation ceased to be arguments against it, but began to function as its necessary correlates. Any real event which threatened security could be measured against its preconceived statistical existence and its simulation models and conversely any simulated event could be refuted by recourse to scientific proof of actual processes. Armed with the power of the real, security-targeted simulation as a general political issue, a new problematic in the distinction between truth and falsity, which gave science the task of policing the global milieu by applying its precise system of diagnosis and establishing accurate predictions based on that diagnosis.[21]

In the context of this governmental logic of security and hyperreality, a new truth regime enhanced and expanded the role of science. In discipline, there was a vast taxonomic discourse – the *Taxinomia universalis* analysed in Chapter 3 – which laid out the norm, classification and order against which things could be measured and made intelligible. In the logic of security, on the other hand, the measurement of natural processes should be made *in vivo*, in their point of simulated reality, their genesis, their development and mutation. Truth therefore was no longer a norm, a law to which phenomena should conform, but was part of these phenomena: it was inscribed in the elements of reality. There was a total identification of truth and reality, a coincidence between statements and processes, signs and things, an exact and measurable correspondence of truth with its object of study. A 'truth' now existed, 'that [was] of the same order as the object'.[22] This is the birth of positivism. In positivism, truth has no gaps, no black holes and no crises. On the contrary, its objective is to prevent crises from occurring. Positivist truth is considered to be everywhere, at every time and every moment. It cannot and must not come forth in the form of unexpected events. It should be controllable, programmable and graspable through investigation using instruments of technology and knowledge of technique. Positivism extended the *inquiry* of the classical age and the *examination* of disciplinary systems to an in-depth *colonization* of things, bodies and actions, where universal truth could be discovered and measured by qualified individuals who possessed academic knowledge and

had access to laboratories, universities and canonical teaching.[23] This truth regime could free research from the speculative approach of philosophy, the abstract theories of historians, and of the dilemmas of anthropology regarding the finitude of man. It could make feasible the study of man in terms of given truths derived from physics and mathematics, the rules of logic and the laws governing human perception. It assigned to the body the locus where truth could be recognized and made manifest, granting the human sciences the fully constituted privilege of reflecting on man and replacing the philosophical concerns of the eighteenth century.[24]

The hyperreality of this network of security and the prevalence of positivism brought about the 'somatocracy' of the nineteenth century.[25] The body satisfied both requirements of the new political technology; that is, the new government of individuals and the exact coincidence of truth and reality. In the developing logic of security and bio-power, the body appeared as a biological entity connecting the individual with the population, generating the notion of the man-as-species. In somatocracy the health of the body and the protection of public hygiene became crucial political targets, rendering medicine a new scientific power central to the government of the population. The body itself became hyperreal: it was no longer the docile and useful body which had to be disciplined, manipulated and controlled so as to function as a model of normality. It was a set of natural processes, the 'metabody' of genetics, which contained the real domain of forces where disease took shape and burst forth, but also the locus of simulated illness, the reservoir of potential ailments.[26] At the same time, the body became the site of truth. Insofar as the body was both the foundation of perceived reality and the object of this reality as a set of biological processes, truth and reality were grounded in the body, the unequivocal source of a knowledge, which from now on, should be not only diagnostic but also prognostic. Combining these new governmental and positivist aspirations, medicine, the human science of the body *par excellence,* could thus serve as a perfect model for a positive, both true and real, science of man. Medicine became immune to simulation from the moment pathological anatomy as an empirical and accurate knowledge provided diagnostic truth with the power of rigorous demonstration; pathological anatomy effectively confounded the classification and organization of illnesses in such a way that their anatomical seat could be revealed and their

localization inside the body would be discovered and predicted. If it could be applied to psychiatry, it would extend its demonstrative powers to the discovery of the ontology of madness.

In the light of these transformations, however, psychiatry was still unable to eliminate simulation. It lacked the conditions necessary to achieve medical truth and positive knowledge, despite its insertion in the logic of security and its second enthronement as a royal science engaged in the discourse *par excellence* of reality. In terms of defining reality, psychiatry was once again queen. Inasmuch as it was able to formulate what counts as real in scientific terms, psychiatry acquired the legitimacy and authority to diagnose, cure and correct those who stand outside reality. The once sub-real asylum became the exemplary site of hyperreality; it became a space where power and reality were mutually reinforced. In the asylum, power was exercised as an agent of reality and reality was capable of operating as the sole element of power: 'Giving power to reality and founding power on reality is the asylum tautology.'[27] This tautology, however, still relied on crises and tests rather than demonstrative truth. The reality of madness could emerge only on condition that the patient was carefully isolated from his environment. The patient began to confront the reality of the asylum from the moment he faced the doctor's will, the regulations of the institution and his own morbid desires. Only crises and conflicts could resolve the fundamental dilemma between truth and lie, reality and fiction: 'The activity of psychiatric knowledge is really situated at the point of simulation, at the point of fiction, not at the point of characterization.'[28]

The psychiatrist was obliged to produce a new, positive type of knowledge that would sidestep the problem of simulation in the same way that the rest of medicine had managed to limit it through objective investigation of bodily illnesses. For this reason, the psychiatrist of the mid-nineteenth-century asylum pursued a form of research beyond the diagnostic thinking of the proto-psychiatrists, a type of scientific endeavour that would discover aetiology and localization. It was an enormous effort, which sought to bridge the gap between the otherness of madness and the same of knowledge, to cancel crisis before its emergence and to eliminate the distance between disease and its symptoms. It was in one type of body that this dream could be realized: the corpse. The corpse was the body of reference, the ideal limit of the body for the emerging system of clinical medicine. In the corpse, the

immobile truth of death could provide identity and absolute, indisputable knowledge. The corpse offered itself to pathological anatomy and postmortem examination, making it possible to obtain unequivocal demonstration of madness without the precarious mediation of worlds, signs and gestures:

> If there is a truth of madness, it is certainly not in what the mad say; it can only reside in their nerves and their brain. To that extent, the crisis as the moment of truth, as the moment at which the truth of madness burst forth, was ruled out epistemologically by recourse to pathological anatomy, or rather, I think that pathological anatomy was the epistemological cover behind which the existence of the crisis could always be rejected, denied, or suppressed: we can strap you to your armchair, we can refuse to listen to what you have to say, since we will seek the truth of madness from pathological anatomy, when you are dead.[29]

Pathological anatomy, however, almost immediately proved to be practically useless. Psychiatry could not gain access to the total identification of symptoms and anatomical seats, the thorough penetration and transparency of the body, which only the corpse could provide, in order to connect the surface of clinical signs with the depth of the underlying bodily pathology. This is why psychiatry lacked the ability to lay hold on the patient's body and adopt the diagnostic truth regime of medical discourse and its methodology. In the nineteenth century, psychiatry, for both clinical and pathologo-anatomical reasons, was a medicine without a body.[30] The model of syphilis gave only an approximate anatomical account of madness, failing to provide reliability.[31] The neuroses, mental disorders with clear bodily manifestations such as hypochondriasis and hysteria, were too atypical and irregular in their presentation, lacking ascribable anatomical correlations and were vulnerable to simulation.[32] The psychiatrist had to substitute for this absence of the body through confessional techniques that provided the family body and the body of heredity and the use of drugs which offered an elementary understanding of irrationality.[33] Psychiatry remained an imitation, an analogon of medicine rather than a specialism of it. The demonstrative power of the psychiatrists was limited and it was left to their *de jure* judgement to incarcerate the mad. Insanity still constituted an ideal object, a transcendence, a disembodied illness with no empirical justification.

Psychiatry resorted to a truth regime which was derivative of patho-logical anatomy, but was more appropriate for valid psychiatric research: the

neurological body. As we discussed in the previous chapter, it was observed that in epilepsy and other neurological conditions there was automatism and lack of will, an irrational and even dangerous behaviour that imitated delirium. It was also observed that such behaviour could be traced in its origins, in the personality and past conduct of the individual. Neurological abnormalities could be extracted from the patient's individual history and pathological instincts could be spotted in the childhood, development and family life of criminals such as Pierre Rivière.[34] Neurology could now provide a host of predisposing factors, diagnostic evidence and prognostic indicators for the manifestation of madness, its future course and the perils that it carried. Psychiatry could study, analyse and investigate abnormal instincts objectively, like the rest of medicine. The notion of degeneration was born. The symptomatological field exploded and psychiatry could now intervene medically in all aspects of human conduct.[35] This increase in psychiatric power in the field of abnormalities was due to its firm establishment within the rules of medical discourse:

> The appearance of neurology, or more precisely, of neuropathology, was a fundamental event in the history of medicine, that is to say, when certain disorders began to be dissociated from madness and it became possible to assign them a neurological seat and neuropathological etiology that made it possible to distinguish those who were really ill at the level of their body from those for whom one could assign no etiology at the level of organic lesions.[36]

Psychiatry escaped for the first time from the old dilemma 'mad or not mad' and sanctioned a game of truth and falsity so as never to be called into question. Neurology offered both the form and the content of mental illness, both its truth and its reality. Differential diagnosis and organic aetiology were finally achieved and psychiatry could form a part of medicine:

> This famous differential diagnosis, which one had never been able to apply to madness, which never really managed to get a grip on the mental illnesses, this differential diagnosis that one could never insert between an ordinary illness and madness, because madness, above all and essentially, fell under absolute diagnosis, this differential diagnosis then, through the apparatus I have tried to describe, can now be inserted between neurological disorders with ascribable anatomical lesions, and those disorders called 'neuroses'.[37]

Psychiatry became a royal science for one more reason. Aside from its role as an agent of reality, its expertise in the definition and distribution of

abnormalities, and its scientific intervention at the level of all types of human conduct, it managed to be enthroned as a medical specialism capable of articulating truthful discourse:

> In crude terms, psychiatric power says: […] I am the possessor, if not of truth in its content, at least of all the criteria of truth. Furthermore, because, as scientific knowledge, I thereby possess the criteria of verification and truth, I can attach myself to reality and its power and impose on these demented and disturbed bodies the surplus-power that I give to reality. I am the surplus-power of reality inasmuch as I possess, by myself and definitively, something that is the truth in relation to madness.[38]

The positivism of the body, the dissection of the body through the blade of differential diagnosis and neurological knowledge, replaced the need to trace delirium, error and illusion, with the pathology of automatism, involuntary behaviour and biological dysfunction. A continuum going from medicine and organic disorder to the disturbance of conduct was possible from the moment the body became the space where the transcendence of delirium could find its empirical correlate and its positive manifestation. Psychiatry – or neuropsychiatry – became 'hyperreal' in both its clinical and social roles. From now on simulation could no longer constitute an enemy to its epistemological armature, insofar as the malingerer could be refuted through careful differential diagnostic procedures and proof of organic aetiology. His behaviour could be submitted to the law of the voluntary and the involuntary, to the investigation of his instincts and psychological motives. Moreover, it became possible for psychiatry to expand its role into the very core of social reality as its scientific point of reference. Inasmuch as political issues, art criticism and military technology began to revolve around debates regarding reality, perception and simulation, psychiatry acquired a royal status and inevitably began to play a political and cultural role.[39] It inaugurated and increased its normalizing function, the 'psy-function', which has arisen as an institutional discipline infiltrating the family, the school, the army and the workshop.[40] Throughout the nineteenth century psychiatry extended its powers to medicine, pedagogy, psychology and philosophy, augmenting the logic of integration, treatment and socialization.[41]

Hysteria and the Subversion of the Neurological Body

It is at this historical point that hysteria emerged as a singularity within the heart of the asylum system. Although hysteria existed from the ancient times, in the nineteenth century it appeared as simulacrum. Jean-Martin Charcot (1825–93) and his pupils picked out hysteria from the large crowd of simulators who populated the asylum space, but it soon turned out that it was not a typical case of simulation; simulators were random malingerers, healthy individuals who feigned madness by faithfully adopting all the known symptoms of mental illness for personal gain. The hysterics, by contrast, were asylum patients already designated as ill, who did not pose a problem concerning the reality of madness, but played effectively the truth game promoted by psychiatric power. They did not confuse the distinction between truth and falsity and they did not simply make sanity imitate madness. On the contrary, they responded positively to Charcot's efforts in differentiating real illness from simulation. They confirmed the truth game of neurological diagnosis, while at the same time emerging from another order, outside the field of cognition opened up by the neurological model.[42] They did not represent the way sanity simulates madness, but 'the way hysteria simulates hysteria', 'madness simulating madness'. Through them:

> madness replied: If you claim to possess the truth once and for all in terms of an already fully constituted knowledge, well, for my part, I will install falsehood in myself. And so, when you handle my symptoms, when you are dealing with what you call illness, you will find yourself caught in a trap, for at the heart of my symptoms there will be this small kernel of night, falsehood, through which I will confront you with the question of truth. Consequently, I won't deceive you when your knowledge is limited — that would be pure and simple simulation — but rather, if one day you want really to have a hold on me, you will have to accept the game of truth and falsehood that I offer you.[43]

Hysteria had unique characteristics. It displayed clear neurological symptoms and signs – tonic-clonic seizures, anaesthesias, paralyses – which, however, showed no indications of a definite anatomical seat, as they displayed no correspondence to identifiable areas of the central or peripheral nervous system. These symptoms were not clear simulation either, as they did not imitate real illness exactly. Thus, the hysterical symptoms were close to an existing

neurological illness and yet sufficiently different for the diagnosis of genuine illness to be made.[44] But they were so atypical and unstable that they could hardly be considered as signs of a genuine illness in its own right. It was very difficult to identify an authentic clinical syndrome behind the versatility of the hysterical patterns and forms of presentation (hemianaesthesia alternating between left and right, thousands of fits in the course of a few days). There was no clear psychological content, no delirium, but also no rational interest or secondary gain beneath the theatrical, dramatic or catatonic postures, the indifference to symptoms. Neurological examination was not only unable to fathom the diversity and ambiguity of symptoms, but actually enhanced them, as it merely displayed the suspicious ease with which the hysterics complied with the dictates of the neurologist. This is why Charcot resorted to quite unorthodox methods in order to isolate hysteria: he set up a photographic studio inside the Salpêtrière, where he took numerous pictures of his hysterical patients during their spontaneous or artificially provoked crises. Using the photographic image as a mirror that would stabilize the clinical picture of hysteria, he sought to immobilize the numerous fits, conversions, postures and gestures of the hysterics, as proof of its autonomous existence as a clinical entity, free from the suspicion of simulation. Juxtaposing the photographs of various hysterics at various stages of their clinical presentation, he managed to show the internal pattern and rhythm of hysteria, the unique repetition of its spontaneous posturing, its screams and disturbances of consciousness.[45] Moreover, in order to limit the instability and irregularity of the symptoms of hysteria, Charcot used hypnosis which had the demonstrative value of reproducing the patient's pseudo-neurological symptoms at will, thus ruling out malingering. Hypnosis required the patient's suggestibility in order to freeze her clinical picture, a phenomenon that did not occur when a healthy patient simply pretended to be ill. Moreover, the hysteric reproduced exactly the simulator's symptomatology at Charcot's command, exposing the falsity and artificiality of malingering. Through hypnotic suggestibility, therefore, hysteria became the touchstone for distinguishing between real neurological illness and simulation.[46]

Thus, through hysteria Charcot was sanctioned as a neurologist, a real doctor who could finally win the battle against simulation and restore the medical status of psychiatry. Charcot owed much of his renown as an astute

clinician to the hysterics; they provided him with the diagnostic rigour that neurology lacked. But the trap for psychiatric power and Charcot lay in his total dependence on hysteria for the verification of his clinical observations. In his very effort to dispense with madness, Charcot was obliged to rely on it. Photography and hypnosis were not neurological practices but quasi-artistic, theatrical and ritualistic ways of mastering the problematic manifestation of blindness, pseudo-paralysis or convulsion.[47] Their implementation inevitably reinserted the coexistence of observation and testing, of truth-demonstration and truth-crisis.[48] Charcot unknowingly became an alienist, putting forth a unique clinical scene where the madness of hysteria staged its own dramatic disappearance. The photographic image and the ritual of hypnosis were the perfect media for this violent absence, recording the false appearance of hysteria that concealed its own identity. Testing the presence of hysteria, Charcot's efforts to offer a neurological model for the explanation of madness were at the same time undermined. His hyperrealism and expressionism, which sought to bring forth the reality of illness, generated the surrealism of the hysterics who brought truth, the discourse of diagnosis, into conflict with that of reality.[49] Hysteria became the protagonist in one of the most important reversals in the history of psychiatry, a moment when the will to medicalize insanity was suspended, and has become problematic ever since.

As simulacrum, as singularity at the heart of the asylum system, hysteria represents the actual involvement of the mad in the struggle over truth and the strategies inherent in the structure of the asylum. Hysteria appeared as a body that resisted neurological organization and disrupted the distribution of signs and symptoms. It was an incomprehensible body, a body erratic in its responses, which exacerbated symptoms, producing them in an unstable manner and yet complying with the dictates of the clinician; it was a wholly unpredictable and unmanageable body:

> the explosions of hysteria manifested in psychiatric hospitals in the second half of the 19th century were indeed a backlash, a repercussion of the very exercise of psychiatric power: the psychiatrists got their patients' hysterical body full in the face (I mean in full knowledge and in full ignorance) without wanting it, without even knowing how it happened.[50]

The body of the hysteric emitted confused and ambivalent signs. It was a 'body without organs',[51] a locus of phantasms which surfaced in its meaninglessness

and enigmatic significations at a time when psychiatry made its first attempt to provide recognition of the asylum patient in terms of a coherent discourse of truth and knowledge. The hysterics illustrate clearly that 'nothing in man — not even his body — is sufficiently stable to serve as the basis for self-recognition or for understanding other men'.[52] Hysteria shows how the body is a specific locus and target of forms of rationality which inscribe in the body true and false statements that strategically demarcate it, describe it, dissect it and define it, in order to turn it into an object of recognition. It shows that the body does not resist by confronting the artificial constraints of power with its supposed naturalness, but by becoming actively engaged in this politics of truth, by both submitting to external inscriptions and subverting the truth that purports to circumscribe it and essentialize it.[53] It is not surprising, Foucault notes, that the body of hysteria appeared exactly at the historical moment when medicine attempted to construct the mad subject as a fully constituted and recognizable type through neurology.[54] With the emergence of hysteria, the neurological body was abandoned; the process of medicalizing madness came to a standstill as its truth regime was called into question. The introduction of the sexual and psychotropic body was under way. The hysterics were discharged from the asylum, gaining a rightful place in the general hospital; psychopharmacology and psycho-analysis were born, the deinstitutionalization that prevailed in the twentieth century was initiated.[55]

Hysteria was the major impact of a small group of asylum patients on the rationality and practice of psychiatry near the end of the nineteenth century.[56] With hysteria madness was once again problematized. Silenced through integration and medicalization, madness reappeared as a problem, raising its incomprehensible voice only to confuse the clarity of medical discourse. It disrupted the calm, settled, but illusory positivism of medical rationality and opened the possibility for renewal and transformation for medical truth in a way far more radical than any liberal, anarchic or leftist anti-psychiatric discourse: 'Anti-psychiatry demolishes the medicalization of madness within the institution and the conscience of doctors. But from this very fact, the question of madness comes back to us after this long colonization by medicine and psychiatry. What can we make of it?'[57]

Hysteria and the History of the Simulacrum

It is now possible to appreciate the value of Foucault's history of the simulacrum since it clearly illustrates, in a condensed form, the central problematic which tacitly permeates his work. Foucault does not seek to refute scientific knowledge by exposing its limitations. He does not concern himself with simulation, which confuses the distinction between the true and the false. The evil genius of the simulacrum deceives by introducing a split, a duality, inside the truth of diagnosis. Hysteria provoked a crisis by ironically forcing neurologists to encounter madness from within their positivist model of truth which was designed precisely with the intention of depsychiatrizing madness.[58] The hysterics did not introduce the truth of madness against the truth of reason, but a division, a caesura inside rationality itself, inside the regime of global acceptance and limitless expansion which was made to recognize the necessity of a marginalized, binary diagnostic discourse of limits and boundaries. Hysteria 'reproblematized' madness[59] and reintroduced it as a question in the form of an illusion, when all medical answers appeared settled and fixed, and positivism figured as an all-encompassing solution.

Hysteria was the 'minimal difference', as psychoanalysis will later argue,[60] the infinitesimal difference inside the differential system of clinical diagnosis, opening a gap, a void of absolute and irreducible difference between the empirical determination of illness and the transcendental character of insanity. Or, in phenomenological terms, it was the set of clinical signs presiding simultaneously over the appearance of medical meaning and its disappearance. The hysterics manipulated the truth regime of neurology in a crude and cynical way. They were 'visible statues' of a paradoxical truth which at once sanctioned diagnosis and made it unacceptable.[61] The hysterics clearly did not represent the truth of madness: on the contrary, they suspended madness not only as an essence, but also as a universal, as a transcendence. Hysteria was a curious case of madness, a madness with no ascription to anatomy; it was the living embodiment of clear symptomatology and its existence was linked to moments of crisis and nothing else, at the time when the ideal end goal of psychiatry was to demonstrate the pure reality of madness, the neurological expression of degeneration in its terminal stage (dementia), without the need for signs, symptoms and crises.[62] But at the same time hysteria was

a madness 'with absolutely no delirium or error', a madness with no private truth but capable of playing effectively the game of truth and falsity with the psychiatrists.[63] It was not 'the absence of an œuvre',[64] but a form of madness fully engaged in 'the dance of masks, the cries of bodies, and the gesturing of hands and fingers'.[65] By willingly accepting all clinical attributions, the hysterics showed how madness cannot be approached in its reality without a prior and fundamental investigation of its truth. Madness can only be posed in terms of truth and it is its truth that conditions every effort to grasp its ontology. This is why the effect of hysteria on the production of psychiatric knowledge is not one of intrinsic limitation or epistemological blockage. As in the case of the human monster in forensic psychiatry, hysteria led differential knowledge in psychiatry to a deadlock, illustrating the indispensability of absolute diagnosis, of the basic duality between madness and non-madness, which is at the heart of the psychiatric endeavour.

It was for these reasons that hysteria caused the collapse of the neurological model. Charcot's experiment succeeded on a clinical level, but the hysterics who aided his effort at the same time marked its limits. They manipulated Charcot himself, who had to face the question of whether the symptoms induced in the hysterics actually belonged to the nature of hysteria or were a product of his own intervention.[66] Charcot was obliged to seek recourse to dubious clinical methods such as hypnosis, which belied his own attempt to insert rigour into his diagnosis. His desire to prove the reality of madness, through the verification and demonstration of neurological truth, came up against the paradox of imposing the truth of the test and of suggestion, allowing madness to control the game of truth and falsity. From the ambitious positivist who would depsychiatrize madness for the first time, Charcot became the 'miracle worker of hysteria' and the fabricator of simulation inherent to madness itself.[67]

Simulation as Epistemological Crisis

The case of hysteria can alter the way an epistemological crisis can be interpreted. An epistemological crisis does not emerge from the temporary impasses and shortcomings of an immature theoretical model. It does not

even arise from simulation, from the provisional inability of a diagnostic truth regime to elucidate the distinction between truth and falsity, which is expected to be overcome once a clearer positivist model of explanation becomes accepted. A crisis which threatens the rationality and institutional framework of a discipline manifests itself in the coexistence of simultaneous truth regimes in the same diagnostic discourse. We saw in the previous chapter that penal psychiatry follows its own normative structure, although it claims to be an extension of psychiatric knowledge. The psychiatrist who represents his discipline in the courtroom articulates a discourse that is not consistent with the established, positive knowledge of psychiatry. In the same way, Charcot's efforts to stabilize the clinical picture of hysteria and to produce it in terms of neurological differential diagnosis, introduced a method foreign to neurology itself (hypnosis), raising systematically for the first time the anti-psychiatric suspicion that the alleged epistemological achievements of psychiatry mask procedures, rituals and tests external to the rules of medicine.[68]

For Foucault, the coexistence of heterogeneous truth regimes inside the same diagnostic model is not an argument against the validity of psychiatry, but a domain that needs to be analysed and brought to the fore. For him, the insidious intrusion of para-scientific modes of truth telling into the otherwise solid scientific structure, which rests on proof and demonstration, is not an accident, an undesirable mishap. On the contrary, Foucault argues that verification and positivism have excluded, set aside and subordinated other modes of truth production, which still subsist and continue to have great historical importance. In psychiatry, such a marginalized type of truth lies beneath the calm positivism of the analysis of bodies, and concerns the unexpected and singular crises in which truth is reconsidered. Foucault, however, does not privilege this type of truth over psychiatric positivism. He does not look for the moments of crisis, which will reveal the inner truth of madness against the blindness of the psychiatrist who denies it. He foregrounds the role of this forgotten and dismissed form of truth as a limitation to the pretentions and claims to universality that a regime of truth-demonstration puts forward. The absolute diagnosis between madness and non-madness, the modality of the truth-test, which preoccupies both the everyday judicial decision of whether a person is genuinely mad and in need of compulsory incarceration, precedes and determines the specification of illnesses and their characterization. In psychiatry, these two types of truth are

indispensable to one another and their mutual superimposition generates events and crises which touch the roots of psychiatric rationality:

> For a long time, medicine, psychiatry, penal justice, and criminology, remained, and to a large extent remain still today, on the borders of a manifestation of truth in accordance with the norms of knowledge and of a production of truth in the form of the test, the latter always tending to hide behind and get its justification from the former. The current crisis of these 'disciplines' does not merely call into question their limits or uncertainties with the field of knowledge, it calls into question knowledge itself, the form of knowledge, the 'subject-object' norm. It puts in question the relationships between our society's economic and political structures and knowledge (not its true or false contents, but in its power-knowledge functions). It is, then, a historico-political crisis.[69]

The limitation that the truth-test imposes on the psychiatrist does not demonstrate the infancy or primitive state of his knowledge. On the contrary, it is the frontier of objective knowledge, a protective barrier against the self-delusion of possessing too much knowledge and too great a grasp on the reality of madness. It is a truth-boundary to the surplus power of reality inside the psychiatric institution that creates the false image of a universal truth, a timeless objectivity, and a universal subject who is in a position to possess it. The truth-event or the truth-crisis creates gaps and empty spaces inside the positivist field, which is saturated with meaning and information. This is why it requires specific subjects to trace it and make it manifest, not everywhere and at all times, but in exceptional, singular instances. Hysteria would never have provoked such a stir in the psychiatric world were it not for its manifestation in a precise geography (the Salpêtrière in the nineteenth century), in a precise historical moment (the unique confrontation between Charcot and his simulators) and by specific agents (without Charcot and his clinical tests and hypotheses, hysteria would still be nothing more than mere simulation for the abstract subject of neurology). Insofar as the truth-event is not susceptible to research and proof and it is not amenable to repeated analysis and verification, it has a peripheral role to play in relation to scientific knowledge. Critique, however, traces its confrontation with positivism, and gives it theoretical force in order to make it more intense and pronounced, so that psychiatric truth can be questioned, not at its weakest moments, but at the high points of its rigour.

Conclusion

Epistemology has sought to uncover the irreducible core of scentificity inside psychiatric knowledge. Anti-psychiatry, on the other hand, seeks to expose the non-scientific elements of psychiatry in order to illustrate its low epistemological level. Foucault takes neither of these two sides. His main concern is to show how, not unlike for other sciences, in psychiatry scientific truth cannot claim exclusivity over other modalities of truth. 'I believe too much in the truth not to assume that there are different truths and different ways of saying it.'[70] There is an anthropological truth, a truth of finitude and absolute diagnosis which cuts across and disrupts the official regime of truth guiding scientific thought. This philosophical truth exists on the fringes of Western rationality and it is its effects which Foucault analyses with his 'ethno-epistemology'.[71] It is not, however, a prophetic truth: it does not speak the truth of madness as the hidden destiny returning as the repressed dark side of western science. It is not an eschatological truth-studying crises intrinsic to science through which the truth of otherness bursts forth in an apocalyptic form at the 'point where human finitude and the structure of time are conjoined'.[72] Marxist and Freudian eschatology have claimed to play this role and, as in the case of positivism and phenomenology, they have functioned as the tribunal and dialectical synthesis of the anthropology.[73] For Foucault, on the other hand, anthropological truth is not the truth *of* madness but the truth regime which *tests* madness and detects its presence. Crises emerge when this truth regime becomes interchangeable, superimposed and confused with scientific truth. When the truth-test and the truth of science struggle for hegemony, modes of subjectivity and relationships of knowledge are reversed. Hysteria was such a critical moment, for it was the point when, for the first time in the history of positivist medicine, psychiatric power lost its scientific sovereignty, turning the hysterics into masters of the game of truth. Charcot became an ubu-esque, derisory figure exactly at the time when his efforts to pathologize madness crowned him as a doctor.[74] At the same time, madness withdrew into the unknown at the very moment when medicine invested it with the greatest possible transparency. It retreated further behind the elusive appearance of hysteria, becoming more mysterious and enigmatic. Hysteria was an event because it disrupted

rational accounts, principles of unity, peace and order, constituting itself the locus of a confrontation between heterogeneous regimes of truth, which questioned psychiatric rationality, reversed accepted roles and established novel distinctions.[75]

Examining the case of hysteria, Foucault uses the language of anthropology, of crisis and the event, in order to describe the asylum struggles between the neurologists and the hysterics, without choosing sides. If Foucault were to speak in the name of the patients, he would not have foregrounded the singularity of hysteria, but would have reduced it to a vague episode in the history of the patients' struggle for liberation. In his analyses he shows instead that hysteria was not a revolutionary event: the mentally ill were not liberated as a result of hysteria; only the hysterics benefited by securing their discharge from the asylum and acquiring a medical status.[76] If, on the other hand, Foucault were to describe hysteria from the standpoint of psychiatric rationality and knowledge, he would have reduced the event of hysteria to a mere epistemological blind spot, an error to be eliminated. This is precisely what psychiatric rationality attempted to do: it strove to annul the impact of hysteria through the endless expansion of differential diagnosis and its reduction to a causal chain. Shortly after the crisis of hysteria, psychiatric rationality sought to transform it into a concrete reality, to *de-eventalize* it, to turn it into a non-event.[77] Charcot himself was soon forced to thematize the notion of trauma in order to build a pathological framework for hysteria.[78] The neurologists who followed, named hysteria *pithiatism*, relegating it to the level of a fake illness, an illness of suggestion and persuasion.[79] Sigmund Freud (1856–1939) came to the scene, replacing the neurological body with the sexual body, incorporating hysteria into a new system of differential diagnosis and medical rationality.[80] Foucault, alternatively, describes hysteria as simulacrum, an unstable entity, an 'extrabeing',[81] which constituted the trace of the strategic opposition between presence and absence. Hysteria 'affirmed non-positively' the presence of an absent other; it surfaced as an unfamiliar object dismantling the smooth continuity between same and other, and their dialectical sublation.[82] It therefore cannot be located as a singular entity by the logic of positivism which seeks to dissipate contradiction or nonsense.[83] Its detection requires a logic which is disjunctive, paradoxical and strategic.[84] Only the logic of limits, only reason itself, can

conceive hysteria as a subversive force and not as another mental illness or mere simulation in the field of medical rationality. Only reason can reflect on the limits of possibility to render intelligible the singular effects of hysteria, which constituted a fracture and a break on account of its detachment from all prior causality.[85]

Foucault and Psychoanalysis:
Traversing the Enlightenment

Through our analysis of hysteria, we have shown how for Foucault the phenomenon of simulation introduces an important split inside diagnostic truth. There is on the one hand the dominant scientific truth regime, which objectifies, demonstrates and analyses mental illness. This truth regime is guided by a rationality that has become increasingly positivist since the late nineteenth century. On the other hand, there is a marginalized truth regime that tests madness. It is a regime of truth guided by reason, a type of diagnostic truth, which establishes a relationship with otherness, a truth where scepticism reaches its culmination and the presence of madness is recurrently problematized. These two truth regimes, Foucault argues, are in an antagonistic, conflictual relationship and their oppositional coexistence in the same diagnostic discourse gives rise to moments of crisis, to rupture and discontinuity.

Challenging psychiatric positivism in the late nineteenth and early twentieth century, psychoanalysis brought this uncomfortable relationship between science and otherness centre stage. Freud – and Jacques Lacan (1901–81) later more explicitly – made it visible by revisiting Kant and the alienists, renewing their anthropological reflections. The father of psychoanalysis introduced the unconscious, opposing negativity, death and madness to the calm positivism of his time. However, Freud's method was at the same time an effort to insert madness into the domain of medical authority, grounding psychoanalysis on a fundamental paradox: while he recognized the irreducible tension between the truth regime of science and that of the test of madness, Freud tried to reconcile and modify the two truth regimes, in order to make them function harmoniously in a medical setting. Freud found the probing method

of positivism and the scepticism of the truth-test too uncertain and dubious to come to terms with the obscurity of madness. His goal was to construct a new methodology, which would transform scientific discourse so as to provide direct evidence of madness itself. For this purpose, he furnished a unique diagnostic system based not on truth but on falsity and illusion, as a way of unequivocally proving its presence in the psyche of the patient. However, this methodology – this inverted scientific model of simulation and crisis, coupled with the ceremonial staging of madness, which could only take place on the analytic couch – rendered psychoanalysis an ambiguous enterprise. Psychoanalysis became both scientific and ritualistic; objective and prophetic; quasi-positivist and quasi-religious; anti-institutional and authoritative. Psychoanalysis presented itself as a type of medical and psychological practice, which nonetheless criticized the efforts of medicine to pathologize madness. It became the protagonist in the expanding system of normalization, but also a source of philosophical, political, literary and humanist critique of theories and institutions.

It is this ambiguity intrinsic to psychoanalytic practice and theory which Foucault underlined with his genealogy and which we shall attempt to reconstruct in the final chapter. Some commentators hold that Foucault treated psychoanalysis as a pseudoscience throughout his work, while psychoanalytically orientated thinkers reproach him for his inability to assess the merits of their theory from the standpoint of his historicity and his preoccupation with power.[1] Foucault, however, applies his historical method and his analysis of power relations not in order to condemn psychoanalysis, but to submit it to critical scrutiny. His aim was not to invalidate its scientific status or its critical powers, but to locate the exact place that it occupies in Western rationality and to assess the type of truth that it articulates in relation to psychiatry: 'I had attempted to account for what happened until the beginning of the 19th century; then psychiatrists took my analysis to be an attack against psychiatry. I don't know what will happen with psychoanalysts but I am afraid they will take as "anti-psychoanalysis" something that is only meant to be a genealogy.'[2] In this chapter we shall try to illustrate this genealogy in order to demonstrate the affinity of psychoanalysis with Enlightenment critique, but also to highlight the ways in which it risks contradicting the spirit of the Enlightenment. We shall show how Foucault classifies psychoanalysis as a

'counter-science' and a form of alienism and gives it credit for its capacity to reflect on the limits of science. He views psychoanalysis as a valuable critical enterprise, which has renewed the possibility of playing off truth, desire and limit-experiences against reality, reintroducing philosophical thought within science, into everyday practices and inside local struggles.[3] He does, however, treat with scepticism the Freudian and Lacanian conceptions of Enlightenment critique, insofar as their theoretical premises and practical applications are in many ways in conformity with the psychiatric rationality, which they claim to criticize. Foucault underscores the need for psychoanalysis to recognize the limitations of its truth claims and to critique its own mechanisms of power to the extent that these renew and support rather than oppose the psychiatric institution. If it is to restore the critical potential, which it lost from the moment it laid claim to scientificity, psychoanalysis must reinstate its theoretical exteriority *vis-à-vis* science and as a practice it must engage in a politics of truth in order to question psychiatric rationality.

Freud and Hysteria

Freud followed closely the events surrounding the phenomenon of hysteria at the Salpêtrière. He observed and recorded carefully the efforts of the neurologists to offer medical recognition of hysteria as mental illness. As an astute and diligent clinician, Freud noticed that the hysterics posed a set of stumbling blocks to Charcot's efforts to give madness, through neurology, the medical reality that it lacked. He became aware that the hysterics responded to the game of reality imposed by the asylum system with another peculiar game of truth and falsity. The hysterics' game disrupted any attempt at anatomical localization that would claim to represent their madness. He thus praised Charcot's achievement in pathologizing hysteria, while foregrounding the limitation of his methods.[4] Disillusioned by the inevitable failure of the neurological approach, Freud set out to secure diagnosis in a way that would sidestep the patients' elusive game of truth. He went on to construct a new diagnostic method, which would lead safely to the demonstration of the inner core of the hysterical symptomatology. In fact, it was more this new diagnostic thinking rather than his theories about trauma and sexuality, which

distinguished Freud from his contemporaries. Charcot had already discovered
a possible sexual aetiology for hysteria, which he was nonetheless hesitant to
systematize, insofar as repressed sexuality had already been attributed to all
simulatable neuroses in the late nineteenth century and therefore was not
unique to hysteria.[5] Charcot had also thematized the theory of trauma, which
served as a neurological aetiological model, an epileptic equivalent, which
also lacked specificity and could also be simulated.[6] Freud's great achievement,
therefore, was not the supposed sophistication with which he developed
sexuality and trauma.[7] His innovation consisted in building a system of
interpretation, which would enable the traps of hysterical symptomatology
unwittingly to disclose a repressed archaic traumatic sexual experience,
whether real or fantasmatic. Freud modified diagnosis in such a way as to
turn the hysterics' simulation to his own advantage; it was not the clear and
unequivocal symptoms of the patient, but her most obscure and ambiguous
signs which provided confirmation of his theory of sexuality. For Freud the
hysterics' game of truth and falsity posed no diagnostic problem but, on the
contrary, it was revealing of a psychic reality containing a madness, which
remained hidden from the patients themselves:

> Freud and psychoanalysis took the historical point of their departure — their
> point of departure — in a phenomenon which, at the end of the nineteenth
> century, had a very great importance in psychiatry and even in a general way
> in society, and it can be said, in western culture. This singular phenomenon —
> almost marginal — fascinated doctors, and fascinated in a general way, let us
> say, the researchers who were interested in one manner or another in the very
> broad problems of psychology. This phenomenon was hysteria. Let us, if you
> will, set aside the properly medical problems of hysteria; hysteria was essentially
> characterized by a phenomenon of forgetfulness, a massive misunderstanding
> (*méconnaissance)* of oneself by the subject who was able, through the increase of
> his hysterical syndrome, to ignore an entire fragment of his past or entire part of
> his body. Freud showed that the subject's misunderstanding of himself was the
> point of anchorage for psychoanalysis; that it was, in fact, a misunderstanding
> by the subject, not of himself generally, but of his desire or of his sexuality.[8]

Freud's stroke of genius consisted of using the simulation of the hysterics
in order to disclose their madness. Whereas in typical medical practice the
demonstrative power of scientific knowledge stumbled at the ruses of the
hysterical crises, which barred recognition of pathology, for Freud the lies

of the patients became the very condition of possibility for this recognition. There was no longer any need to depend on the hysterics' truth game, which blocked awareness of illness. Now misrecognition itself could unveil what is blocked from the patients' consciousness. Moreover, there was no longer any need for the institutional power of the neurologist. All that was needed was a type of discourse, a form of confession, which sidestepped the patients' games of truth and illusion which puzzled Charcot, in order to decipher symptoms as markers of a hidden truth which was desire. With the notion of misrecognition, Freud asserted madness as a void, a limit experience, which can only be approached negatively through the self-limitation of truth and knowledge. He thus introduced an extra-psychiatric and extra-institutional diagnostic discourse, which reversed Charcot's observations, questioning the possibility of pathologizing madness and foregrounding its ungraspable truth, which resists its immersion into the reality of the asylum.[9] He disrupted the rational hegemony of psychiatry and rendered problematic the field of the human sciences *tout court* as a positivist enterprise. After nearly one hundred years Freud made it possible for madness to be posited again as the excluded term, the inaccessible truth, the secret of man's destiny and myth, and at the same time his hidden reality which could become an object of knowledge.

The Perverse Core of Psychoanalysis – A New Regime of Truth

From the moment Freud circumvented the problem of simulation, or rather used simulation itself as a tool for staging the truth of madness, he introduced a unique and unprecedented type of discourse in the history of psychiatry.[10] As we have shown, simulation is the biggest epistemological obstacle for psychiatry, a diagnostic problem, which must be overcome anatomically in order for madness to be demonstrated as mental illness so that treatment can be applied and the magistrates can be convinced that the involuntary sequestration of an individual can be medically legitimized. With Freud's approach, this difficulty is bypassed; the transformation of madness into mental illness is not the ideal end goal and therefore simulation is removed as an obstacle to its recognition. On the contrary, regardless of any proposed anatomical or psychological aetiology, for Freud, the simulation intrinsic to mental illness

– the patient's deception, his fantasies – is the highest moment of crisis, the surest path to madness, its clearest indication. With this crucial reversal, psychoanalysis not only presented itself as an epistemological break, but also as a discourse whose claim was that it could go beyond the traditional modes of veridiction governing psychiatry. Medical knowledge and testing madness are indispensable for psychiatric practice and it is the conflictual relationship between these two truth regimes that provokes crises of truth in psychiatry. In psychoanalysis, on the other hand, there is a truth regime, which does not test but stages madness and a system of knowledge which limits its own scientificity in order to allow madness to burst forth. Thus, there is a *prophetic* truth regime, which takes transcendence as its point of departure and produces the crises of madness itself and a *scientific* truth which is not strictly medical but helps these crises come to the fore. The coupling of these two types of truth is typically operative around the figure of the psychoanalyst and it is the analytic relationship, which constitutes the scene where the crises of madness are staged.

The prophetic truth at work in the analytic process is not merely a truth that foretells the patient's future, or a truth that offers unequivocal and clear prescriptions. It is a discourse of finitude, addressing a truth to the patient, which comes from elsewhere.[11] It is a truth which reveals what is hidden from the patient's gaze and it evokes a voice which the patient cannot hear. It is a truth which unveils what the patient's blindness prevents him from seeing and, importantly, it performs this revelation in an obscure way, in the form of riddles and enigmas. Psychoanalytic prophecy never speaks a pure, transparent truth; even when its truth is spoken, the patient has to ask himself 'whether (he) has really understood, whether (he) may still be blind; (he) still has to question, hesitate, and interpret'.[12] This prophetic truth regime is incompatible with the clear and distinct ideas of Descartes or Kant's transparent transcendental subject. It rather follows the opposite direction; it evokes the dark side of subjectivity, the unconscious, and *then* sets out to investigate the possibility of studying the human subject.[13] The unconscious hides behind riddles because it has its own voice for which the analyst works as an intermediary. It is a transcendental space with its own language, its own logic and its own typology.[14] This is why psychoanalysis as the study of the unconscious constitutes a 'counter-science', not because it is an

irrational, magico-religious endeavour, but because it foregrounds the unconscious, man's double, his finitude, as no longer being the forbidden region of psychiatry, but its epistemological basis.[15] Psychoanalysis does not speak the clear language of representation – hence its reliance on simulation – insofar as its object, the unconscious, lies at the limits of representation and the borders of human experience which, as Kant had shown, mark the boundaries of possible knowledge, but also its condition of possibility: 'With its gaze turned the other way, psychoanalysis moves towards the moment — by definition inaccessible to any theoretical knowledge of man, to any continuous apprehension in terms of signification, conflict, or function — at which the contents of consciousness articulate themselves, or rather stand gaping, upon man's finitude.'[16]

As a prophetic discourse, psychoanalysis is also a discourse of fate: standing between past and future, the analyst demonstrates to the patient that she is caught in an endless loop, an eternal cycle between the empirical and the transcendental. He shows to the patient how all her empirical determinations cling upon unconscious transcendental forces, which at the same time foreclose any possibility of completion and self-realization: death, desire, law. Death, as a condition of possibility for knowledge, desire as the 'unthought at the heart of thought' and the law-language as the origin of signification, all belong to the transcendental realm which makes possible and simultaneously annuls the patient's efforts to achieve complete knowledge and *jouissance*: 'It is indeed true that this Death, and this Desire, and this Law can never meet within the knowledge that traverses in its positivity the empirical domain of man; but the reason for this is that they designate the conditions of possibility of all knowledge about man.'[17] The revelation of the most extreme aspects of existence – the limit of death, the deadlock of desire, the distant and obscure Law – lead to the recognition of an inner, inaccessible and traumatic core of the psyche which is unthought and resistant to symbolization. Here psychoanalysis reveals madness in its otherness, its truth which cannot be grasped or assimilated into our reality: 'when Desire reigns in the wild state, as if the rigour of its rule has leveled all opposition, when Death dominates every psychological function and stands above it as its unique and devastating form, we recognize madness as it is posited in the modern experience, as its truth and its alterity'.[18] For psychoanalysis madness does not exist as an autonomous

entity, as the repressed reality of the inner life, but as the unbearable truth which we can never know or grasp, and whose terrifying encounter forces us to escape into reality, in order to ensure the consistency of our being. Psychoanalytic prophecy shows madness to be the radical otherness, the kernel of our psyche, which does not stand for what is excluded or silenced, but which represents a primordial state from which we protect ourselves and constantly try to avoid by constructing a reality that we can tolerate.

By asserting the Kantian, anthropological tension between the empirical and transcendental as the fundamental precondition for the production of truth, psychoanalytic prophecy presented as a challenge to orthodox psychiatric and psychological thinking, without however being anti-scientific in itself. Psychoanalytic knowledge *is* scientific, but in a 'perverse' way;[19] it is a system that questions the standard Cartesian tradition governing positivism and phenomenological hermeneutics. Analytic knowledge is demonstrative and apodictic but, unlike the Cartesian tradition, it does not take the exclusion of doubt as a prerequisite for the establishment of truth. Rather, doubt is the result of a primordial traumatic experience, of an archaic truth, which the subject has repressed. This premise is based on an original reading of the Cartesian method: contrary to Foucault's interpretation whereby the possibility of madness is excluded by the doubting subject, in psychoanalysis doubt is *proof* that there is a mad kernel, an absolute truth from which the subject is excluded.[20] It is therefore not in certainty, but in the gaps of knowledge, in its inherent incompleteness that indications of otherness are sought. Whereas Descartes aims to discover the self-evident and is suspicious of simulation, the very being of the evil genius of madness, psychoanalysis does precisely the opposite: it is suspicious of the self-evident and accepts what is sufficiently disguised. As Foucault notes, 'Freudian censorship is a falsehood operator through symbolization.'[21] Thus, the economy of truth for psychoanalysis rests on semiology rather than hermeneutics, which is why psychoanalytic theory is to a large extent opposed to phenomenology.[22] Psychoanalytic examination is not an interpretive process, which deciphers meanings until it reaches the point where the ultimate truth of madness is decoded, along with the law by which the hidden message of madness means what it means. On the contrary, it looks for the fractures of meaning, the caesuras between the signifier and its denotation, until an absolute break ensues. Symptomatology for psychoanalytic

diagnosis consists of a system of signs, which do not offer access to the Real through knowledge, but enact the traumatic encounter with it. The symptom is not considered a product of the pathology of the unconscious, but the pathway to the impossible, the unrepresentable, the intolerable. Discussing Freud's notion of the symptom, Foucault describes it as a phantasm, a unique sign belonging simultaneously to two distinct orders, the 'irruptive figure of a signifier that is *absolutely unlike* the others'[23] which emerges from within the symbolic chain of interpretation, bringing interpretation itself to its limit, since the symptom also belongs to the transcendental and the realm of the nonsensical: hence the psychoanalytic account of hysteria which interprets it as an ambiguous and confusing set of signs and symptoms from within the established table of nosography, revealing the inaccessible and irreducible madness which neurology strove to medicalize. With the involuntary and unconscious hyperconformity of the hysterics, psychoanalysis argues, the Real exploded in the heart of the medical system of representation, overthrowing the symbolic universe of psychiatric discourse and unsettling the reality of the asylum.

Foucault's anthropological ethno-epistemology does not consider the perversity of psychoanalysis (its counter-scientific stance, its prophetic dimension, its attention to critical moments) to be a sign of epistemological weakness; on the contrary, the unorthodox scientificity of psychoanalysis defines it as a unique type of discourse that can critique psychology itself as well as historical analysis. Its capacity to locate symptoms, pinpoint phantasms and illusions and reflect on limits, gives it its strength of criticism in fields of application that exceed its own domain. Foucault maintains that, through psychoanalysis, psychiatry could acquire the potential to establish a self-reflective attitude in relation to its past and present reality. He openly declares that 'it should be said that, without psychoanalysis, our criticism of psychiatry, even from a historical perspective, would not have been possible'.[24]

Crisis and Psychoanalysis

Psychoanalysis has been the first psychological theory since the birth of psychiatry to employ the notion of crisis, the age-old medical conception of truth which psychiatric positivism has attempted to obliterate: herein

lies its critical force. In fact, in psychoanalysis crisis is no longer a marginal truth modality, but an explicit, uncensored and fundamental epistemological stance. Its epistemological framework is thus very closely connected to the critical model, which Foucault discerns in the forgotten and overlooked methodology of alienism and the anthropology. What needs to be examined is how close this connection is, that is how decisively opposed to positivism the psychoanalytically conceived notion of crisis is and how radically it touches the roots of medical rationality. Here it becomes necessary to focus on certain crucial aspects of clinical psychoanalysis, using the delirious crisis, the privileged object of anthropological epistemology, as a testing ground for the possible proximity of psychoanalytic theory to a type of clinical critique that could be called anthropological.

As a prophetic discourse, psychoanalysis regards truth as a site of revelation, with its privileged moments, its reversals and its breaks. There is no positivist proof or statistical approximation in psychoanalysis, only a preoccupation with moments of rupture, with symptoms signalling the presence of a repressed truth, with dreams pointing to an irrational world. Psychoanalytic prophecy looks for truth in places and moments where it is least expected to be found, in the occurrence of fateful (or fatal) events, where the laws of causality fall apart and knowledge is acquired in the form of a lighting flash, in spite of the subject itself. The most universal, the most fateful event *par excellence* is delirium, the tragic dimension of human knowledge, the universal 'word […] uttered from afar and above'; the knowledge which 'blinds the very ones it concerns, a knowledge which watches and whose gaze dazzles those on whom it fixes'.[25] Delirium is not a momentary affliction, a disturbance of consciousness, but the very mark of man's Oedipal fate, the unthought in the heart consciousness, the point where all human cognition inevitably faces its own defeat. Delirium is not foreign to reason, but inextricably linked to it. This is why psychoanalysis does not expect it to be captured by the categories of rational thought, but looks for it precisely in the failures and impasses of positive knowledge: in those cracks and holes, which reason tries to patch up *a posteriori* in order to preserve the subject's psychic equilibrium.

A genealogy of crisis, however, reveals that the prophetic universality of psychoanalytic neo-alienism is not exactly alienist, but halfway between the anthropology and mainstream psychiatric practice. In the age of alienism, it

was *reason* that was posited as universal, leading to the discovery of the other, the real other, precisely the one that did not fall back into universal. This other manifested the phenomenon of delirium, the exceptional and not universal form of falsity or absolute truth intruding the consciousness of specific patients. This delirium presented in the form of a deceptive idea which either affected intelligence, but not the rest of behaviour (partial madness), or it was completely absent in the patient's discourse and did not affect intelligence, while manifesting in an 'act of delirium', as in the monstrous, motiveless crime (monomania). The proto-psychiatric anthropologists did not assume the role of prophets to disclose the secrets of madness in order to detect the presence of delirium in these cases and their existing bodies of knowledge were restricted to a phenomenological taxonomic system designed to allow the prophetic speech of madness to be heard. To this end, they isolated and excluded the mad subjects so as to witness the crisis of insanity and contain its sovereign power. The asylum was a space where this opportunity arose, marking the crisis of delirious truth as the hallmark of proto-psychiatric diagnosis and treatment.

With the development of positivist psychiatry, reason was annulled as limit, *rationality* became universal and madness was the negative instance to be warded off at all cost. The dissolution of the delirious experience became the principal medical task. Seeking to obliterate the unexpectedness, incomprehensibility and danger that the crisis of delirium posed, medicine set out to cancel the emergence of crises. It did this in two ways: one was to reconstruct and intervene in the process of the development of delirium, so that it would never reach a critical level. The notion of partial madness was rejected and it was thought that pathological instincts, predisposing factors, hereditary markers, disorders of perception and degenerative phenomena which affected the whole of the patient's personality, produced a (preventable) generalized pathological process in which delirium constituted only the ultimate contingent, surface effect (Wilhelm Greisinger [1817–68], Valentin Magnan [1835–1916], Emil Kraepelin [1856–1926]).[26] The other way to dissolve delirium was to reproduce its crisis in a way that would both reveal its ontological depth and make its management as safe as possible. This is the transition from the truth-crisis to the crisis of reality, where 'the doctor must be able to arbitrate on the question of the reality or non-reality of the madness'.[27]

Medicine began to use drugs (Moreau de Tours – hashish, labdanum, opium) in order to reproduce a crisis of madness at will, in a manageable, disciplined way, permeable to biochemical analysis.[28] It used hypnosis and neurological models based on epilepsy, in order to demonstrate the automatisms, signs of degeneration and pathological instincts beneath the delirious outburst (Charcot, Jules Baillarger [1809–90]).[29] Medicine appropriated the crisis by simulating it, grounding it at the same time on a precise anatomy, seeking to prove that the critical moment of madness can be a controllable, immune to simulation and predictable event. This reduction of madness to an anatomical seat could ideally dispense with the need for asylums, expand the powers of psychiatry from the most insane individual to the simplest automatism, to the most everyday and non-pathological type of behaviour and establish a type of medicine which could be practiced in the community, where madness would be reduced to zero and prevention and treatment could be equally available to all.

Psychoanalysis maintains an ambiguous relationship with both trends. First, it resembles alienism in detecting the presence of delirious truth in the crises where it shines through. Unlike alienism, however, psychoanalysis does not see in this delirious truth, 'the trace of another world; it no longer observes the wandering of a straying reason; it sees welling up that which is, perilously, nearest to us'.[30] Psychoanalysis universalizes madness, considering it an intrinsic part of reason, which is why it employs the notion of delirium to the most commonplace abnormalities and not to the altered state of consciousness of specific individuals. Hence, the fact that the exclusion of the insane is a notion totally foreign to psychoanalysis.[31] Psychoanalytic anthropology is the alienism of the non-pathological. Psychoanalysis accepts the alienist concept of partial madness, but as a universal aspect of the human psyche. If dreaming is so important for psychoanalysis, it is because it is the most elementary, isolated form of insanity occurring in the most normal individual. Dreaming not only constitutes the most universal form of partial insanity, but it also discloses the internal law of madness, the events and processes of delirium, to the sane observer. It enables the psychoanalyst to say: 'I can well understand what madness is, because I can dream. With my dream, and with what I can grasp of my dream, I will end up understanding what is going in someone who is mad'.[32] Likewise, psychoanalysis retains and

generalizes the concept of monomania, insofar as it is possible for anyone to act incomprehensibly, to perform monstrous acts, without the overt presence of delirium. Freud's 'psychopathology of everyday life' is a case in point.[33]

Moreover, psychoanalysis appears foreign to alienism and closer to psychiatric rationality insofar as it replaces the truth crisis with the crisis of reality. This does not mean that psychoanalysis embraces the positivist bodily ontologization of madness. On the contrary, psychoanalytic epistemology is careful enough to avoid the insertion of delirium into a causal chain. Only some vulgarized forms of Freudianism propose a strict reduction of madness to somatic aetiology (archaic forms of sexuality, actual events of sexual abuse or seduction, Wilhelm Reich's orgone).[34] The psychoanalytic relationship with delirium remains non-reductive. It is not, however, completely devoid of any determinations. For psychoanalysis delirium may not be secondary to automatisms or perceptual disorders, but it does contain libidinal forces, investments of desire, impossible pleasures and modalities of enjoyment: 'these typologies of delirium are no longer organized around the delirious object or thematic, as in the time of Esquirol, but rather around its instinctual and affective root, around the interplay of instincts and pleasure underlying the delirium'.[35] Hence the influence on psychoanalysis, not of Emil Kraepelin and Eugen Bleuler (1857–1939) who spoke of psychosis in terms of dementia and autism, that is in terms of flattened symptoms, degeneration and organic etiology, but of Gratian de Clerambault (1872–1934), Lacan's master and his studies on affective forms of delirium (persecution delirium, erotomania).[36] The truth of delirium, according to psychoanalysis, is pinned not to reality, but to the Real, the empty ontology of the abysmal, traumatic or excessively anxiety-provoking forces of the void that sustains and at the same time threatens the subject with disintegration. This Real may not be the tangible reality that neuroscience, neuropharmacology or the psychotropic body seek to uncover, but it is nevertheless present as a default in the symbolic universe shared by all humans.[37]

Thus, as a universalized form of alienism *and* a mirror image of psychiatric rationality, psychoanalysis accepts and foregrounds the crisis of delirium, while at the same time employing the prevalent psychiatric categories of normality. This is why, even if it is not always practiced by doctors, psychoanalysis functions as therapy, as an extra-asylum medical type of intervention,

considering all mental illnesses as potentially curable in the analyst's office, disregarding any *de jure* particular reasons why some individuals should be committed involuntarily and why in some patients madness might pose a danger to others. Thus, while today's psychoanalytic techniques are rooted in the anthropological methodology of the early nineteenth century ('the doctor's power, language, money, need, identity, pleasure, reality, childhood memory'),[38] the presuppositions on which they rest are in many ways foreign to the spirit and practice of alienism. Psychoanalysis considers the patient capable of establishing a free contract with the doctor, while in the years of proto-psychiatry the consciousness of madness prohibited such a possibility, hence the need for involuntary hospitalization. Confession in psychoanalysis, the famous 'talking cure', aims at the consensus between analyst and analysand and the mutual agreement on the identification of the patient's fantasy and the rule of the signifier which resists confession and brings it to a halt. The confessing techniques of the early anthropologists, on the other hand, sought to make the mad person publicly avow and declare his madness, in order to formally accept his status as mad, submit to the superior power of the doctor and recognize the need for treatment.[39] Therapy in psychoanalysis is restricted to discourse and the body, the sexual body, is an object of theoretical contemplation (oral, anal, genital cathexis); in the anthropology of the proto-psychiatry the body was isolated, deprived of most of its needs and even tortured, in order to make the patient adapt to the sub-reality of the asylum world. The patient's history in psychoanalysis leads to the identification of a primordial trauma, whereas in alienism it was meant to lead to a recognition of madness (past hospitalizations, breaks and discontinuities with premorbid personality); in analysis, the restriction of needs, the economy of pleasures and the exchange of money constitute theoretical presuppositions (pathological desire, impossible *jouissance*) and practical conditions for the continuation of therapy (the payment of fees), whereas in the asylum they had only an instrumental value, they were strategic manoeuvres aiming to expose the patient to her illusory omnipotence. While the paranoiac model of psychoanalysis is anthropological and deeply Cartesian in considering the misrecognition of truth, the unshakable conviction of the patient's beliefs as the core pathology of insanity, its goal is to stage unequivocally this misconstrued truth through the falsity, the simulation of the patient's discourse, her

slips and misrecognitions. Alienism, on the other hand, seeks to insert the Cartesian evil genius into the patient's thinking, using the model of reversibility, to help the patient recognize the illusion hidden inside her most plausible convictions.

Psychoanalysis and the Strategy of Madness

Thus, there is a perverse dialectical synthesis between the scientific and the prophetic aspect of psychoanalysis, evident in its anthropological interpretation of paranoia and the quasi-medical way of tackling it on a clinical level. As it will now be shown, this synthesis is more evident in the case of hysteria, the second major anchoring point of psychoanalysis, a borderline case already occupying an ambivalent position in the theoretical and clinical context of psychiatry since the late nineteenth century. More than any other psychological theory, psychoanalysis has helped shed philosophical as well as scientific light on this limit-experience, but at the same time, this obscure medical syndrome and its contemporary equivalents have exposed the clinical limitations of psychoanalysis as a whole.

When hysteria created the first major tremors at the Salpêtrière, the mechanisms of reality were immediately set in motion. Neurologists experienced hysteria as a typical case of simulation threatening the objectivity of real illnesses. Babinski dismissed it as a fake illness and strove to invent diagnostic manoeuvres in order to disprove its existence (the famous Babinski sign). Charcot, on the other hand, accepted and enhanced the crises of hysteria in order to stabilize their atypical presentation and use them against regular simulation. The same path was followed by psychological theories as well as by Freud himself, who saw childhood trauma and disordered sexuality behind the appearance of the hysterical outbursts. This was the beginning of the 'passion for the real,' as Badiou would say,[40] dominating psychiatry to this day, a will to factual objectivity submitting all forms of crisis, all types of simulation to the test of reality, where diagnostic truth should find its objective support and substantiation. At this point psychoanalysis made a breakthrough, evading this all-encompassing logic; instead of seeking to add one more theory to the explanations of hysteria, it marked it out as

an exceptional case and as deadlock to this overproduction of knowledge concerning madness. Psychoanalysis spotted in hysteria a crisis of madness, albeit a 'normal' madness without delirium. Instead of considering hysteria as a type of simulation threatening reality, psychoanalysis saw hysteria as a case of the Real of madness producing effects of simulation the moment it comes too close to being grasped and assimilated. Defying the passion for the real, psychoanalysis argues, the hysterics displayed the unbridled, indifferent passion for semblance and false appearance, which is a way to resist the total transparency and vulgar objectivity of science.

> At any rate, credit should not be given to Freud for the first depsychiatrization. We owe the first depsychiatrization, the first moment that made psychiatric power totter on the question of truth, to this band of simulators. They are the ones who, with their falsehoods, trapped a psychiatric power which, in order to be the agent of reality, claimed to be the possessor of truth and, within psychiatric practice and cure, refused to pose the question of the truth that madness might contain.[41]

The psychoanalytic description of hysteria and its effects on the medical authorities has inspired not only Foucault, but many mental health specialists. On numerous occasions since the late nineteenth century, psychoanalysis has pioneered in identifying similar cases, where patients use simulation, misrecognition and ambivalence to shatter the apparent consistency of the symbolic order and of psychiatric power. Hence the affinity of psychoanalysis with borderline disturbances.[42] It is no accident that it was psychoanalysis which coined the term *alexithymia* to denote the inability of certain patients bordering on psychosis (somatoform patients, personality disordered) to recognize and express their emotions in the course of therapy.[43] It is no coincidence that psychoanalysis described, spotted and systematized the notion of borderline personality disorder, an entity so uniformly and consistently atypical and unstable, so ambiguous and fuzzy, that it adopts, imitates and makes a mockery of today's bio-socio-psychological model.[44] Psychoanalysis not only distinguishes these ordinary and frequently undetectable syndromes from the neuroses, but goes on to treat them as limit-cases, as pre-psychotic states whose delirium finds expression almost exclusively in the body, caricaturing, exaggerating and turning the various medical models and their bodily inscriptions against the power which generated them. Psychoanalysis rightly

regards these cases as descendants of hysteria, that is, as symptoms and also forms of resistance to the excessive medical desire for otherness and the surplus power of psychiatry. Recent psychoanalytic studies have helped show how, like hysteria and its manipulation of the neurological model, contemporary forms of somatoform and psychosomatic disorders (hypochondriacs, body dysmorphic patients, the psychosomatic) are products of the psychotropic model, emptying medical semiology of its content,[45] and how the famous cutters and self-injurious borderline patients figure as the negative result and the symptom of the expansion of the biopsychosocial model, defying the medical and psychological means of assessment and care.[46]

However, although psychoanalysis has the philosophical background to identify the limit-position and the disruptive effects that these syndromes have on the framework of psychiatric theory and practice, on a clinical level it aspires to cancel these effects and master them in a thoroughly medical way. While it has recognized the force of singularity contained in the unbearable silence and bodily expression of delirium in these limit-cases, it has striven to make this silent delirium speak, accommodating it into its own spatial coordinates and its own relations of power and truth. Psychoanalysis effectively removes the patient from the asylum world where he had once become the undesirable excrescence of psychiatric power and medical transparency, transferring him to the private office of the analyst where he is submitted to the test of perpetual discourse which channels the hidden delirium out of the dangerous muteness of the body, into a form of speech guaranteeing the controlled management of crisis: 'withdrawal outside the space of the asylum in order to get rid of the paradoxical effects of psychiatric surplus-power; but reconstitution of a truth-producing medical power in a space arranged so that that production of truth is always exactly adapted to that power'.[47] So as to avoid the negative effects and ruses of psychiatric omnipotence, the analyst is not the omnipresent and omniscient asylum doctor who constantly observes and questions the subject, but a more humble, silent and invisible partner who assumes the position of a listener of the patient's mandatory monologue, ensuring that the 'sovereign science' of psychoanalytic power 'is not caught up in mechanisms that it may have unwittingly produced'.[48] In his abstract power and humility, the analyst never loses control of the disembodied, discursive arrangement of the analytic process, where even the most confusing and

perplexing symptoms which constitute the patient's 'counter-power that traps, nullifies and overturns the doctor's power',[49] are used as unequivocal proof of the madness which these lies mask. Even if the patient unconsciously attempts to deceive the doctor, especially as the hysterics and the personality disordered are expected to do, he will not have trapped him, but will have temporarily disrupted the production of truth, adding further sessions to the therapeutic process.[50] Psychoanalysis is thus at once more humble and more perverse, establishing a positivist mechanism in reverse, a mechanism which does not deny madness so as to protect the privileges of science, but which makes 'the production of madness in its truth as intense as possible, but in such a way that the relationships of power between doctor and patient are invested exactly in this production, that they remain appropriate for it, do not let themselves be outflanked by it, and keep it under control'.[51] This is why, while the theoretical insight of psychoanalysis has offered an indispensable grid of analysis of the way delirium has resisted its assimilation into the network of medical rationality, on a clinical level psychoanalysis has aligned itself with the rest of psychiatry, reproducing this same assimilation into the programmed and calculated procedures, the sophistical manipulations and prophetic enigmas of the analytic relationship. As Foucault points out, 'if it has played a critical role, at another level, psychoanalysis plays harmoniously with psychiatry'.[52]

For Foucault, the crisis of delirium has deeper political ramifications. It is exactly the silence, the territoriality, the actual, physical presence of the delirious patient and the symbolic violence with which he responds to interpellation, which shakes the roots of power. Delirium challenges power only from a position of exclusion, from a relationship of exteriority with power, be it the disciplinary power of the proto-psychiatrists, the liberal, bureaucratic or ubuesque power of contemporary psychiatry, or the silent and invisible power of the analyst. This exclusion is not a natural fact, a logical necessity, but it does follow logically from the historically determined way in which medical rationality has posed madness as a problem. This problem is by definition insoluble, it can therefore exist only as a form of challenge. The early psychiatrists had intuited this fact, when, faced with the crisis of delirium, they created a phenomenological diagnostic system and a therapeutic regime based on clear distances between different forces, duality and strategy. Today,

these tactics seem outmoded and unscientific and the forces of inclusion, the mechanisms of liberation and the processes of rationalization aim to preclude the possibility of a similar clash with the irrational. Under today's logic of security, the logic of peaceful coexistence, protection and abstraction, there is no singular experience which can be called madness, either because there exist only anatomically localizable and psychologically understandable mental illnesses differing in degree, or because, as psychoanalysis asserts, everyone is mad, everyone harbours a kernel of delirium decipherable through the textual analysis of the unconscious. Nevertheless, the singularity of madness is indispensable and ineluctable, which is why we witness its spontaneous resurgence and resistance to this logic, to this 'monopoly of consciousness, and the monopoly of the unconscious', as Baudrillard would say.[53] But it is a case of pure challenge, distance and duality, not a case of an archaic, fascist or revolutionary resistance, as Guattari's schizoanalysis would argue;[54] in the biopolitical age of global harmony and reconciliation of heterogeneous forces, the sovereignty of delirium, by definition aimless and otherworldly, does not seek to liberate itself or overturn the universe of reason by force, but excludes itself, it subtracts itself from this uniformity, imposing limits and points of subversion within what appear as stable and fixed mechanisms of power. Delirium destabilizes linearity and demarcates zones of reversal, creates sites of confrontation and forms lines of escape. It reintroduces the *spectre* of madness when all mental illnesses are neatly placed in the smooth *spectrum* of abnormalities.[55] When all accounts appear settled and a uniform consciousness of security appears natural, it is the patients themselves who cancel objectives, postpone rational ends, distort or annul the goals, values and the initial programming of the globalizing rationality, constituting strategic manipulations which change the very nature of today's governmentality.

Thus, today we are faced with a second phase of exclusion of madness, this time less generalized and more local and dispersed, but nevertheless more violent and uncontrollable than the first, altering the physiognomy of the mental institution in unforeseeable ways. The patients are nowadays engulfed in a network of inclusion, security and socialization, no more liberating or subjugating than the system of exclusion that preceded it. It is a system of infinite supply of services in which security, prophylaxis and control are offered as abundantly as the systems of overconsumption and dependence

that inevitably follow. In its institutionalized form, psychoanalysis, which, 'God knows how much it is spread throughout our culture', is part of the same apparatus, the same psy-function infiltrating the social body.[56] The patients defy the rules of this system of integration, by taking its provisions, its unconditional care and solicitude to its paroxysmal form, creating reversals of power that the system cannot tolerate, which is why these patients, this time under the cover of normality, become once again marginalized, circulating in the interstices of the saturated web of services. The incident of hysteria was the first major episode in the history of this process; official psychiatry may have assessed the confrontation with hysteria as a victory of medical rationality and truth over false illness, but, in actuality, the hysterics took Charcot and the neurologists hostage, depriving them of their absolute authority over the medicalization madness, while they became masters of the diagnostic game. When they confirmed medical truth, they simultaneously managed to conceal their madness behind it, thereby seducing power into granting them medical extra-territoriality by discharging them from the asylum space.[57] The process is the same today with all the borderline cases which psychoanalysis has so diligently managed to pinpoint but is equally unable to fully contain. Somatoform and psychosomatic patients are in many ways considered unmanageable.[58] Their symptomatology points to the existence of real illnesses, while lacking anatomical seat; their psychotherapeutic treatment has offered poor evidenced-based results and psychoanalytic theory has highlighted the pre-psychotic and therefore impervious to analysis, relationship that these patients have with their own body and their subjectivity. Eventually, this group of patients disregards the psychoanalytic cure, overflowing the hospital and its outpatient clinics, demanding more medical care, more and more benefits. They take the health services hostage, projecting irrational demands and their dependent attitude towards the excessive availability of psychiatric care saturates the system to the point of collapse. Overconsumption of psychotropics, numerous medical examinations and tests, insoluble problems in managing their absurd needs, all lead to economic and administrative deadlocks and overcrowding inside the hospital. Similarly, borderline personality disorder, the single most important case for which psychodynamic psychotherapy is considered today as one of the first-line treatments by the official psychiatric establishment, endlessly circulates between the analytic

couch, the community and the mental hospital. Adopting all forms of major psychopathology (periodic delusional ideation, emotional instability, suicidal or self-harming behaviour), borderline personality disorder has been identified as an atypical but nevertheless distinct nosological entity. Very often, however, its existence is associated with terror and blackmail: its pre-psychotic defence mechanisms (splitting, projection, dissociation), its impulsivity, its objectless anger, its manipulative and dangerous behaviour and its proclivity to pretence and victimization distort the goals of psychoanalytic cure, force the therapist to commit the borderline patients to hospital against their will, or to administer excessive doses of psychotropics which reinforce their sense of victimhood and become tools of substance misuse and further suicide attempts.[59]

All these limit-cases do not constitute epistemological blockages, rebellious forces or anti-psychiatric voices inside the psychiatric institution. It is their paradoxical nature, the absence of delirium in an otherwise mad behaviour, the excessive and inexplicable hyperconformity to the diagnostic decrees and rules of the mental hospital, which render them the underside of power, its outer limit.[60] It is exactly this strategic aspect of their existence which Foucault stresses. By adopting and exaggerating the regime of truth, which a specific mode of psychiatric rationality uses to explain them, by turning this same model of truth (the neurological, the sexual, the psychotropic or the psychological body) against power, they are transformed from subjects to be governed into adversaries that power is obliged to confront. They become dissidents, the frontier for the relationships of power, the 'line at which, instead of manipulating and inducing actions in a calculated manner, one must be content with reacting to them after the event'.[61] Medical rationality is already in the process of recognizing this challenge which it has striven to suppress and it is now obliged to face: it confronts the political and ethical issues arising from the requirement of dangerousness for involuntary commitment, which treats individuals as social adversaries threatening public safety and hygiene; it reconsiders the role of the asylum, which has been so easily dismissed by the anti-psychiatric movements and the proponents of deinstitutionalization; it has increased its awareness of the overwhelming social and political pressures it receives in the wake of the psycho-political phenomena of barbarism, terrorism and fundamentalism.[62] Psychoanalysis has greatly contributed to this introspection especially from its extra-institutional position as an 'exotic

science'[63] where it is able to speak the language of finitude, negativity and the limit, the language which best acknowledges and describes the instances of duality, the anthropological mutations, the divisions, conflicts and points of antagonism which disrupt and unsettle today's hegemonic rationality.

Conclusion

Prophecy and science are the two modalities of truth-telling governing psychoanalysis. Whenever prophecy has dominated, psychoanalysis has functioned as an anti-psychiatric discourse, an anti-repressive discourse promising to liberate the drives and desires that have been silenced by the constraining effects of the psychiatric classificatory and therapeutic system. Whenever the scientific aspect has prevailed, psychoanalysis has provided a medical and psychotherapeutic setting where the hysteric's symptoms are verbalized, the 'legalistic scruples of the obsessional neurotic' are alleviated and the denial of the paranoiacs is enacted.[64] In the history of psychoanalysis, both truth modalities have functioned in a balanced and symmetrical way, constantly referring to medical knowledge and affirming medical truth. It is the proximity of the psychoanalytical discourse to medicine that Foucault sets out to critique. He does not, therefore, criticize psychoanalysis for its low level of scientificity, but, on the contrary, for its efforts to be medical and scientific. He is not sceptical of its epistemological status, its rules of construction or the validity of its concepts, but rather of the way it denounces its own critical powers as counter-science, in its bid to become a valid scientific discourse with power effects:

> You know how many people have been asking themselves whether or not Marxism is a science for many years now, probably for more than a century. One might say that the same question has been asked, and is still being asked, of psychoanalysis or, worse still, of the semiology of literary texts. Genealogies' or genealogists' answer to the question 'Is it a science or not?' is: 'Turning Marxism, or psychoanalysis, or whatever else it is, into a science is precisely what we are criticizing you for'.[65]

The importance of psychoanalysis, for Foucault, lies in its effective critique of today's scientism. It has dismantled the absolute power of science, its universal

legitimacy, the unanimity that it provides, and the functional coherence and formal systematization that it aims to produce. Psychoanalysis has escaped the 'disciplinary policing of knowledges', which scientific truth has increasingly imposed since the late eighteenth century.[66] However, psychoanalytic discourse has also asserted theoretical unity, a totalizing approach and hierarchical organization. It too has drawn its pretensions to validity and universality from scientificity,[67] laying claim to power effects and becoming centralizing and hegemonic. Even in its critical dimension, it is embodied in the university, has a diffuse pedagogical role, has been widely institutionalized and comprises a vast theoretico-commercial network in many countries.[68] For Foucault, these paradoxes undermine the very coherence and revolutionary capacity to which psychoanalysis aspires, causing it to be 'suspended, or at least (be) cut up, ripped up, torn to shreds, turned inside out, displaced, caricatured, dramatized, theatricalized, and so on'.[69]

Psychoanalysis, however, has not lost its critical value. It can still be used on a local level as a weapon of truth against the dominant medical discourse. It can serve as a local form of knowledge, as an alternative type of truth, which, along with other marginalized, disqualified forms of knowledge, the nonconceptual forms of knowledge below the level of scientific erudition (the personal experience of the doctor, the patient, the nurse, the delinquent), can exert considerable effects on the political status of psychiatry, its internal reforms and on the fate of madness as limit-experience in the West.[70] In Foucault's critique psychoanalytic truth does not yield a new, universal and neutral discourse. Rather, it is deployed from a position of combat inside a nexus of disparate truths engaged in agonistics and war. This agonistics of truth is a crucial element of Enlightenment critique.[71] Foucault stresses the fact that what is called the Enlightenment cannot be exhausted in the alleged triumph of science which, as a state mechanism in the late eighteenth century, was in charge of the selection, normalization, hierarchicalization and centralization of knowledge. It was during the same period that intellectual debates, which occurred at the margins of scientific disciplinarity, provoked dispersal, heterogeneity and struggle among various forms of knowledge. Psychoanalysis has helped to renew these debates, which challenge the monopoly of science and dismantle the view that knowledge is a state of order, peace and rationality.[72] It is one of those local and regional forms of knowledge which have resisted

the principle of universality and consensus which scientific truth has increasingly imposed. This is why, in Foucault's system, psychoanalysis is inserted in the wider domain of intellectual struggles which, since the late eighteenth century, have undermined the hegemony of the 'enlightened' scientific subject who exerts the power to exclude and disqualify forms of knowledge which do not meet the constraint of institutionalized truth:

> The genealogy of knowledge must first — before it does anything else — outwit the problematic of the Enlightenment. It has to outwit what was at the time described (and was still described in the nineteenth and twentieth centuries) as the progress of enlightenment, the struggle of knowledge against ignorance, of reason against chimeras, of experience against prejudices, of reason against error, and so on […] when we look at the eighteenth century — we have to see, not this relationship between day and night, knowledge and ignorance, but something very different: an immense and multiple battle, but not one between knowledge and ignorance, but an immense and multiple battle between knowledges in the plural — knowledges that are in conflict because of their very morphology, because they are in the possession of enemies, and because they have intrinsic power-effects.[73]

The 'Enlightenment' is not the triumph of science over ideology, truth over error or light over darkness. On the contrary, Enlightenment critique is anti-scientific and anti-consensual, not in the sense that it refutes scientific knowledge and opposes reason, but insofar as it frees truth and reason from the totalizing effects of science and intellectual universality. This is why critical psychiatry promotes a pluralism of truths without, however, supporting their abstract multiplicity, their ideal democratic equality or their indefinite free interplay. It sets them in opposition, constant challenge and confrontation.[74] It intensifies a war between regimes of truth, where no type of truth, be it prophetic, scientific or juridical, can ever prevail over others. No subject can ever claim to articulate a universal and absolute truth, to speak in the name of a 'we' or to occupy the position of a jurist or a philosopher. The subject engaging in truthful discourse (the psychiatrist, the patient, the analyst, the nurse or the magistrate) is not a totalizing and neutral subject, but a subject involved in an antagonistic process, whereby divisions, confrontations and struggles disturb the ordered harmony of unitary, formal and scientific theoretical discourses.[75] The subject speaking the truth is engaged in a battle,

has adversaries, and through its discourse, claims to clarify facts, dispel illusion and denounce error. Therefore, its truth cannot settle affairs, bring order or restore peace, but it can shift balances and accentuate dissymmetry. It is a truth which brings about conflict and dissent, but, more crucially, it is a truth which introduces otherness both by challenging our seemingly self-evident reality and by problematizing foreign forms of experience: 'there is no establishment of truth without an essential position of otherness; the truth is never the same; there can be truth only in the form of the other world and the other life (*l'autre monde et de la vie autre*)'.[76]

The Psychiatrist as an Intellectual

This study has analyzed Foucault's critical engagement with concrete psychiatric issues with the aim of demonstrating the specific strategies through which Enlightenment critique can unsettle the foundations of psychiatric power and transform the regimes of truth, which sustain it. Our analysis has not offered programmes, concrete solutions, prescriptions or proposals for action. There is no revolutionary project, no ideological vision or Enlightenment manifesto in Foucault's critique. Nowhere does Foucault take the stand of the erudite scholar encouraging doctors to rebel against their institution, urging magistrates to defy the unjust laws that they are obliged to enforce, or inciting patients to organize upheavals in order to overturn psychiatric authority. There is no proposed theory waiting to be transformed into practice, no truth to be followed and no justice to be fulfilled. This lack of proposals for reform or ideological interventions appears frustrating and disillusioning to those who expect from the intellectual suggested courses of action and political agendas to transform the established order.

If Foucault refuses to propose solutions and to offer prescriptions, it is because he mistrusts universal values and absolute truths as Enlightenment ideals and as rational principles of action or global ethical codes. For Foucault critique is not measured by its nomothetic activity and its ability to intervene in politics in the form of advice or proposals for an ideal state of affairs: 'the role of the intellectual today is not that of establishing laws or proposing solutions or prophesying, since by doing that one can only contribute to the functioning of a determinate situation of power that to my mind must be criticized'.[1] Foucault considers the 'acting out' of institutional violence, the defensive 'trade union' position of psychiatric reformers and the anti-institutional movements led by the anti-psychiatrists as well-intentioned and

politically significant phenomena which, however, do not affect the prevailing form of rationality governing the institution. All those prophets and legislators, those 'universal', 'exemplary' and 'just-and-true-for-all' humanist activists who speak for and above the patients, do not escape the power of the 'total' institution, they criticize.[2] These 'Enlightened' voices consider themselves and the patients as abstract subjects in law, remaining blind to the regimes of truth, which have produced the division madness/sanity, without which the discourse of human rights and liberation would make no sense. While, therefore, these intellectuals lay claim to universal wisdom, their thought and action remain trapped inside the social and institutional categories of truth, which they unwittingly help to perpetuate.

Foucault, on the other hand, envisages the 'specific intellectual' who engages in local, real, material and everyday conflicts, who possesses specific knowledge but who is also an agent of universality insofar as he is in a position to relate his competence and expertise to truth in the field of politics.[3] Hence, the value of Enlightenment critique for the psychiatrist, the magistrate and the patient, as subjects whose position in specific sectors gives them immediate and concrete awareness of struggles. After Foucault's critique, the transformation of the psychiatric institution is no longer the duty only of the prophet or the sage. It is not the task of the ideologues or the legislators expressing universal theories or worldviews about an ideal state of things. It is up to the psychiatrist, the magistrate and the patients themselves to accept the challenge and display the courage to reason freely, publicly and universally in order to identify the divisions, confrontations and conflicts of their everyday practice as global problems, not only of the institution in which they work, but also of the society in which they live. These specific intellectuals are in the privileged position of participating in struggles, which are local enough to produce specific forms of knowledge and general enough to affect the most universal problems of society. The division between reason and madness is not only a problem raised locally and specifically in the narrow field of mental health, but also a general problem of current politics and ethics. The problem of how a society defines its relation to madness and determines itself as rational, not only specifies the nature of psychiatric power over the patients, but also shapes the cultural and social context in which power can be exercised over others in extra-institutional spaces. It is therefore in this division between reason and

madness where the local intersects with the general and the universal crosses paths with the exceptional, enabling those engaged in their limited institutional framework to use their local knowledge and expertise to bring about general political effects and transformations:

> Therefore, I think that the role of the intellectual is perhaps not so much, or maybe not only, to stand for the universal values of humanity. Rather, his or her responsibility is to work on specific objective fields, the very fields in which knowledge and sciences are involved, and to analyze and critique the role of knowledge and technique in these areas in our present-day society. In my opinion, today the intellectual must be inside the pit, the very pit in which the sciences are engaged, where they produce political results. Thus, working with intellectuals — mostly doctors, lawyers, psychiatrists, and psychologists — has paramount importance to me.[4]

Critique addresses the expert working in the field of mental health who occupies a position of special importance. His experience in dealing with patients, his involvement in tribunals and forensic issues, his engagement with social work and pedagogy; all give his expertise a critical role and social significance. As an 'alienist', his personal ideas about insanity, his theories and views about what constitutes true and false illness, his everyday struggles with patients, administrative authorities and legal demands imposed on him and with the scientific rules that govern his practice, give him the power to affect the reality of his endeavours. As a scientific specialist in issues of normality, reality and public hygiene, his decisions, theories and ideas can have far-reaching consequences on the biopolitical forms of rationality that permeate today's governmental practices.

Moreover, critique addresses the magistrate, the lawyer and the forensic expert as specific intellectuals involved in local, everyday conflicts which produce new scientific, philosophical and political modes of reflection. Critique does not classify magistrates and doctors as instruments of an oppressive political ideology. On the contrary, it shows how their epistemological status can question current security-orientated rationality. In today's forensic settings, both magistrates and doctors are obliged to work inside an epistemological and political field foreign to their endeavour, exerting a new type of punitive power and hygienic policing. It is not, however, the inherently low epistemological threshold of psychiatry or the law that is responsible

for this situation. It is the over-medicalization of the criminal and the over-criminalization of the insane, which have deprived jurists and psychiatrists of their specific roles. Therefore, the solution is not to inject more psychiatry and medicine in order to make the penal system more acceptable, nor to propose more humane forms of penal law in order to define what is necessary to punish without recourse to an oppressive medicine. While these medical and ideological interventions do contribute to reform, they leave the rationality of biopolitics unquestioned. It is the most enigmatic, monstrous cases of legal psychiatry which disrupt the medico-legal continuum and the definition of normality. That disruption urges that the limits of the human and the scientificity of applied psychiatric knowledge be debated on a new ethico-juridical and political footing beyond biopolitical categories. This is why for Foucault the eighteenth-century dilemma 'prison or hospital', the anthropological notion of partial insanity, constitute today one of those empty spaces for the forces of security, a void where biopower cannot be exercised, a critical space where, 'magistrates and psychiatrists […] have become able to participate — both within their own fields and through mutual exchange and support — in a global process of politicization of intellectuals'.[5] Occupying the bifurcation between the psychiatric and the juridical, expert psychiatric opinion and legal authority can act critically at the limits of medical science and penal law, forcing political structures to modify their technologies of power and to redefine their internal regime of truth.

Critique also addresses the patients themselves. It does not, however, defend their rights and does not fight for their 'liberation'. Anthropology registers the silence of madness and as such it does not offer grand narratives for or on behalf of the mad, but records the emergence of this silence at the limits of the truth claims articulated by psychiatric discourse. It does not instruct the patients nor mobilize them to take collective political action. It rather observes their silence, their bodily revolts and their struggles against the divisions of normality and abnormality, reason and madness, innocence and guilt, which are imposed on them. The patients 'do not speak the truth in its ultimate depth'.[6] They do not reveal the inner workings of their psyche. They only pose problems which force administrative authorities to reconsider the institutional dimension of insanity, oblige doctors to review the whole spectrum of diseases and motivate psychologists, social workers and moralists

to reflect on the prevalent ethic of socialization, rationalization and public hygiene. In current Western rationality, the mad do not need a defensive discourse which will give them the voice that they lack; on the contrary, it is their confused voice which disrupts those discourses that make them speak. Their struggle can take the form of open battle and revolt, suicide, or the form of intellectual *oeuvre,* as in Nietzsche, Nerval, Artaud and Hölderlin, who, from deep within their madness, managed to achieve enough clarity so as to produce works of 'alienism', poetic and spiritual revelations of their experience which have altered our perception of madness.[7]

The notion of the specific intellectual, whether it refers to the psychiatrist, the magistrate or the patient, contains a kernel of universality, insofar as it does not privilege nor exclude any subject from the exercise of critique on the basis of his qualifications, legitimacy or status. What this universality does exclude is the supposedly neutral, objective and totalizing subject who speaks in the name of timeless values and absolute truths. As Kant showed, such an intellectual is still a 'cog in the machine', a 'partial' thinker whose private use of reason is tied to value judgements and ready-made truths and whose resistance is successfully absorbed by the all-encompassing logic of the system he opposes. By contrast, the universal intellectual as Kant envisaged him, while in a state of conformity or even obedience to the rules of his institution, does not allow this obedience to be confused with non-reasoning and clearly distinguishes his professional duties and relationships of obligation or authority, as a functionary within the institution, from his unconditionally free, public and autonomous use of reason as a rational being addressing other members of a reasonable community.[8] Crucially, however, this free, unimpeded use of reason does not bring about a Habermasian Enlightened and transparent community of rational subjects ensuring order and harmony; on the contrary, it is precisely the critical function of reason to indicate the forms of domination to which this excessive demand for transparency gives rise. For example, the psychiatrist does not constitute a universal subject by asserting her rationality, or promoting his power so that other rational subjects may follow his example; on the contrary, he criticizes the excess of his rationality which, instead of guaranteeing freedom for doctors and patients, causes psychiatric power to lose its foundation and submits both psychiatrists and the mentally ill to a condition of self-incurred tutelage. The psychiatrist

locates the abuse of his power not in the oppression or ideological distortion of medical truth or in the exclusion of the mad, but in the forced rational integration and inclusion of madness and in the overabundance of psychiatric knowledge which today weakens the epistemological status of the psychiatrist, questions his authority, distorts his therapeutic services, increases his accountability and reinforces his subjection to extra-psychiatric forces.[9]

The psychiatric subject becomes universal when, as an autonomous and free thinker, he demonstrates to his peers but also to other reasonable subjects beyond his institution that it is the illegitimate use of reason which is responsible for their state of immaturity and heteronomy. He freely and publicly draws attention to similar phenomena of subjection whenever rationality illegitimately infiltrates domains beyond possible experience – illness, death, crime, sexuality. By appealing to these domains through journalism, the university, legal and administrative interventions, literature and art, he establishes connections with other scientific subjects (criminologists, doctors, social workers), in order to encourage scepticism toward scientific knowledge. This form of scepticism does not divide intellectuals, because it does not refute or relativize verified truths, but opens up a common field of action, a common ground for intellectuals to develop global strategies for the modification of the institutional techniques and procedures, the economic mechanisms and the political instances through which these verified truths sanction the current overproduction of knowledge. It is through this scepticism that the specificity of these intellectuals can become linked, beyond class position and free from possible manipulation by political parties or ideologies, to the general functioning of an apparatus of truth in our society, enabling the local, specific struggle to 'have effects and implications that are not simply professional or sectorial'.[10] At the limits of the current form of rationality, intellectuals can participate collectively in the construction of this new politics of truth, creating the possibility of a new community of thinkers, of a new 'we' which, through constant agonistics, debates and disputes, can free the power of truth, psychiatric or otherwise, from 'the forms of hegemony, social, economic, and cultural, within which it operates at the present time'.[11]

Notes

Chapter 1: What Is Enlightenment?

1   Robert Wokler, 'The Enlightenment and the French Revolutionary Birth Pangs of Modernity', in J. Heilbron et al. (eds), *The Rise of the Social Sciences and the Formation of Modernity,* The Netherlands: Kluwer Academic Publishers, 1998, pp. 35–76.

2   Although he named the Enlightenment an 'unfinished project', Habermas adhered to what he perceived as the Enlightenment ideal of 'communicative rationality', which, although distinct from the rationalist tradition, which reduces rationality to a property of the world or of the knowing subject, is 'the binding force of intersubjective understanding and reciprocal recognition'. See Jurgen Habermas, *The Philosophical Discourse of Modernity*, trans. Frederick Lawrence, Cambridge: Polity Press, 1987, p. 324. For the scepticism toward the Enlightenment, see Theodor Adorno and Max Horkheimer, *Dialectic of the Enlightenment,* trans. John Cumming, London: Verso, 1997; Jacob Laib Talmon, *The Origins of Totalitarian Democracy,* London: Secker and Warburg, 1952; Lester G. Crocker, *Nature and Culture: Ethical Thought in the French Enlightenment,* Baltimore: Johns Hopkins Press, 1963; Zygmunt Bauman, *Modernity and the Holocaust,* Cambridge: Polity Press, 1989; and John Gray, *Enlightenment's Wake: Politics and Culture at the Close of the Modern Age,* London: Routledge, 1995.

3   Chris Norris, *The Truth About Postmodernism,* London and New York: Blackwell, 1993; Dave Robinson, *Nietzsche and Postmodernism,* London: Icon Books, 2001; Bradley Lewis, *Moving Beyond Prozac, DSM and the New Psychiatry, the Birth of Postpsychiatry,* Michigan: The University of Michigan Press, 2006, p. 69. Foucault himself was aware of the term 'postmodernity', which he characterized 'enigmatic and troubling'. See 'What is Enlightenment?', in S. Lontringer (ed.), *The Politics of Truth,* New York: Semiotext(e), Foreign Agents, 1997, p. 113.

4   Stephen R. C. Hicks, *Explaining Postmodernism: Skepticism and Socialism From Rousseau to Foucault,* Wisconsin: Scholargy Publishing, 2004; Barry Smart, *Postmodernity (Key Ideas),* London: Routledge, 1992.

5   See Jórgen Habermas, 'Some Questions Concerning the Theory of Power:
     Foucault Again', *Critique and Power,* pp. 91–6. See also Nancy Fraser, *Unruly
     Practices: Power, Discourse and Gender in Contemporary Social Theory,*
     Cambridge: Polity Press, 1989, p. 28; Charles Taylor, *Philosophy and Human
     Sciences, Philosophical Papers 2,* Cambridge: Cambridge University Press, 1985,
     p. 182; and Andrew Scull, *The Insanity of Place/The Place of Insanity, Essays on
     the History of Psychiatry,* London: Routledge, 2006, p. 41.

6   Ehrard Bahr, 'In Defence of Enlightenment: Foucault and Habermas', *German
     Studies Review* 11 (February 1988): 96–115. Also, Hubert L. Dreyfus and Paul
     Rabinow, 'What is Maturity?' in David Couzens Hoy (ed.) *Foucault: A Critical
     Reader,* pp. 116–21, Oxford: Basil Blackwell Ltd, 1986.

7   Foucault, 'Space, Knowledge, Power', in James D. Faubion (ed.), *Michel
     Foucault, Power, Essential Works of Foucault 1954–1984, Vol. 3,* London:
     Penguin Books, 2000, p. 358.

8   Foucault pays attention to the eighteenth century and to Kant's texts because
     'one of the more interesting perspectives for the study of the eighteenth century
     in general, and of the *Aufklärung* in particular, would be to examine the fact
     that the *Aufklärung* named itself *Aufklärung,* that it is a very unique cultural
     process which became aware of itself by naming itself, by situating itself in
     terms of its past and its future, and by indicating how it had to operate within
     its own present' (Foucault, 'What is Revolution?', *The Politics of Truth,* p. 88).
     He goes on to point out, however, that his interest in this epoch is rooted in
     the fact that the domains that he explores are on the surface of transformations
     during this period. His point is precisely that these domains can become
     the object of analysis and action at any historical moment: 'it is not because
     we privilege the eighteenth century, because we are interested in it, that we
     encounter the problem of the Aufklärung' ('What is Critique?', *The Politics of
     Truth,* p. 47).

9   Foucault, 'Foucault', in *Michel Foucault, Aesthetics, Method and Epistemology,
     Essential Works of Foucault 1954–1984, Vol. 2,* ed. James D. Faubion, London:
     Penguin Books, 1998, p. 459. For the uniformity of Foucault's relationship
     with Kant throughout his life, see Amy Allen, 'Foucault and Enlightenment:
     A Critical Reappraisal', *Constellations* 10 (2) (2003): 180–98. Allen refutes
     Habermas' claim that Foucault performs two very different readings of Kant
     throughout his work, making instead the point that there is an overall continuity
     in Foucault's work in his relationship with Kant. Foucault's distance from Kant
     is summarized very aptly by Deleuze in *Two Regimes of Madness, Texts And
     Interviews 1975–1995,* New York: Semiotext(e), Foreign Agents, 2006, p. 245.

10   Foucault, 'Truth is in the Future', *Michel Foucault, Power,* p. 299.

11   Maurice Blanchot, 'Knowledge, Power, Truth?', in Jeffrey Mehlman and Brian
      Massumi (trans.), *Foucault/Blanchot,* New York: Zone Books, 1997, p. 80.

12   Foucault, 'How Much Does it Cost For Reason to Tell the Truth', in Sylvère
      Lotringer (ed.), *Foucault Live: Interviews, 1966–1984,* New York: Semiotext(e),
      Foreign Agents, 1989, p. 358.

13   Friedrich Nietzsche, *The Will to Power,* trans. W. Kaufmann and R. J.
      Hollingdale, New York: Random House, 1968, § 507.

14   'What is Enlightenment?', *The Politics of Truth,* p. 109.

15   'Space, Knowledge, Power', *Michel Foucault, Power,* p. 358.

16   'What is Enlightenment?', *The Politics of Truth,* p. 119.

17   'How Much Does it Cost For Reason to Tell the Truth', *Foucault Live,* p. 353.
      'Adorno, Horkheimer, and Marcuse: Who is a 'Negator of History?', in R.
      James Goldstein and James Cascaito (trans.), *Remarks on Marx*, New York:
      Semiotext(e), Foreign Agents, 1991b, pp. 116–17. Here Foucault responds to
      criticisms levelled by Habermas and Fraser concerning the irrationalism and
      normativity of his historical analyses of rationality. See Jürgen Habermas,
      'Some Questions Concerning the Theory of Power: Foucault Again', pp. 91–6.
      See also, Nancy Fraser, *Unruly Practices,* p. 28.

18   'Introduction' to Georges Canguilhem's *The Normal and the Pathological,*
      trans. Carolyn R. Fawcett, New York: Zone Books, 1991, p. 11. Derrida offers
      a detailed analysis of Husserl's *Crisis*, critiquing Husserl's attitude toward the
      Enlightenment in a way similar to that of Foucault, in Jacques Derrida, *Rogues:
      Two Essays on Reason,* trans. Pascale-Anne Brault and Michael Naas, Stanford:
      Stanford University Press, 2005, p. 124.

19   Foucault also criticizes Max Weber for speaking of an intrinsic notion of
      rationalization, which accounts for the irrational rationality of capitalist
      society. See 'Questions of Method', in *Michel Foucault, Power,* p. 229. Also,
      'Technologies of the Self', in Luther Martin, Huck Gutman and Patrick
      H. Hutton (eds), *Technologies of the Self, a Seminar with Michel Foucault,*
      Cambridge, MA: MIT Press, 1988, p. 17.

20   'How Much Does it Cost For Reason to Tell the Truth', *Foucault Live,* p. 358.
      Derrida also levels the same type of critique to Husserl who believes that
      reason should be rescued from the degeneration of rationality. Derrida asks
      the question: 'the honour of reason – is that reason? Is honour reasonable or
      rational through and through? […] The value of reason, the desire for reason,
      the dignity of reason – are these rational?', *Rogues,* p. 120. Moreover, drawing
      on Plato's interpretation of reason, *logos,* as the limit of the intelligible, Derrida

points out that reason needs no rescuing insofar as the sovereignty of critique belongs only to reason itself (ibid., p. 139), whereas rationality merely creates the utopian illusion of sovereignty through the supposed rational mastery of the world.

21   Foucault, 'What is Enlightenment?, *The Politics of Truth,* pp. 120–1. This is Foucault's contrast with Kant; whereas Kant, in his *Anthropology,* explored the necessary limitations of knowledge, thereby theorizing madness as an idea of pure reason, a limit to possible cognition of the transcendental subject, Foucault examines the appearance of madness a 'limit to the necessary', a limit to a specific, concrete and historically conditioned mode of rationality to which it appeared as other. 'The point, in brief, is to transform the critique conducted in the form of necessary limitation into a practical critique that takes the form of a possible transgression.' 'What is Enlightenment?', *The Politics of Truth,* p. 125. For a discussion of this distinction between the two thinkers, see the chapter 'Questions of Enlightenment', in Dean Mitchell, *Critical and Effective Histories: Foucault's Methods and Historical Sociology*, London: Routledge, 1994*,* pp. 43–58.

22   Foucault, 'What is Enlightenment?, *The Politics of Truth,* p. 124.

23   Ibid., p. 106.

24   Ibid., p. 111.

25   Ibid., p. 108.

26   Michel Foucault, 'What is Critique?', *The Politics of Truth,* p. 36.

27   Foucault, 'What is Enlightenment?', *The Politics of Truth,* p. 108.

28   Cited in Gilles Deleuze, *Kant's Critical Philosophy,* trans. Hugh Tomlinson and Barbara Habberjam, Minnesota: University of Minnesota Press, 1984, p. 3.

29   Michel Foucault, *Introduction to Kant's Anthropology from a Pragmatic Point of View,* trans. Roberto Nigro and Kate Briggs, New York: Semiotext(e), Foreign Agents, 2008, p. 60.

30   Ibid., p. 63.

31   Michel Foucault, *The Government of Self and Others: Lectures at the Collège de France, 1982–1983,* trans. Graham Burchell, London and New York: Palgrave Macmillan, 2009a, p. 31.

32   Michel Foucault, *Introduction to Kant's Anthropology,* p. 83.

33   Ibid., p. 75.

34   Foucault, '*Philosophy and Psychology*', *Michel Foucault, Aesthetics,* p. 250.

35   Foucault, *Introduction to Kant's Anthropology,* p. 57.

36   Ibid., p. 85.

37   Ibid., pp. 68–9.

38   Ibid., p. 69.

39   Michel Foucault, 'Philosophy and Psychology', *Michel Foucault, Aesthetics,*
      p. 257.

40   Michel Foucault, *Mental Illness and Psychology,* trans. Alan Sheridan,
      California: University of California Press, 1987, p. 74.

41   It must be noted that whenever Foucault refers to notions such as 'humanism'
      or 'modernity', he does not seek to identify their general characteristics in order
      to provide new definitions or to situate these trends in a specific historical
      context. He rather examines humanism in relation to forms of rationality and
      modernity as a problematical term representing not a historical epoch but
      an attitude in many ways linked to the Enlightenment. In his essay 'What is
      Enlightenment?' Foucault attempts to distance himself from projects such
      as Walter Benjamin's work on Baudelaire, in order to show that Baudelaire's
      modernity as a reflective attitude toward the present displays an aspect of
      modernity compatible with the Enlightenment (ibid., pp. 113, 237). It should
      also be noted that Foucault does not reject humanism wholeheartedly;
      he points out that the complex relations between humanism and the
      Enlightenment should be analysed further in order to avoid confusions and
      misunderstandings (ibid., p. 124).

42   Michel Foucault, 'The Subject, Knowledge, and the "History of Truth", *Remarks
      on Marx,* p. 61.

43   Foucault considers dialectics as too pacifying and reconciliatory, attempting
      to bring together terms, which by definition remain foreign to each other.
      He constantly supports the logic of paradox, strategy and disjunction (which
      stems from the Stoic and Leibnizian tradition), rejecting Hegel's logic of
      contradiction: 'Dialectical logic puts to work contradictory terms within the
      homogeneous. I suggest replacing this dialectical logic with what I would
      call a strategic logic. The logic of strategy does not stress contradictory terms
      within a homogeneity that promises their resolution in a unity. The function
      of strategic logic is to establish the possible connections between disparate
      terms, which remain disparate. The logic of strategy is the logic of connections
      between the heterogeneous and not the logic of the homogenization of the
      contradictory. So let's reject the logic of the dialectic' (Michel Foucault, *The
      Birth of Biopolitics: Lectures at the Collège de France, 1978–1979,* trans. Graham
      Burchell, London and New York: Palgrave Macmillan, 2007a, p. 42). However,
      it must be noted that, although at basis an anti-dialectician, Foucault does
      not totally dismiss Hegel. See 'The Order of Discourse', trans. Ian McLeod, in
      R. Young, *Untying the Text: A Poststructuralist Reader,* London: Routledge,
      1981, p. 74.

44   Paul Virilio, *The Original Accident*, trans. Julie Rose, Cambridge: Polity, 2005, p. 6.

45   Michel Foucault, *The Order of Things: An Archeology of the Human Sciences*. London: Routledge, 2002, p. 371.

46   Foucault, *Introduction to Kant's Anthropology*, p. 123.

47   Michel Foucault, *History of Madness*, trans. J. Murphy and Jean Khalfa, London: Routledge, 2006a, pp. 512–40.

48   Foucault, *Introduction to Kant's Anthropology*, p. 123.

49   John Rajchman, *Michel Foucault, The Freedom of Philosophy*, New York: Columbia University Press, 1985, pp. 52, 58.

50   Michel Foucault, *The Archeology of Knowledge*, trans. A. M. Sheridan Smith, London and New York: Routledge, 1972, p. 147.

51   Michel Foucault, *The Courage of Truth, The Government of Self and Others II: Lectures at the Collège de France, 1983–1984*, trans. Graham Burchell, London and New York: Palgrave Macmillan, 2011, p. 340.

52   Foucault, *Introduction to Kant's Anthropology*, p. 118.

53   In his concluding remarks in the *Order of Things*, Foucault is unambiguous as to the aim and form of his critique in relation to the anthropological illusion: 'there is no other way than to destroy the anthropological 'quadrilateral' in its very foundations […] rejecting not only psychologism and historicism, but all concrete forms of the anthropological prejudice, we attempt to question afresh the limits of thought, and to renew contact in this way with the project for a general critique of reason' (p. 372).

54   Foucault, *Mental Illness and Psychology*, p. 74.

Chapter 2: The Historical Critique of Phenomenology

1   Michel Foucault, 'Who are you, Professor Foucault?', in Jeremy Carrette, *Religion and Culture by Michel Foucault*, trans. Lucille Cairns, Manchester: Manchester University Press, 1999b, p. 97.

2   Foucault, *The Order of Things*, p. 354.

3   Ibid., p. 355.

4   Ibid., p. 356.

5   Foucault, *Mental Illness and Psychology*, p. 50.

6   Ibid., p. 184. This is Foucault's basic scepticism, echoing the approach of Sextus Empiricus, the famous ancient sceptic who stated that 'perhaps the madman could understand himself […] but we cannot understand madness through

sanity, nor old age through youth'. Cited in Giuseppe Roccatagliata, *A History of Ancient Psychiatry,* London and New York: Greenwood Press, 1986, p. 141. We shall examine Foucault's relationship with scepticism at greater length in the next chapter.

7   Foucault, *Mental Illness and Psychology,* p. 50.

8   Foucault, 'Who are you, Professor Foucault?', *Religion and Culture,* p. 88.

9   Foucault, *Mental Illness and Psychology,* pp. 50–5. As Foucault notes, since Kant, time and space have been considered as forms of knowledge, until Nietzsche, who regarded them as 'primitive rocks onto which knowledge attaches itself.' Foucault, 'Truth and Juridical Forms', in *Michel Foucault, Power,* p. 6.

10   Foucault, *Mental Illness and Psychology*, p. 45.

11   Ibid., p. 46.

12   Angela Woods, *The Sublime Object of Psychiatry: Schizophrenia in Clinical and Cultural Theory* (International Perspectives in Philosophy & Psychiatry), Oxford: Oxford University Press, 2011, pp. 50–2.

13   Michel Foucault, Preface to *The History of Sexuality, Vol II, the Use of Pleasure,* in Paul Rabinow (ed.), *The Foucault Reader,* London: Penguin Books, 1984, p. 334.

14   Foucault, *History of Madness,* p. xxviii.

15   Foucault, 'What our Present is', *The Politics of Truth,* p. 151.

16   Ibid., pp. 150–1.

17   'Who are you, Professor Foucault?', *Religion and Culture,* p. 95.

18   'Interview avec Michel Foucault', *Dits et écrits*, 1: 654, cited in Arnold Davidson, 'Structures and Strategies of Discourse: Remarks Towards a History of Foucault's Philosophy of Language', in Arnold Davidson (ed.), *Foucault and His Interlocutors,* Chicago and London: The University of Chicago Press, 1998, p. 6.

19   Michel Foucault, 'L'Homme est-il mort?, *Dits et écrits* 1:540–45, cited in A. Davidson, 'Structures and Strategies of Discourse: Remarks Towards a History of Foucault's Philosophy of Language', p. 6.

20   Michel Foucault, 'Linguistique et sciences sociales', *Dits et écrits* 1: 823–24, cited in A. Davidson, 'Structures and Strategies of Discourse: Remarks Towards a History of Foucault's Philosophy of Language', p. 9.

21   Michel Foucault, 'A Dialogue between Michel Foucault and Baqir Parham', in Janet Afary and Kevin. B Anderson, *Foucault and The Iranian Revolution: Gender and the Seductions of Islamism*, Chicago: The University of Chicago Press, 2005, p. 188.

22 'In fact, causality does not exist in logic. Now, work is nowadays being done on, precisely, introducing relations of a logical type into the field of history.' 'Who are you, Professor Foucault?', p. 92. Elsewhere he notes that 'this rationalization of reality, so fruitful, no longer passes through the ascription of determinism and of causality. I believe that this problem of the presence of a logic that is not the logic of causal determination is currently at the heart of philosophical and theoretical debates.' A logical analysis 'allows one to define the precise domain in which a causal relation will be able to be located'. 'Linguistique et sciences sociales', *Dits et écrits* 1: 824, 827, cited in Arnold Davidson, 'Structures and Strategies of Discourse: Remarks Towards a History of Foucault's Philosophy of Language', pp. 9, 13.

23 Michel Foucault, *Fearless Speech,* Joseph Pearson (ed.), New York: Semiotext(e), Foreign Agents, 2001, p. 172.

24 Foucault, *History of Madness,* pp. 175–208.

25 Ibid., p. 144.

26 Ibid., p. 182.

27 Ibid., pp. 381–419.

28 Foucault, *Introduction to Kant's Anthropology,* p. 69.

29 Ibid., p. 31.

30 Ibid., p. 90.

31 Ibid., p. 90.

32 Foucault, 'The Confession of the Flesh', in Colin Gordon (ed.) with Colin Gordon, Leo Mashall, John Mepham and Kate Soper (trans.), *Michel Foucault, Power/Knowledge, Selected Interviews and Other Writings 1972–1977*, Sussex: Harvester Press, 1980, p. 213.

33 Michel Foucault, *Abnormal*: *Lectures at the Collège de France 1974–1975*, trans. Graham Burchell, London: Verso, 2003a, p. 130.

34 Ibid., p. 131.

35 Foucault, *History of Madness,* p. 183. The clinical observations of the alienists in the late eighteenth-century Germany, France and England were directly influenced by the philosophical reflections of Kant, Descartes and Locke, respectively. We have seen Kant's anthropological project in relation to alienism. In the next chapter, we shall explore Descartes' influence. Here it is useful to mention the Lockean position as well. Locke writes in his *Essay Concerning Human Understanding,* 'Madmen, having joined together some Ideas very wrongly […] mistake them for Truth. [And,] the difference between Idiots and mad men [is] that mad men put wrong Ideas together, and so make wrong propositions, but argue and reason right from them: But Idiots

make very few or no propositions, but argue and reason scarce at all' (cited by Klaus Doerner, *Madmen and the Bourgeoisie, a Social History of Insanity and Psychiatry,* trans. Joachim Neugroschel and Jean Steinberg, Oxford: Blackwell, 1981, p. 31).

36   Foucault, *Abnormal*, p. 158.

37   Michel Foucault, *Psychiatric Power: Lectures at the Collège de France, 1973–1974,* trans. Graham Burchell, London and New York: Palgrave Macmillan, 2006b, pp. 133–4.

38   Ibid., pp. 266–7.

39   Ibid., pp. 132–3.

40   'I was talking to you about our generation and the way in which we were preoccupied with the conditions for the appearance of meaning. Conversely, I am now telling you that I was preoccupied with the way in which meaning disappeared, as though eclipsed, through the constitution of the object […] in fact I am concerned neither with meaning nor with the conditions in which meaning appears, but with the conditions for the modification or the interruption of meaning, with the conditions in which meaning disappears and in so doing gives rise to the appearance of something else'. 'Who are you professor Foucault?', *Religion and Culture*, p. 89.

41   On the sceptical roots of phenomenology, see R. Appignanesi and O. Zarate, *Introducing Existentialism,* London: Icon Books, 2001. On phenomenology's fundamental task of saving appearances, see Paul Virilio, *Polar Inertia*, trans. Patrick Camiller, London, Thousand Oaks and New Delhi: Sage, 2000, p. 45.

42   Foucault, *Abnormal,* p. 120.

43   Foucault, *Mental Illness and Psychology,* p. 47.

44   Ibid., pp. 48–9.

45   Ibid., p. 49.

46   Ibid., p. 49.

47   Foucault, *Psychiatric Power,* pp. 128–33.

48   Foucault, *Mental Illness and Psychology,* pp. 47–8.

49   Ibid., p. 48.

50   Ibid., p. 48.

51   Ibid., p. 48.

52   Foucault, *Psychiatric Power,* pp. 159–61.

53   Foucault, *Mental Illness and Psychology,* p. 50.

54   See Maurice Merleau-Ponty, *The Phenomenology of Perception,* trans. Taylor Carman, London: Routledge, 2013; Henry Ey, *Manuel de Psychiatrie,* France: Elsevier Masson, 2010. It is worth noting that Heidegger distanced himself

from this application of his own theories to mental illness. In the Zollicon seminars he refutes the legitimacy of the existentialist effort to grasp insanity in noematic terms. See Petr Kouba, *The Phenomenon of Mental Disorder: Perspectives of Heidegger's Thought in Psychopathology*, London: Springer, 2014.

55   Foucault, *Mental Illness and Psychology,* pp. 50–6.

56   Foucault, *History of Madness*, xxviii.

57   Foucault, *Fearless Speech,* p. 172.

58   'ICD-10: The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines'. World Health Organization, 1992. 'Diagnostic and Statistical Manual of Mental Disorders (DSM-5)', American Psychiatric Association, 2013.

59   Foucault, *Abnormal*, p. 119.

60   Paul Virilio, *Open Sky*, trans. Julie Rose, London and New York: Verso, 1997. Erich Fromm, *The Anatomy of Human Destructiveness,* London: Pimlico, 1973, pp. 471–2.

61   We shall deal with these limit-cases in greater detail in later chapters.

62   Paul Virilio, *Virilio Live: selected interviews*, ed. John Armitage, London: Thousand Oaks and New Delhi: Sage, 2001, p. 176.

63   'Phenomenology has succeeded in making images speak; but it has given no one the possibility of understanding their language.' Foucault, 'Dream, Imagination and Existence', trans. Forrest Williams, *Review of Existential Psychology and Psychiatry* XIX (1) (1984–5): 42.

64   Describing his project, Foucault calls it a 'nominalist negativism, since it involves replacing universals like madness, crime, and sexuality, with the analysis of experiences which constitute singular historical forms'. Foucault, *The Government of Self and Others,* pp. 3, 5.

65   Foucault, 'How an Experience-Book is Born', in Michel Foucault, *Remarks on Marx,* trans. R. James Goldstein and James Cascaito, New York: Semiotext(e), Foreign Agents, 1991, p. 31.

66   Foucault, *Security, Territory, Population: Lectures at the Collège de France, 1977–1978,* trans. Graham Burchell, London and New York: Palgrave Macmillan, 2007b, p. 118.

67   *The Birth of Biopolitics,* p. 120.

68   Husserl's well-known *eidetic variation* refers to a method by which, for a given existent, one disengages, through a series of deformations imposed by the imagination, the invariant kernel of meaning constitutive of its being, otherwise called *eidos*. See Jean-François Lyotard, *Phenomenology*, trans. Brian Beakley, New York: State University of New York Press, 1991, pp. 37–42. The

presentation, to intuition, of the *eidos,* the essence or the formal structure of an experience is the objective of phenomenology. Psychoanalysis, as we shall see in Chapter 6, will, at least in certain of its Lacanian aspects, perform the same and opposite movement; it will illustrate the formal structure, the empty region of madness, of the *Real,* not in order to uncover its meaning, but to highlight its meaninglessness and impossibility as the stumbling block of signification. See Slavoj Žižek, *The Sublime Object of Ideology*, London and New York: Verso, 1999a, p. 195.

69   It has been argued that Foucault is a formalist, in the sense that he theorizes the existence of fictitious entities, such as madness, which become concrete through practice, in the same way that, in mathematics, imaginary numbers (the square root of -1, for example) do not represent real objects but only exist formally, while they nevertheless are indispensable for solving equations, thus becoming socially accepted objects. See Vladimir Tasić, *Mathematics and the Roots of Postmodern Thought,* Oxford: Oxford University Press, 2001, pp. 84–99. Foucault himself expressed his deep interest in formalism and the influence that it had on the Western thought throughout the twentieth century – its impact on the arts, on logic and science, its revolutionary role in the former Eastern Bloc. He does not, however, identify with it: 'How Much Does it Cost For Reason to Tell the Truth', pp. 348–9. Also, 'But Structuralism was not a French Invention', in trans. R. James Goldstein and James Cascaito, *Remarks on Marx,* p. 36. For Foucault's distance from formalism, see John Rajchman, *Michel Foucault*, *The Freedom of Philosophy,* pp. 29–36. Foucault describes his work as a historical endeavour that stands at the intersection between the two obligations that have permeated the human sciences since the nineteenth century: hermeneutics and formalization. He does not opt for the one or the other, but rather explores their origins and their common fate in the West. 'The Order of Things', *Foucault Live,* p. 15.

70   For a critique of Kant's formalism, see 'Foucault', in James D. Faubion (ed.), *Michel Foucault, Aesthetics,* pp. 459–62, London: Penguin Books, 1998. For a critique of Husserl's notion of intentionality, see 'Dream, Imagination and Existence', pp. 38–42.

71   *The Birth of Biopolitics,* p. 3. This is why he calls madness a 'transactional reality', which 'although [it] has not always existed [is] nonetheless real, [is] born precisely from the interplay of relations of power and everything which constantly eludes them, at the interface, so to speak, of governors and governed' (ibid., p. 297). Offering an image borrowed from the natural sciences, Foucault encapsulates his method in a statement which is quite vivid:

'My aim has not been to give you the history of the planet Earth in terms of astrophysics, but to give you the history of the reflexive prism that, at a certain moment, allowed one to think that the Earth was a planet', *Security, Territory, Population,* p. 276.

72   Ibid., p. 19.

73   Here I refute Miller's argument that Foucault is a gnostic preoccupied with limit experiences as the source of knowledge, spirituality and mystical transformation. See James Miller, *The Passion of Michel Foucault,* London, New York: Anchor Books, 1993.

74   Foucault, *'Foucault/Blanchot,* p. 53. Jeremy Carrette also refutes the alleged mystical leanings of Foucault's spiritual reflections, in his *Foucault and Religion.* Manchester: Manchester University Press, 1999a. See also, Foucault, 'Dream, Imagination and Existence', p. 42.

Chapter 3: Foucault's Epistemology: Subjectivity, Truth, Reason and the History of Madness

1   'But this historical contextualization needed to be something more than a simple relativization of the phenomenological subject. I don't believe the problem can be solved by historicizing the subject as posited by the phenomenologists, fabricating a subject that evolves through the course of history. One has to dispense with the constituent subject, to get rid of the subject itself, that's to say, to arrive at an analysis that can account for the constitution of the subject within a historical framework. And this is what I would call genealogy, that is, a form of history that can account for the constitution of knowledges, discourses, domains of objects, and so on, without having to make reference to a subject that is either transcendental in relation to the field of events or runs in its empty sameness throughout the course of history', Foucault, 'Truth and Power', *Michel Foucault, Power*, p. 118.

2   'My aim is to show you how social practices may engender domains of knowledge that only bring new objects, new concepts, and new techniques to light, but also give rise to totally new forms of subjects and subjects of knowledge. The subject of knowledge has itself a history; the relation of subject to the object; or more clearly, truth itself has a history', 'Truth and Juridical Forms', *Michel Foucault, Power*, p. 2.

3   Gilles Deleuze, *Foucault,* trans. Seán Hand, Minnesota: University of

Minnesota Press, 2000, p. 109. Also, Gilles Deleuze, 'Michel Foucault's Main Concepts', *Two Regimes of Madness*, p. 243.

4   'I have always been interested in the problem of the relationship between subject and truth […] This is what led me to pose the problem of knowledge and power, which for me is not the fundamental problem but an instrument that makes possible to analyse the problem of the relationship between subject and truth in what seems to me the most precise way', Michel Foucault, 'The Ethics of the Concern For Self As a Practice of Freedom', *Foucault Live*, p. 439.

5   Foucault, 'The Archeology of Knowledge', *Foucault Live,* p. 57.

6   Foucault, *Fearless Speech*, p. 170.

7   Ibid., p. 169.

8   Foucault, 'But Structuralism was not a French Invention', *Remarks on Marx*, p. 102.

9   John Z. Sadler, *Values and Psychiatric Diagnosis,* Oxford: Oxford University Press, 2005.

10   Foucault, *The Courage of Truth,* p. 3.

11   Foucault, *Abnormal*, p. 6.

12   On the politics of truth, see Michel Foucault, *Security, Territory, Population,* p. 3. For the ethics of truth, see Foucault, *The Courage of Truth,* p. 190.

13   The rationality of a science is not measured by the truth that it produces. 'Rather than asking of science to what extent its history has approached the truth (or had impeded access to it), wouldn't it rather be necessary to recognize that the truth consists of a certain relationship that discourse or knowledge has with itself? And doesn't this relationship contain within itself its own history?' Foucault, 'The Subject, Knowledge, and the "History of Truth"', *Remarks on Marx,* p. 62.

14   Foucault, 'Foucault', *Michel Foucault, Aesthetics*, p. 461. Foucault, 'The Return of Morality', *Foucault Live*, p. 473. On Foucault's scepticism, see John Rajchman, *Michel Foucault, The Freedom of Philosophy,* pp. 2–3, and Paul Veyne, 'Foucault's Scepticism', *Foucault, His Thought, His Character,* trans. Janet Lloyd, pp. 37–53. London: Polity Press, 2008.

15   For an analysis of the phenomenological method and the use of *epoché* as a sceptical tool, see Jean-Francois Lyotard, *Phenomenology*. For Pyrrho's influence on Husserl, see Richard Appignanesi and Oscar Zarate, *Introducing Existentialism,* p. 62; On Descartes and Kant, see Michel Foucault, *The Hermeneutics of the Subject: Lectures at the Collège de France, 1981–2*, trans. Graham Burchell, London and New York: Palgrave Macmillan, 2005b, pp. 26, 190.

16 Foucault, *The Hermeneutics of the Subject*, pp. 233–43.

17 It should be noted, however, that Foucault does not fully identify with
    scepticism insofar as the latter is preoccupied strictly with the domain of
    knowledge, 'leaving the practical implications aside'. He is more in favour of a
    certain Stoico-Cynic attitude in which the ethical and political consequences of
    scepticism are more pronounced. Foucault, *The Courage of Truth,* pp. 189–90.
    On the ethical dimension of ancient scepticism, see Roland Barthes, *The
    Neutral, Lecture Course at the Collège de France, 1977–1978,* trans. Rosalind E.
    Krauss and Dennis Hollier, Columbia: Columbia University Press, 2005, p. 201.

18 Foucault, *The Hermeneutics of the Subject,* pp. 190–1.

19 Foucault, 'On the Genealogy of Ethics: An Overview of Work in Progress',
    Foucault Reader, p. 372.

20 Foucault, *The Hermeneutics of the Subject,* p. 358.

21 Foucault distinguishes the notion of meditation from that of method. A
    meditation was performed by the ancients, suggesting 'a form of reflexivity
    (which) carries out the test of what one thinks, the test of oneself as the subject
    who actually thinks what he thinks and acts as he thinks, with the objective of
    the subject's transformation and constitution as, let's say, an ethical subject of
    the truth'. By contrast, a method is a form of reflexivity that takes certainty as
    its criterion of truth from which it searches for objective knowledge. Foucault
    notes that ancient practices involving meditation tended to be replaced
    throughout history by the establishment of a method that culminated in
    Descartes. Here, however, he offers a reading of Descartes from the standpoint
    of a process of meditation, which is not absent in Descartes' reflections (ibid.,
    pp. 460–1).

22 Foucault, 'The Discourse of History', *Foucault Live,* p. 28.

23 Foucault, 'My Body, this Paper, this Fire', *Michel Foucault, Aesthetics,* p. 406.

24 Foucault, *The Government of Self and Others,* p. 349.

25 Foucault, *History of Madness,* p. 587. This is Foucault's break with Derrida, who
    illustrates the irrationality inherent in Descartes' rational tools of meditation.
    Derrida calls the evil genius 'total madness', subversion of pure thought',
    and the cogito 'mad audacity', meaning that reason/unreason constitutes
    an unstable binary opposition, and that the evil genius is an indication that
    reason can never find a resting place, always threatened and haunted by the
    possibility of madness. Reason is closer to madness than the madman himself.
    The madman is not mad enough, because he is not wrong enough, but reason
    is madder than the madman, because it can envision total derangement (see
    Jacques Derrida, 'Cogito and the History of Madness', in *Writing and Difference.*

London: Routledge, 2002, pp. 36–76) For Foucault, the exclusion of the mad takes place at the level of subjectivity and truth: therefore the evil genius is precisely the product of the reason of the subject who meditates.

26   Contra Derrida, Foucault insists that madness is not a cause for doubting, but is excluded on the grounds of doubt: 'madness is not an instrument or stage of doubt; for "I who am thinking cannot be mad". Madness is therefore excluded, contrary to the sceptical tradition, which made it one of the reasons for doubting.' Foucault, 'My Body, this Paper, this Fire', *Michel Foucault, Aesthetics*, p. 393.

27   Foucault, *The Hermeneutics of the Subject*, p. 18.

28   Foucault, 'My Body, this Paper, this Fire', *Michel Foucault, Aesthetics,* pp. 401–2.

29   Foucault, 'Truth and Juridical Forms', *Michel Foucault, Power,* p. 3.

30   Ibid., p. 15.

31   As Foucault points out, if the Enlightenment is a period which can be determined empirically, this is not because certain subjects enacted a specific rational project which can be detected through historical analysis, but because during this period the 'relationships between power, truth and subject appear live on the surface of visible transformations.' Foucault, 'What is Critique?', *The Politics of Truth*, p. 47.

32   Foucault, 'The Subject, Knowledge, and the "History of Truth"', *Remarks on Marx,* p. 64. It is a historical fact that there were the distinct practices of confinement especially for the mad before the eighteenth century. Parallel to the great confinement, there were smaller, private institutions both in England and in France, where madmen were confined under medical care. According to some commentators Foucault did not pay proper attention to this phenomenon; his insistence on the great confinement is responsible for this crucial oversight that resulted from his general tendency to project 'French ideology onto the rest of the continent' (Roy Porter, *Madmen: A Social History of Madhouses, Mad-Doctors, and Lunatics,* London: Tempus, 2006, pp. 21–2). This is not accurate, however. Foucault did not overlook the existence of private madhouses in the seventeenth and eighteenth centuries, and he was well aware of the medicine of the mad that existed during this period. In fact, Foucault discusses the issue of private madhouses in the chapter 'Experiences of Madness' which is not included in the abridged version of the *History of Madness*. As Colin Gordon observes, Foucault recognizes the phenomenon of the private madhouses, as well as that there was a large number of the mad still left at liberty, both of which can account for the slowness of the eighteenth-century rise in the figures of the insane. Colin Gordon, '*Histoire de la folie*',

an Unknown book by Michel Foucault', in Arthur Still and Irving Velody (eds), *Rewriting the History of Madness, Studies in Foucault's 'Histoire de la folie',* London: Routledge, 1992, pp. 19–44. Foucault acknowledges that such practices existed, but he argues that they were not the central concern of the state, and did not assume the characteristics of the asylum. The reason for this is that legal provisions were lacking, therefore these issues were handled – both in England and in France – in an administrative, extra-juridical manner, which is why they remained marginal.

33   Michel Foucault, 'The Discourse of History', *Foucault Live*, p. 22.

34   On the asylum as a 'heterotopia', see 'Different Spaces', *Michel Foucault, Aesthetics,* p. 180. See also, Chris Philo, 'Edinburgh, Enlightenment, and the Geographies of Unreason', in David Livingstone (ed.), *Geography and Enlightenment,* Chicago: University of Chicago Press, 2000, pp. 372–98.

35   Foucault, 'The Birth of Social Medicine', *Michel Foucault, Power,* p. 13.

36   Foucault, *The Order of Things,* pp. 80–4.

37   Foucault, *History of Madness,* p. 393. See also, 'But I had already encountered the problems of classificatory medicine when working on *The History of Madness,* since a similar methodology had begun to operate precisely in regard to mental illness,' Foucault, 'But Structuralism was not a French Invention', *Remarks on Marx*, p. 99.

38   Foucault, *History of Madness,* p. 233.

39   Ibid., p. 100.

40   Ibid., p. 100. See Slavoj Žižek, who analyses Sade's attitude not as a product of madness, but on the contrary, as the work of the 'evil genius' of pure reason: '… the Sadean perversion is not something outside reason, it is precisely pure reason […] only pure reason in its perversity can imagine such a radical crime', *Conversations with Žižek,* Slavoj Žižek and Glyn Daly, London: Polity Press, 2004, p. 62.

41   See, for example, Roy Porter, 'Shutting People Up', *Social Studies of Science* 12 (1990): 467–76; and Hayden White, 'The Tasks of Intellectual History', *The Monist* 53 (1969): 606–30.

42   Derrida, 'Cogito and the History of Madness', *Writing and Difference*, p. 37.

43   Foucault, 'A Historian of Culture', *Foucault Live*, pp. 95–6.

44   Fulford and others argue that diagnostic statements are permeated by value judgements. They also make the point that Foucault belongs to that tradition of historians of psychiatry who hold this view. See K. M. W. Fulford, Tim Thornton and George Graham, *Oxford Textbook of Philosophy and Psychiatry*, Oxford: Oxford University Press, 2006, pp. 17, 18. Foucault would not endorse this

position. While he holds that diagnosis is guided by collective values, he shows how diagnostic propositions are not reducible to axiological principles.

45   Foucault, 'Questions of Method', *Michel Foucault, Power,* p. 230.

46   Ibid., p. 230.

47   Here Foucault follows once again the model of analytic philosophy, specifying that what he is interested in is the materiality and practical applicability of true and false statements. True and false propositions are specific to the form of rationality which produces them, not because there are no objective standards valid for all periods, but because they pertain each time to a different field of research which they create, establishing the truth *conditions* which determine the domain of objects about which it is possible to articulate true or false propositions. It is therefore not the formal conditions of possibility that language provides for knowledge, but the conditions of existence for specific objects to be known that discourse offers. 'One begins to perceive, above all on the side of logicians and the students of Russell and Wittgenstein, that language can be analysed in terms of its formal properties only on the condition of taking account of its concrete functioning. Language is very much a set of structures, but discourses are unities of function, and the analysis of language in its totality cannot fail to confront this essential demand.' See Foucault, 'Discourse of History', *Michel Foucault, Power,* p. 28; and Foucault, 'The Archeology of Knowledge', *Michel Foucault, Power*, p. 63.

48   Foucault, 'Polemics, Politics and Problematizations', *Foucault Reader,* p. 387.

49   Foucault, 'The Order of Discourse' *Unifying the Text*, p. 60.

50   We shall discuss more thoroughly the notion of truth-crisis and the truth-event in Chapter 5.

51   Foucault, 'Truth and Juridical Forms', *Michel Foucault, Power,* pp. 13–14.

52   '"Effective" history, however, deals with events in terms of their most unique characteristics, their most acute manifestations. An event, consequently, is not a decision, a treaty, a reign, or a battle, but the reversal of a relationship of forces, the usurpation of power, the appropriation of a vocabulary turned against those who had once used it, a domination that grows feeble, poisons itself, grows slack, the entry of a masked "other".' Michel Foucault, 'Nietzsche, Genealogy, History', *Michel Foucault, Aesthetics,* pp. 380–1.

53   On the Kantian universal subject of the *Critique of Practical Reason*, see Foucault, 'On the Genealogy of Ethics', *The Foucault Reader,* p. 372.

54   Foucault, 'The Birth of a World', *Foucault Live,* p. 67.

55   '… the history of science opens up the area for analysis which is indispensable in order for epistemology to be something other than the simple reproduction

of schemes within a science at a given moment [...]. In the method used by Canguilhem, the elaboration of "discontinuist" analyses and the elucidation of the history of science/epistemology go hand in hand'. Michel Foucault, *Introduction* to Georges Canguilhem's *The Normal and the Pathological,* p. 17. Elsewhere he points out that the scepticism that he employs throughout his work is 'something I owe to the historians of science. I adopt the methodical precaution and the radical but unaggressive scepticism which makes it a principle not to regard the point in time where we are now standing as the outcome of a teleological progression which it would be one's business to reconstruct historically: that scepticism regarding ourselves and what we are, our here and now, which prevents one from assuming that what we have is better than – or more than – in the past.' 'Prison Talk', *Michel Foucault, Power/ Knowledge,* p. 49.

56 Foucault, *The Courage of Truth,* p. 68.

57 Foucault defended his analysis against the consistent charge of nihilism, nominalism and historicism (ibid., pp. 5–6).

58 'Truth and Juridical Forms', *Michel Foucault, Power*, p. 14.

59 Ibid., p. 14.

60 'Nietzsche, Genealogy, History', *Michel Foucault, Aesthetics,* p. 371.

Chapter 4: Is Foucault an Anti-psychiatrist?

1 On the relationship of mathematics with power, see 'The Ethics of the Concern for Self as a Practice of Freedom', *Michel Foucault, Power,* p. 445. On psychiatry as a dubious science, see 'The Social Extension of the Norm', *Foucault Live,* p. 197.

2 Foucault, 'How an "Experience-Book" is Born', *Remarks on Marx,* p. 35 and Foucault, 'The Subject, Knowledge, and the "History of Truth"', *Remarks on Marx,* p. 75. See Maurice Blanchot, 'The Great Confinement', in Suzan Hanson (trans.), *The Infinite Conversation*, Minnesota: The University of Minnesota Press, 1993, pp. 196–201. Roland Barthes, 'Taking Sides', in Richard Howard (trans.)*, Critical Essays,* Evanston: Northwestern University Press, 1972, pp. 163–70.

3 'I myself had sought to understand the origin and formation of a discourse like that of psychiatry by beginning with determinate historical situations. I had then attempted to define it in its social and economic functions, trying to produce a history of psychiatry by starting with the changes in the modes of production that had intervened and that had collided with the population in

such a way as to cause not only the problem of pauperization or of epidemic in general; but also of the differences between the separate categories of the "poor" and the "sick", therefore also of the mentally ill. I was convinced that all of that would have to interest the Marxists, if no one else. Instead there was just silence.' Foucault, 'The Subject, Knowledge, and the "History of Truth"', *Remarks on Marx,* p. 79. See also, Foucault, 'How an "Experience-Book" is Born' *Remarks on Marx*, p. 35.

4   Foucault, 'The Subject, Knowledge, and the "History of Truth"', *Remarks on Marx,* p. 79. Foucault remarks that the *History of Madness* was generally rejected by Marxist and right wing scholars alike, and that an entire meeting took place in Toulouse in 1971, by an important group of doctors, the *Evolution Psychiatrique,* in order to officially excommunicate the book, ibid., p. 82.

5   In an interview, Foucault recounts an incident that took place in Quebec, where he was invited to attend a symposium about psychiatry. He states that he felt trapped because he was introduced as the representative of French anti-psychiatry, and protests that this is far from the truth, 'An Ethics of Pleasure', *Foucault Live,* p. 380.

6   Foucault, 'Problematics', *Foucault Live,* p. 418.

7   Foucault, 'Clarifications on the Question of Power', *Foucault Live,* p. 261. Also, 'How an "Experience-Book" is Born', *Remarks on Marx*, p. 35.

8   Foucault, 'Clarifications on the Question of Power', *Foucault Live*, p. 261. Also, 'An Ethics of Pleasure', *Foucault Live*, p. 380.

9   Foucault traces the origins of what generally can be called 'anti-psychiatry' in the movement of criticism of the psychiatric institution which appeared in the 1930s and 1940s. Foucault, *Psychiatric Power,* pp. 39, 344.

10   Ibid., p. 341.

11   Ibid., p. 345.

12   Ibid., p. 13.

13   Foucault, *Abnormal.*

14   Ibid., p. 113.

15   Foucault, 'The Social Extension of the Norm', *Foucault Live*, p. 199.

16   Ibid., p. 198.

17   Foucault, *Psychiatric Power,* p. 345. See Franco Basaglia, 'Breaking the Circuit of Control', in David Ingleby (ed.), *Critical Psychiatry,* New York: Penguin Books, 1981, pp. 184–92.

18   Ibid., p. 345.

19   Foucault, 'Problematics', *Foucault Live*, pp. 416, 418.

20   'Some French "Marxists" maintain that power for me is "endogenous," and that

I would like to construct a real and true ontological circle, deducing power from power. This is a stupid and ridiculous affirmation, since I have always tried to do just the opposite.' Foucault, 'Clarifications on the Question of Power', *Foucault Live*, p. 259. In an interview, Foucault rectifies his own, earlier approach which had implied that psychiatric power is inherently oppressive: 'The notion of repression is a more insidious one, or, in any event, I myself have had much more trouble in freeing myself of it insofar as it does indeed appear to correspond so well with a whole range of phenomena that belong among the effects of power. When I wrote *Madness and Civilization,* I made at least an implicit use of this notion of repression. I think indeed that I was positing the existence of a sort of living, voluble, and anxious madness that the mechanisms of power and psychiatry were supposed to have come to repress and reduce to silence. But it seems to me now that the notion of repression is quite inadequate for capturing what is precisely the productive aspect of power.' Foucault, 'Truth and Power' *Michel Foucault, Power*, pp. 119–20. For the accusation against Foucault that he refrains from exploring the ontology of power, see 'Suspending Ontological Questions', in Fabio Vighi and Heiko Feldner, *Žižek Beyond Foucault*, New York and Basingstoke: Palgrave Macmillan, 2007, pp. 25–8. As Foucault explains, his concern is not the nature of power but the investigation of its practices. See 'Intellectuals and Power', *Foucault Live*, p. 79.

21   Foucault, *Society Must be Defended: Lectures at the Collège de France, 1975–1976,* trans. David Macey, New York: Picador, 2003b, pp. 24–5.

22   Foucault, 'Truth and Juridical Forms', *Michel Foucault, Power*, p. 34.

23   Ibid., p. 59.

24   It was the legal method of *examination* of the late eighteenth century, which engendered the human sciences. Foucault, 'Truth and Juridical Forms', *Michel Foucault, Power*, pp. 42, 43.

25   Foucault, *The Birth of Biopolitics,* p. 35.

26   Foucault, 'Powers and Strategies', *Power/Knowledge,* p. 14.

27   Foucault, *The Birth of Biopolitics,* p. 34.

28   My present analysis attempts to refute the work of Hunt and Wickham who, in their book, *Foucault and the Law,* assert that Foucault 'expelled' the law from his analysis of power relations in modernity by marginalizing it and subordinating it to other modalities of power. They argue that the more disciplinary power relies on the norm, the more the judicial system is downgraded, see Alan Hunt and Gary Wickham, *Foucault and the Law: Towards a Sociology of Law as Governance,* London: Pluto Press, 1994. Ben

Golder and Peter Fitzpatrick rebut this 'expulsion thesis', showing how the law not only did not lose its importance in disciplinary systems, but it gained special importance as constitutive of the human sciences, as I argue here, see their book, *Foucault's Law.* New York: Routledge, 2009. The exploration of Foucault's conception of the constitutive role of the law for psychiatry at the dawn of modernity in this chapter is more in line with thinkers such as Foucault's former colleague and assistant François Ewald, who advances the view that for Foucault the disciplinary apparatus not only does not diminish the power of the law, but legislation proliferates in a technology of normalization. He argues that the law itself becomes normative, operating according to the logic of the norm under this form of rationality. François Ewald, 'Norms, Discipline and the Law', in Robert Post (ed.), trans. Marjorie Beale, *Law and the Order of Culture*, Berkeley CA: University of California Press, 1991, pp. 138–61. 'Truth and Juridical Forms', *Michel Foucault, Power,* p. 59.

29   Foucault, 'The Meshes of Power', S*pace, Knowledge, Power,* p. 154. Also, Foucault, 'Powers and Strategies', *Power/Knowledge* p. 140.

30   Foucault, 'The Meshes of Power', *Space, Knowledge, Power,* pp. 154–5.

31   In an interesting reversal, Foucault was accused of being an *anti-psychiatrist* for illustrating the juridical aspects of psychiatric practice, whilst he was labelled *anti-judicial* for describing the 'madness' of a people in revolt who fought for the political and legal implementation of the universality of justice. See 'Foucault's response to Claudie and Jacques Broyelle', in Afary and Anderson, *Foucault and The Iranian Revolution, Gender and the Seductions of Islamism*, p. 249.

32   Thomas Szasz, *The Manufacture of Madness,* New York: Harper & Row, 1974.

33   Ibid., pp. 13–15.

34   Foucault acknowledges that in *The Manufacture of Madness,* Szasz avoids the commonplace historical misunderstanding that yesterday's witch is today's madman, emphasizing the continuity between the institution of the witches to the one of psychiatrists. In this way Szasz's research is close to Foucault's interests in situating history at the level of power techniques and not of pathological identity. Foucault is critical, however, of Szasz's work in terms of its historical prejudices, as I show here. See, 'The Social Extension of the Norm', pp. 196–9, and 'Sorcery and Madness', both in *Foucault Live*, pp. 200–2.

35   Foucault, *The History of Sexuality, Vol 1*, trans. Robert Hurley, Harmondsworth: Penguin, 1979, p. 97.

36 Foucault, *Abnormal*, p. 85. See also, Daniel Robinson, *Wild Beasts and Idle Humours,* Massachusetts: Harvard University Press, 1996, p. 137.

37 The other approach, which also limited governmental power, was utilitarianism. It was a technology of governmental self-limitation on the basis of the useful and the harmful. Foucault, *The Birth of Biopolitics,* pp. 38–42.

38 Foucault, *Psychiatric Power,* pp. 57–8.

39 'The gradual constitution of the human sciences is not the result of an increased rationality on the part of the exact sciences', Foucault, *Society Must be Defended,* p. 38.

40 Foucault, *Psychiatric Power,* p. 22.

41 Foucault, *Discipline and Punish: the Birth of the Prison,* trans. Alan Sheridan, London: Penguin, 1991a, p. 222. The above statement has been considered as a disparaging view of the Enlightenment. See J. G. Merquior, *Foucault,* Berkeley: University of California Press, 1985, p. 98. Foucault later specified the meaning of his statement: 'Well, I think I was wrong. I was not completely wrong, of course, but, in short, it was not exactly this. I think something completely different is at stake. This is that this freedom, both ideology and technique of government, should in fact be understood within the mutations and transformations of technologies of power. More precisely and particularly, freedom is nothing but the correlative of the deployment of apparatuses of security.' Foucault, *Security, Territory, Population,* p. 48.

42 Disciplinary power is inextricably linked to those individuals who are designated as external to universality, staging, in this respect, the whole problematic of the Enlightenment. As Foucault notes, 'You see delinquents as the residues of society, colonized peoples as the residues of history, and the mad as the residues of humanity in general, all included under the same category,' Foucault, *Psychiatric Power,* pp. 57–8. Psychiatry and criminology are born during this period, as I show in this chapter. Ethnology was also born with reference to the universal. See Michel Foucault, 'The Political Technology of Individuals', in James D. Faubion (ed.), *Michel Foucault, Power,* p. 417. For a similar remark concerning the inherent relationship of the Enlightenment with alterity, see Jean Baudrillard 'The Violence of Indifference', in Ames Hodges (trans.), *The Conspiracy of Art*, New York: Semiotext (e), Foreign Agents, 2005, p. 143.

43 Foucault, *Psychiatric Power,* p. 53.

44 In *Discipline and Punish,* Foucault not only deals with the interpenetration and mutual inter-dependence of the law and disciplinary power, as Rose and Valverde point out (Nikolas Rose and Mariana Valverde, 'Governed by

Law?', *Social and Legal Studies 7* [1998]: 541, 542), but he also highlights the constituent role of the law in the formation of the human sciences as new systems of knowledge. He speaks of a 'scientific-juridical complex', of an 'epistemologico-juridical' formation, and of a 'juridico-anthropological' logic (Foucault, *Discipline and Punish,* pp. 19, 23, 23, 183). Characteristically, in order to illustrate the constituent reliance of disciplinary power upon the law with the view to its scientific application through the human sciences, Foucault remarks: 'Disciplines will define not a code of law, but a code of normalization, and they will necessarily refer to a theoretical horizon that is not the edifice of law, but the field of human sciences. And the jurisprudence of these disciplines will be that of a clinical knowledge' (Foucault, *Society Must be Defended,* p. 38).

45 Foucault, *Abnormal*, p. 56. See also, Nikolas Rose, 'Law, Rights and Psychiatry', in Peter Miller and Nikolas Rose (eds), *The Power of Psychiatry*, Cambridge: Polity Press, 1986, p. 200.

46 'Penal power will constantly say to medical knowledge: I am confronted by a motiveless act. So I beg you, either find some reasons for this act and then my punitive power can be exercised, or, if you don't find any reasons, the act will be mad. Give me proof of dementia and I will not apply my right to punish […] And medical knowledge-power will answer: See how indispensable my science is, since I can perceive danger where no motive reveals it. Show me your crimes and I will be able to show you that for many of them there is no motive.' Foucault, *Abnormal*, p. 122.

47 Ibid., pp. 56–7.

48 'Psychiatry set itself this kind of test recognition of its royalty, of its sovereignty, of its knowledge and power: I can discover the signs of what has never been recognized. Imagine a crime that is unforeseeable, but which could be recognized as the particular sign of madness that a doctor could diagnose and foresee. Give it to me, says psychiatry, I can recognize it as I can recognize a motiveless crime that is therefore the absolute danger, hidden deep in the body of society. If I can analyze a motiveless crime, then I will be queen' (ibid., pp. 121–2).

49 Foucault, 'The Social Extension of the Norm', *Foucault Live*, p. 197.

50 Foucault, 'History, Discourse and Discontinuity', *Foucault Live*, p. 46.

51 Foucault, 'The Ethics of the Concern for Self as a Practice of Freedom', *Foucault Live*, p. 445.

52 Foucault, *Abnormal*, p. 117. The 1800 trial of James Hadfield, whose attempted assassination of King George III was a well-publicized case in late eighteenth-century England, which forced courts to reconsider the notion of delusion. A delusion, concluded the court, was madness fully expressed when the occasion

arose, pertaining to but one subject, in an otherwise seemingly reasonable person. The outcome of this case of attempted regicide, as well as others where motiveless crime was involved, were so influential that, as Daniel Robinson remarks, *pace* Foucault, 'The profusion of medical theories on insanity early in the nineteenth century drew the courts into ever more subtle considerations and into an increasing dependence on technical literatures and persons with specialized training,' Daniel N. Robinson, *Wild Beasts and Idle Humours,* p. 155. Hadfield was found not guilty by the court because his counsel, Lord Chancellor Thomas Erskine, made out a case for his client's insanity. Since no legal basis existed for the institutionalization of Hadfield, a law, the Insane Offender's Act of 1800, was promptly promulgated committing 'criminal lunatics' to Bedlam or any county asylum.

53   Ibid., p. 145. See also Foucault's remark that 'Pinel, [who] until the end of his life was to remain deaf to the essential lessons of pathological anatomy' (Michel Foucault, *The Birth of the Clinic*, trans. A. M Sheridan, London: Routledge, 2005a, pp. 161–20). See also Robert Castel, *The Regulation of Madness*, *the origins of incarceration in France*, trans. W. D. Halls, Berkeley: University of California Press, 1988, pp. 88–98. Also, Jan Goldstein, *Console and Classify,* Chicago: University of Chicago Press, 2001, pp. 72–9. Karl Jaspers also characterizes Esquirol and Kraepelin as great clinical describers, in opposition to analysers such as Spielmann and Wernicke. See *General Psychopathology,* trans. J. Hoenig and Marian W. Hamilton, Baltimore: Johns Hopkins University Press, 1997, p. 849.

54   Foucault, *Abnormal*, p. 118.

55   Ibid., p. 160.

56   Thomas Szasz, *Coercion as Cure, a Critical History of Psychiatry,* New Jersey: Transaction, 2007. Also, Szasz, *Law, Liberty, Psychiatry,* Syracuse: Syracuse University Press, 1989. Szasz maintains that involuntary mental hospitalization is violence defined as beneficence, and therefore detention should only take place under the criminal justice system. Foucault, as I have shown, shows how psychiatry was born from the social need to strictly determine which cases merit involuntary mental detention instead of criminal punishment.

57   Foucault pointed out several times in his interviews that the prison and the asylum were born simultaneously. See for example, 'From Torture to Cellblock', *Foucault Live,* p. 147. In a 1972 interview, he noted that the substitution or replacement of the prison by the asylum was a practice that could be observed in the former Soviet Union, where there was a generalization of the psychiatric hospital, which assumed the role of prison. In the same interview, Foucault

expressed his concern that in an advanced society like that of England, the opposite phenomenon of the gradual abolishment of the asylum would inevitably raise the issue of generalized imprisonment. 'Confining Societies', *Foucault Live*, p. 85. Foucault's remarks illustrate his position that the role of the asylum as a coercive tool is a potentiality dependent upon modes of rationality, rather than a function inherent in the practice of psychiatry itself.

58 'The birth of mental illness is this whole phenomenon; it is madness as an institution in our society.' 'Talk Show', *Foucault Live*, p. 139.

59 Foucault contrasts anti-psychiatric demedicalization, the abolition of mental illness in favour of madness, to the opposite, positivist depsychiatrization which seeks to deny madness in favour of the biological reality of mental illness. See Foucault, *Psychiatric Power,* pp. 344, 346.

60 Foucault, 'Polemics, Politics and Problematizations', *Foucault Reader,* p. 384.

61 Foucault, *Psychiatric Power,* p. 346.

62 Foucault, 'The Social Extension of the Norm', *Foucault Live*, p. 197.

63 In his books, *The Myth of Mental Illness* and *Psychiatry, the Science of Lies*, Thomas Szasz argues that simulation, as in hysteria or criminal behaviour, refute the scientific pretensions of psychiatry. I shall deal with the issue of simulation at greater length in the next chapter. See Thomas Szasz, *The Myth of Mental Illness,* New York: Harper & Row, 1977, pp. 17–32. Thomas Szasz, *Psychiatry, the Science of Lies,* Syracuse: Syracuse University Press, 2008.

64 Foucault, *Society Must be Defended,* p. 33. The situation was different in the former Soviet Union, where the dominant form of rationality was diffusely scientific; reworking the discourse of social struggle, the state 'articulated it with the management and the policing that ensure the hygiene of an orderly society'. For the Soviet state, what was designated as a class enemy became a biological threat – the sick, the deviant and the mad (ibid., p. 83). Since the Soviet truth regime rested on the Marxist dichotomy science/ideology, any agent of false consciousness was subject to incarceration. The result was the confinement of dissidents, a practice strongly criticized by Foucault. See Foucault, 'The Subject, Knowledge, and the "History of Truth"', *Remarks on Marx*, p. 60; and Michel Foucault, 'Confinement, Psychiatry, Prison', in *Politics, Philosophy, Culture, Interviews, Writings, 1977–1984*, New York: Routledge, 1988, p. 183. Also, 'The Politics of Soviet Crime', *Foucault Live*, p. 194.

65 Foucault, *Fearless Speech*, p. 171, and 'Problematics', *Foucault Live*, p. 418.

66 Foucault, 'Madness Only Exists in Society', *Foucault Live,* p. 8.

67 Foucault, *The Birth of Biopolitics,* p. 77.

68   'My analysis is about the problematization of something which is real, but this
      problematization is something which is dependent on our knowledge, ideas,
      theories, techniques, social relations and economical processes.' 'Problematics',
      Foucault Live, p. 418.

69   For Foucault there is no replacement of one form of rationality by another.
      Discipline and security emerged simultaneously and still coexist. Foucault
      states that '… we should not see things as the replacememt of a society of
      sovereignty by a society of discipline, and then of a society of discipline by a
      society, say, of government. In fact we have a triangle: sovereignty, discipline
      and governmental management.' Foucault, *Security, Territory, Population,* pp.
      107–8. It is important, however, to stress the mutation towards more security,
      or 'governmental management', from the middle of the nineteenth century
      onward, to highlight the transformations of psychiatric rationality, and the new
      problems that have arisen in psychiatric practice ever since. The 1838 Law in
      France, is evidence of such a mutation: it brought about fundamental changes
      in the relationship between psychiatrists and the family, the administrative
      authorities and the knowledge relationship that psychiatry had with itself. By
      psychiatrizing the everyday conducts, disorders and dangers inherent to the
      population as a whole, psychiatry became the expert science and the most
      pertinent technology of public hygiene (ibid., pp. 145–6).

70   Foucault, *Abnormal*, p. 142.

71   Ibid., pp. 119, 133, 161–3.

72   'About the Concept of the "Dangerous individual" in Nineteenth Century
      Legal Psychiatry', *Michel Foucault, Power*, pp. 194, 199. Also, 'Confinement,
      Psychiatry, Prison', *Politics, Philosophy, Culture,* p. 191.

73   Foucault, *Abnormal*, pp. 57–9.

74   Ibid., p. 157.

75   Ibid., p. 58.

76   Ibid., pp. 34–5, 161–3.

77   Ibid., pp. 35, 36.

78   'It would be absolutely unjust to judge modern law […] by such a practice, and
      it would be unjust to assess medical knowledge and even psychiatric knowledge
      in the light of this practice,' ibid., p. 41. He argues, instead, that there is an
      inherent connection between security and fear which is responsible for this
      transformation. See Foucault, 'Letter to Certain Leaders of the Left', *Michel
      Foucault, Power,* pp. 427, 428.

79   Foucault, *Abnormal,* p. 37.

80   Ibid., p. 142.

81   John Iliopoulos, 'Foucault's Notion of Power and Current Psychiatric Practice', *Philosophy, Psychiatry & Psychology* 19 (1) (2012b): 49–58.

82   Valeria Criscione, 'Breivik trial: Norwegians rethink the role of psychiatry in courts', *Christian Science Monitor* (15 April 2012). Alison Howell, *Madness in International Relations: Psychology, Security, and the Global Governance of Mental Health,* London: Routledge, 2013. Also, Neil K. Aggarwal, *Mental Health in the War on Terror: Culture, Science, and Statecraft,* Columbia: Columbia University Press, 2015. Reflecting on current forms of indefinite detention of certain citizens on the grounds of their potential threat and suspected involvement in criminal activities, Judith Butler draws a parallel between contemporary forms of monstrosity and Foucault's madmen who appear at the margins of the legal system and outside the bounds of rationality. There is an analogy, Butler points out, between 'the suspected terrorist or the captured soldier and the mentally ill' (Judith Butler, *Precarious Life: The Powers of Mourning and Violence,* London and New York: Verso, 2004, p. 72).

83   It should be noted here that Foucault does not reject the support for patients' rights. On various occasions he takes a stand in defence of the rights of those who oppose authority. He merely notes that such a support loses its efficacy when it acquires the form of ideology or party politics. See 'The Moral and Social Experience of the Poles Can No Longer be Obliterated', *Michel Foucault, Power*, pp. 471–2. Also, Foucault, 'Confinement, Psychiatry, Prison', *Politics, Philsophy, Culture*, p. 193. His point is rather that dangerousness is currently a more urgent issue. Thomas Szasz's stance is a case in point. Szasz has defended the patients' right to suicide on many occasions (see *Fatal Freedom: The Ethics and Politics of Suicide,* Westport, CT: Praeger, 1999; and *Suicide Prohibition: The Shame of Medicine,* Syracuse: Syracuse University Press, 2011). The fact, however, that he was sued for malpractice over the handling of a patient under his care who killed himself, demonstrates that, as Ian Marsh comments, 'politically the threat of 'danger' in relation to mental illness often carries more weight than calls for greater freedom' (*Suicide: Foucault, History and Truth,* Cambridge: Cambridge University Press, 2010, pp. 184–7).

84   Foucault, 'Clarifications on the Question of Power', *Foucault Live*, p. 259.

85   Foucault, *The Birth of Biopolitics,* p. 36.

86   Foucault, 'Madness Only Exists in Society', *Foucault Live,* p. 9. Also, Foucault, 'Talk Show', *Foucault Live,* p. 142.

87   Foucault discusses at length the issues relevant to the age of deinstitutionalization. See Foucault, *Abnormal*, pp. 1–30. Also, Foucault, 'About the Concept of the "Dangerous individual"', *Michel Foucault, Power*,

pp. 176–200. It is therefore far from the truth that, as Peter Braham suggests, 'Foucault has not been much help to us in the task of thinking through the contemporary project of closing the asylum'. See his article 'Foucault and the Psychiatric Practitioner', *History of the Human Sciences* 3 (3) (1990): 327–31. For a similar reproach, see Braham's book, *Closing the Asylum, the Mental Patient in Modern Society,* London: Penguin Books, 1992, pp. 66, 140.

88 Foucault, 'On the Genealogy of Ethics', pp. 335, 343–4. For a similar critique of Basaglia's project, see Felix Guattari, *Chaosophy, Texts and Interviews, 1972–1977,* trans. David L. Sweet, Jarred Becker and Taylor Adkins, New York: Semiotext(e), Foreign Agents, 2009a, pp. 119–23.

89 Foucault, 'Sorcery and Madness', *Foucault Live*, p. 202.

90 Foucault borrows the term 'leftist doxa' from Jacques Rancière, 'The End of the Monarchy of Sex', *Foucault Live*, p. 222.

91 Foucault, 'On the Genealogy of Ethics', *Foucault Reader,* pp. 335, 343.

92 Foucault, 'Sorcery and Madness', *Foucault Live*, p. 201.

93 Foucault, 'The Subject and Power', *Michel Foucault, Power,* p. 335.

94 Foucault, *Psychiatric Power,* pp. 13–14. In an interview, he notes that at the time of the writing of the *History of Madness* (1958), 'anti-psychiatry didn't exist (Laing himself was little known).' Foucault, 'How an 'Experience-Book is Born', *Remarks on Marx*, p. 35.

95 Foucault comments that, despite his apparent shared existential interests with Laing, he nevertheless made a completely different use of existentialism with regard to the constitution of psychiatric knowledge: 'Laing developed his research, which was connected to his function as a physician. An enormous labor; and he was the true founder, together with Cooper, of anti-psychiatry. As far as I am concerned, however, I think that existential analysis was useful above all in order better to delimit and circumscribe psychiatric knowledge (*savoir*), which could be burdensome and oppressive' (Foucault, 'The Subject, Knowledge, and the "History of Truth"', *Remarks on Marx,* p. 73).

96 'Because of the position of psychiatrists, most of whom were state employees, many were brought to question psychiatry from a defensive trade-union angle. Thus, those individuals who, by virtue of their abilities, their interests, and their openness to so many things, would have been able to address the problems of psychiatry, were led into impasses' (Foucault, 'The Subject and Power' *Michel Foucault, Power*, p. 260).' For that reason, I think – and I'm not saying it aggressively – the Marxist climate progressively brought them to an impasse. I also believe that in a short while, and perhaps on account of their psychiatric profession, many were forced to set the problem of the reconsideration of

psychiatry within their own positions under the weight of an overwhelming, bureaucratic administration. Thus, on account of these impasses, persons who thought their capabilities, interests, and knowledge would have anticipated an entire series of problems concerning the status of psychiatry, remained in some ways removed from the successive development of events' (Foucault, 'The Subject, Knowledge, and the "History of Truth"', *Remarks on Marx,* p. 81).

97 Foucault, 'The Social Extension of the Norm', *Foucault Live,* p. 199.

98 Szasz rejects the term 'anti-psychiatry', in *Antipsychiatry, Quackery Squared,* Syracuse: Syracuse University Press, 2009, p. 25, 40. On Laing, see Szasz, *Coercion as Cure, a Critical History of Psychiatry,* pp. 213–16. See also, Peter Sedgwick, *Psycho Politics*, London: Pluto Press, 1982.

99 Foucault, *Society Must be Defended,* pp. 5–6.

100 Foucault, 'Polemics, Politics and Problematizations', *Foucault Live,* p. 385.

101 Foucault, 'What is Revolution?', *The Politics of Truth*, p. 86.

102 Foucault, 'Polemics, Politics and Problematizations', *Foucault Reader*, p. 385. For Rorty, the Enlightenment entails a necessary appeal to a 'we', a solidarity and hope to diminish suffering and humiliation. Foucault, Richard Rorty argues, describes cruelty, notices and exposes it, but does not see any hope to get rid of it: 'you and I together, as *we*, aren't much – that human solidarity goes when God and his doubles go', Rorty, *Consequences of Pragmatism,* Minnesota: University of Minnesota Press, 1982, p. 207.

Chapter 5: The Simulation of Hysteria at the Limits of Medical Rationality: Foucault's Study of an Event

1 Foucault, *History of Madness,* p. 183.

2 Ibid., p. 185.

3 'Truthfully speaking, to go to the heart of the matter, one would have to confront directly, in and of itself, the question of what is *de facto* and what *de jure* in the relations of the Cogito and madness' (Jacques Derrida, 'Cogito and the History of Madness' *Writing and Difference*, p. 64).

4 'Under the Convention, a new fear emerged. Bicêtre was still an immense reservoir of fears, but now it was seen as the haunt of suspects — aristocrats dressed as paupers who had taken refuge there, and scheming agents from abroad who merely simulated insanity' (Foucault, *History of Madness,* p. 469).

5 Foucault, *Psychiatric Power*, p. 251.

6   Ibid., p. 135.

7   Ibid., pp. 236–47.

8   Foucault, *Lectures on the Will to Know*, *Lectures at the Collège de France 1970–1971*, trans. Graham Burchell, London: Verso, 2013, pp. 111–13.

9   Ibid., p. 113. See also, Foucault, *Hermeneutics of the Subject*, pp. 322–6, 388.

10   Foucault, *Psychiatric Power*, pp. 242–5. Also, Foucault, *Birth of the Clinic*, 'Crises and Fevers'; Glen Cooper, *Galen, De diebus decretoriis, from Greek into Arabic* (Medicine in the Medieval Mediterranean), Farnham: Ashgate, 2011.

11   Foucault, 'Truth and Juridical Forms', *Michel Foucault, Power,* pp. 46–80.

12   Foucault, *Abnormal*, pp. 126–30.

13   Ibid., pp. 302–3.

14   Foucault, *Psychiatric Power*, p. 339.

15   Ibid., pp. 147–60.

16   Erving Goffman, *Asylum: Essays on the Social Situation of Mental Patients and Other Inmates,* Garden City, New York: Anchor, 1961. Szasz, *Coercion as Cure, A Critical History of Psychiatry.*

17   This is not to imply that torture should be condoned, but that, despite widely held beliefs, it is an integral part of medical practice, from the everyday examination and endoscopy of the body to extract diagnostic truth as noted since the time of ancient medicine (Page du Bois, *Torture and truth,* London: Routledge, 1991), to the *post mortem* torture of the body in autopsies 'to establish the truth of the life and disease' (Foucault, *Lectures on the Will to Know*, p. 86). Moreover, what is questioned here is the necessary association of ritual and torture with pain and pleasure, which, as anthropologist Talal Asad shows, is a culture-bound viewpoint, a symptom of psychological relativism. See Talal Asad, 'On Torture, or Cruel, Inhuman and Degrading Treatment', *Daedalus: Journal of the American Academy of Arts and Sciences* 125 (1) (Winter 1996): 285–308.

18   Foucault, *Abnormal*, p. 161.

19   Foucault, *Security, Territory, Population*, p. 47.

20   I am borrowing the term from Jean Baudrillard, *Simulations,* trans. Paul Foss, Paul Patton and Philip Beitchman, New York: Semiotext(e), Foreign Agents, 1983, p. 11. In his discussion of the relationship between Foucault and Baudrillard, Todd May questions the relevance of the notion 'hyperreality' with regard to our present state of affairs, its universality which Baudrillard seems to advocate, or its use as a means to refute and overcome Foucault's notion of power. See Todd May, *The Philosophy of Foucault,* Montreal, Kingston: McGill-Queen's University Press, 2006, pp. 137–41, 144–5, 147–9. What I

argue here is that Foucault, without ever explicitly using the term, describes a condition of hyperreality, which is compatible with a form of power and rationality and which has come to existence since the nineteenth century. See *Security, Territory, Population*, pp. 29–49. Foucault, however, goes on to argue that the problem of hyperreality is not only a contemporary issue, but has existed in ethical systems of antiquity. See, for example, his discussion of early Christianity. 'One has to get free from any attachment to this self, not because the self is an illusion, but because the self is much too real.' 'Sexuality and Solitude' in *Religion and Culture,* p. 183. See also, 'In Christianity asceticism always refers to a certain renunciation of the self and reality because most of the time your self is a part of that reality you have to renounce in order to get access another level of reality', 'Technologies of the Self', Foucault, *Technologies of the Self*, p. 35.

21 I am not referring here to similitude as the underside to the *episteme* of representation but as a general problem in society's stance towards truth and falsity (Foucault, *Security, Territory, Population*, p. 63).

22 Foucault, *The Order of Things*, p. 348.

23 Foucault, *Psychiatric Power,* p. 246.

24 Foucault, 'Philosophy and Psychology', *Michel Foucault, Aesthetics,* p. 250.

25 Since the early years of Christianity up to the Middle Ages, theocratic communities such as the Byzantine Empire and the pastorate of the Catholic Church were concerned with the government of the soul and its salvation. The flesh was that aspect of embodiment which was regarded as a set of relationships in which sin and transgression were the constant object of examination and confession. Foucault, *Abnormal,* pp. 167–94. The importance of the body became increasingly manifest since the sixteenth century, and it was fully invested in the 'somatocracy' of the late eighteenth century (Foucault, 'The Crisis of Medicine or the Crisis of Antimedicine?, *Foucault Studies* 1 [December 2004]: 5–19, here, p. 7).

26 On the notion of man-as-species, see *Society Must be Defended,* pp. 242–50. On the notion of the 'meta-body', or 'metasomatization', see *Abnormal*, pp. 313–16. Nikolas Rose, *The Politics of Life Itself,* Princeton: Princeton University Press, 2006, pp. 106–31. Also, Majia Holmer Nadesan, *Governmentality, Biopower and Everyday Life,* London: Routledge, 2008, pp. 138–82.

27 Foucault, *Psychiatric Power,* p. 175. The asylum was the space where Bentham's panopticon, as the exercise of power as an agent of reality, was enacted, ibid., pp. 73–9. See also 'The Eye of Power', *Foucault Live,* pp. 226–40.

28 Foucault, *Psychiatric Power*, p. 251.

29   Ibid., p. 249.

30   Foucault addresses the absence of the body, which constituted one of the crucial features of madness as a limit experience, in *Psychiatric Power*, pp. 266–88. It is not accurate, as Peter Sedgwick claims (*Psycho Politics*, pp. 137–8), that Foucault ascribes to psychiatry the study of the soul based on the dichotomy body/soul. In the *History of Madness* he makes it clear that the conceptualization of madness in the late eighteenth century did not rest on Cartesian dualism (see *History of Madness*, p. 327). This clarification is crucial for the distinction between psychiatry and psychology, which pertain to different fields of research. Several studies, drawing on Foucault's analysis of the genesis of the notion of the soul inside the disciplinary and penal setting, do not seem to underline this distinction. See Derek Hook, *Foucault, Psychology and the Analytics of Power,* New York: Palgrave MacMillan, 2007. Also Rudy Visker, *Michel Foucault, Genealogy as Critique,* trans. Chris Turner, London and New York: Verso, 1995.

31   Foucault, *Psychiatric Power*, pp. 266–7.

32   Ibid., pp. 306–7.

33   Ibid., pp. 268–83.

34   Michel Foucault, *I, Pierre Riviere, Having Slaughtered my Mother, my Sister and my Brother … A case of Parricide in the 19th Century,* Harmondsworth: Penguin, 1978. Foucault shows how, in light of the newly developed theories based on the neurological body, Pierre Riviere's rationality behind his crimes could be made comprehensible, superseding the notion of monomania. See also Foucault, *Abnormal*, pp. 149–50, and *Psychiatric Power,* p. 272.

35   On the notion of degeneration introduced by Bénédict Augustin Morel (1809–1873), see Foucault, *Abnormal*, pp. 316–17. On the intervention of psychiatry in every aspect of human behaviour, see ibid, pp. 308–13. By displaying the ontologization of madness which took place in the late nineteenth century, Foucault offers a field of critique of phenomena which prevailed in the twentieth century, namely the medicalization of human behaviour and psychiatry's involvement in eugenics and the biological racism of the twentieth century (ibid., pp. 315–18). In fact, Foucault gives insight here into his conception of racism in its biological form, as the spotting of a dangerous, sick, degenerate and inferior other, which racism pins down medically and exterminates through cure, prevention and policing. See Foucault, *Society Must be Defended,* pp. 254–63.

36   Foucault, *Psychiatric Power*, p. 191.

37   Ibid., p. 308.

38   Ibid., p. 134.

39   See Michel Foucault, *Manet and the Object of Painting,* trans. Matthew Barr,
      London: Tate Publishing, 2009b. Foucault also speaks of the 'madness' and
      the 'insolent freedom that accompanied the birth of photography' in the
      early nineteenth century, in 'Photogenic Painting', in ed. Sarah Wilson, ed.
      and trans. Dafydd Roberts, *Gérard Fromanger: Photogenic Painting,* London:
      Black Dog Publishing Limited, 1999, pp. 81–104. Paul Virilio draws on
      Foucault's methodology in his reflections on the birth of photography in terms
      of the logic of surveillance, the crisis of representation and the depiction of
      in *The Vision Machine,* trans. Julie Rose. Indiana: Indiana University Press,
      1994, pp. 33–46. In the same book, he analyses the infiltration of new war
      technologies in the field of perception and neurophysiology in the nineteenth
      century.

40   As Foucault points out, the psychiatric, psychopathological, psycho-
      sociological, psycho-criminological and psychoanalytic function, 'was clearly
      born by way of psychiatry'. Proto-psychiatry had incarcerated the mad,
      restrained them and isolated them from the familial milieu. With the birth and
      extension of psychiatry's related disciplines which constitute the psy-function,
      there was an effort to integrate the family into the disciplinary framework,
      performing the role of discipline for all those could not be disciplined.
      Foucault, *Psychiatric Power*, pp. 85–6.

41   Some of his critics maintain that, because of his preoccupation with exclusion,
      Foucault overlooked and failed to theorize the process of integration which
      clearly took place in modern societies. Gauchet and Swain refuted his exclusion
      hypothesis, and reproached Foucault for assuming an antidemocratic stance
      in order to display the nineteenth century asylum as the realization of a
      democratic utopia. They make an argument instead in favour of a history
      of integration of madness (Marcel Gauchet and Gladys Swain, *Madness
      and Democracy: The Modern Psychiatric Universe,* trans. Catherine Porter,
      Princeton: Princeton University Press, 1999). Elizabeth Roudinesco rebuts their
      thesis in her book *Philosophy in Turbulent Times,* trans. William McCuaig,
      New York: Columbia University Press, 2008, pp. 78–84. Ferry and Renault
      level the same accusation against Foucault (Luc Ferry and Alain Renault,
      French Philosophy in the Sixties, an Essay on Antihumanism, trans. Mary
      Schnackenberg Catani, Massachusetts: The University of Massachusetts Press,
      1990, pp. 77, 79). As I show here, Foucault not only did not disregard the
      process of integration, but shows its development in the nineteenth century
      asylum. Some of his remarks on this topic are quite telling. See Foucault, 'The

Social Extension of the Norm', *Foucault Live*, p. 198. In fact, Foucault notes that it is exactly the transformation of madness into mental illness and the attachment of patients to the psychiatric institution that constitute a realized democratic utopia. Foucault, 'Truth and Juridical Forms', pp. 75, 78. Also, 'Talk Show', *Foucault Live*, p. 138.

42   It is crucial here to note that the hysterics were real asylum inmates who emerged from a problematic group of patients belonging to the category of the 'neuroses', an ambiguous and epistemologically bad set of disorders which were unstable in their manifestation and prone to simulation. Foucault deliberately emphasizes this point, in order to illustrate that hysteria, which had been classified as madness, a true illness calling for medical attention prior to the emergence of the neurological model, became a borderline case between normality and insanity in the age of neurology. As I show below, this point spells out Foucault's distance from Szasz, who regards hysteria a priori as a case of simulation, a moral rather than medical issue. Foucault, *Psychiatric Power*, p. 307.

43   Ibid., p. 136.

44   Foucault, *Psychiatric Power,* pp. 308–16.

45   Sander L. Gilman, *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography,* New York: Brunner/Mazel, 1976. Sander L. Gilman, *Seeing the Insane,* New York: John Wiley & Sons, 1982. Sander L. Gilman, 'The Image of the Hysteric', in *Hysteria Beyond Freud,* Berkeley and Los Angeles, University of California Press, 1993.

46   'In fact, it was precisely the hysterics who made 'possible the double, organic/ dynamic/simulation, differential diagnosis', Foucault, *Psychiatric Power,* p. 316.

47   John Iliopoulos, 'Baudrillard and a Short History of Psychiatric Photography', *International Journal of Baudrillard Studies* 11 (1) (January 2014).

48   Foucault, *Psychiatric Power,* pp. 311, 315.

49   There are various explicit or implicit artistic metaphors in Foucault's texts. Foucault calls the body of pathological anatomy an impressionistic body, a body from which the doctor elicits signs; the neurological body was the expressionistic body of responses and reflexes which emit the truth of the disease (ibid., pp. 299–300). I am using the metaphor of surrealism to describe hysteria, not in terms of its psychoanalytic interpretation, which was later appropriated by the surrealist movement, but in order to denote the break that it introduced between the spoken truth about madness and its visibility. My metaphor is closer to Foucault's discussion of Magritte's surrealistic paintings where words contradict images. See Michel Foucault,

This is not a Pipe, trans. James Harkness, Berkeley: University of California Press, 1983.

50   Foucault, 'Power Affects the Body', *Foucault Live,* p. 209.

51   Drawing on Antonin Artaud (1896–1948), and in his discussion of hysteria, Deleuze introduced the notion of the 'body without organs' to denote the body that defies organization. It is the body beyond the organism, the body at the limits of the lived body, the body of forces. Gilles Deleuze, *Francis Bacon, the Logic of Sensation,* trans. Daniel W. Smith, London and New York: Continuum, 2003, p. 44.

52   Foucault, 'Nietzsche, Genealogy, History', *Michel Foucault, Aesthetics*, p. 380. As Žižek notes, 'The Paradox at work here is that the very fact that there is no pre-existing positive Body in which one could ontologically ground our resistance to disciplinary power mechanisms makes effective resistance possible.' Slavoj Žižek, *The Ticklish Subject, the Absent Centre of Political Ontology,* London and New York: Verso, 1999b, p. 301.

53   Foucault has often been criticized for leaving open the question as to what exactly constitutes the notion of the body, in what way it is involved in the exercise of power, and by what means it can provide a ground for possible resistance (see Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity,* London and New York: Routledge, 1990; and Judith Butler, 'Foucault and the Paradox of Bodily Inscriptions', *Journal of Philosophy* 86 [11] (1989): 601–7). Also, Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism,* Indianapolis: Indiana University Press, 1994. Foucault shows how there is no clear division between the cultural components that form the body and the natural dimension of the body, constituting an essence, which discursive practices either distort or reveal (Joanna Oksala, *Foucault on Freedom,* Cambridge: Cambridge University Press, 2005, p. 119). The body itself is the locus of truth and falsity: 'the body maintains, in life as in death, through its strength or weakness, the sanction of every truth and error, as it sustains in inverse manner, the origin — descent,' Foucault, 'Nietzsche, Genealogy, History', *Michel Foucault, Aesthetics,* p. 380.

54   'The Ethics of the Concern for Self as a Practice of Freedom', *Foucault Live*, p. 440. Here Foucault reveals his indebtedness to Szasz's account of hysteria in *The Myth of Mental Illness* as 'a product of psychiatric power but also as the response that opposes it and the trap into which is falls,' 'Sorcery and Madness,' *Foucault Live,* p. 201.

55   Foucault, *Psychiatric Power,* pp. 315, 323.

56   Jean Baudrillard borrows an image from chaos theory that could serve as an

illustration of all events: 'with minimum stakes, but the maximum result […] an initial impact causing incalculable consequences'. Jean Baudrillard, *The Spirit of Terrorism,* trans. Chris Turner, London and New York: Verso, 2003, pp. 3, 23.

57   Foucault, 'The Social Extension of the Norm', *Foucault Live*, p. 198.

58   Foucault, *Psychiatric Power,* p. 342.

59   Baudrillard criticized Foucault for raising problems only after they had already found their solution (Jean Baudrillard, *The Vital Illusion,* ed. Julia Witwer, New York: Columbia University Press, 2000, pp. 56–7). As I show here, Foucault's history of the simulacrum constitutes a type of thinking that raises new questions when solutions appear settled and secure. Foucault has stressed in his interviews that reproblematization is a constant theme in his work, in which solutions never find a resting place. See Foucault, 'Discourse on Power', *Remarks on Marx,* pp. 159, 162.

60   Slavoj Žižek, *Organs Without Bodies: Deleuze and Consequences,* London: Routledge, 2012, p. 54.

61   I am alluding here to Foucault's analysis of ancient cynicism, which, in contrast to the metaphysics and transcendence of Platonism, posits truth in its naked state, as scandal and limit, whilst at the same time suspending any ontological and doctrinal argument. Foucault, *The Courage of Truth,* pp. 231–51. The parallel here consists in showing how the hysterics retained a purely formal existence that suspended madness instead of bringing it forth as psychoanalysis will argue in a Platonic fashion. For a discussion of hysteria as a model of truth suspending metaphysical questions, see Jacques Derrida, *Spurs: Nietzsche's Styles.* trans. Barbara Harlow, Chicago: The University of Chicago Press, 1978, pp. 67–71. In that book, Derrida also foregrounds the Nietzschean connection between madness, simulation and femininity that could be a fruitful field of future research on gender and its relation to hysteria as Foucault analyses it.

62   Foucault, *Psychiatric Power,* p. 253.

63   Foucault, *Abnormal*, p. 133.

64   Foucault, 'Madness, the Absence of an Oeuvre', *History of Madness,* pp. 541–9.

65   Here Foucault alludes to Artaud's theatre of cruelty in which signs, gestures and screams bring madness in all its crudeness to the stage, beyond the naïve interpretations of psychodrama which combines Artaud and Freud. Foucault, 'Theatrum Philosophicum', *Michel Foucault, Aesthetics*, p. 347.

66   Foucault, *Psychiatric Power,* p. 341.

67   Ibid., p. 340. Although Charcot gave his name to other neurological disorders, it was his engagement in a joust with the other doctors of his time, as well as

with the patients themselves, which established his close historical association with the modern conception of hysteria. It is therefore the warlike, agonistic position that a doctor occupies which links his name to an illness, not a linguistic or semiological connection, an attachment of a proper name to a set of signs, as Deleuze would argue. See Gilles Deleuze, *Masochism, Coldness and Cruelty,* trans. Jean McNeil, New York: Zone Books, 1999, p. 16.

68 Foucault, *Psychiatric Power,* p. 341.

69 Ibid., p. 335.

70 Foucault, 'An Aesthetics of Existence', *Foucault Live,* p. 453.

71 Foucault, *Psychiatric Power,* p. 337. It must be noted that, for Foucault, the interdependence and confrontation between the scientific and the ritualistic takes place at the level of the distinction between the true and the false, not at the level of knowledge, as Lyotard argues in *The Postmodern Condition,* trans. Geoff Bennington and Brian Massumi, Minnesota: University of Minnesota Press, 1984, pp. 18–22; and in *Just Gaming,* trans. Wlad Godzich, Minnesota: University of Minnesota Press, 1999, pp. 32–5, 39–40.

72 Foucault, *The Courage of Truth,* p. 16.

73 Foucault notes that Marxism is a synthesis of heterogeneous forms of veridiction: the prophetic, the scientific and the philosophical. See 'Mèthodologie pour la Connaissance de Monde: Comment se Débarasser du Marxisme', interview with R. Yoshimoto, 25 April, 1978. Reprinted in Michel Foucault, *Dits et Ēcrits. Paris, Gallimard, 1994, Volume IV,* pp. 41–95. In the next chapter we shall show how psychoanalysis eventually performed the same synthesis by combining the prophetic truth of finitude and the unconscious with the scientific endeavour of the analyst. The truth-observation of analysis is simultaneously the ritual of producing the truth of the unconscious in the form of crises.

74 By using the term 'Ubuesque', Foucault alludes to French playwright Alfred Jarry and his play *Ubu Roi.* The word ubuesque describes someone who, by his grotesque, absurd or ludicrous nature, recalls the figure of King Père Ubu, a comically and extravagantly cruel, cynical, or cowardly character. He uses the same term to describe the expert in forensic psychiatry who articulates a discourse below the epistemological level of psychiatry becoming a 'clown', a figure whose power rests precisely on his disqualification as a doctor. See Foucault, *Abnormal*, pp. 11–13.

75 Foucault, 'Nietzsche, Genealogy, History', *Michel Foucault, Aesthetics,* pp. 380–1.

76 '… the hysteric will cease to be a mad person in the asylum; she will acquire

citizenship within a hospital worthy of the name, that is to say, of a hospital which will no longer be entitled to the mere status of an asylum. The hysteric acquires the right to be ill and not mad thanks to the constancy and regularity of her symptoms.' Foucault, *Psychiatric Power*, p. 310.

77   Foucault identifies three 'enemies' of the event: neopositivism, phenomenology and the philosophy of history. 'Thus, three philosophies that fail to grasp the event' (Foucault, 'Theatrum Philosophicum', *Michel Foucault, Aesthetics,* p. 351).

78   Foucault, *Psychiatric Power,* pp. 316–20.

79   It was Joseph Babinski (1857–1932), the famous neurologist, who coined the term, ibid., p. 342.

80   In the final paragraph of his lectures, Foucault's allusion to Freud is clear: 'By breaking down the door of the asylum, by ceasing to be mad so as to become patients, by finally getting through to a true doctor, that is to say, the neurologist, and by providing him with genuine functional symptoms, the hysterics, to their greater pleasure, but doubtless to our greater misfortune, gave rise to the medicine of sexuality', ibid., p. 323.

81   Foucault, 'Theatrum Philosophicum', *Michel Foucault, Aesthetics*, p. 347.

82   For the notion of 'non-positive affirmation', see Michel Foucault, 'A Preface to Transgression', *Michel Foucault, Aesthetics,* p. 74.

83   On logical positivism, see Foucault's comment in Foucault, *The Birth of Biopolitics,* p. 247.

84   Foucault, 'Theatrum Philosophicum', *Michel Foucault, Aesthetics,* p. 359.

85   Baudrillard offers an interesting image of the work of reason as the medium of the pronouncement of the event as a radical break with the rational connection of things: 'The work of reason is not at all to invent connections, relations, meaning. There's too much of that already. On the contrary, reason seeks to manufacture the neutered, to create the indifferent, to demagnetize inseparable constellations and configurations, to make them erratic elements sworn finally to finding their cause or to wandering at random. Reason seeks to break with the incessant cycle of appearances' (Jean Baudrillard, *Fatal Strategies,* trans. Philip Beitchman and W. G. J. Niesluchowski, New York: Semiotext(e), Foreign Agents, 1990, pp. 151–2). See also Derrida: 'it is reason itself that orders us to say this, reason that gives us such a thought of the event, not some obscure irrationalism' (Derrida, *Rogues*, p. 144).

Chapter 6: Foucault and Psychoanalysis:
Traversing the Enlightenment

1   See Hubert Dreyfus' Introduction to Foucault, *Mental Illness and Psychology,*
    p. x; and Joan Copjec, *Read My Desire, Lacan against the Historicists,*
    Massachusetts: MIT Press, 1995, to whose work I shall return later in this
    chapter.

2   Foucault, 'Power Affects the Body', *Foucault Live*, p. 212.

3   Foucault, 'Preface to Anti-Oedipus', *Michel Foucault, Power,* pp. 106–10.

4   Foucault, *Psychiatric Power*, p. 308.

5   Ibid., pp. 321–2.

6   Ibid., pp. 317–20.

7   Foucault, 'The Confession of the Flesh', *Power/Knowledge*, p. 212.

8   Foucault, 'Sexuality and Power', *Religion and Culture*, pp. 116–17.

9   Foucault, *Psychiatric Power*, pp. 166–7, 192.

10 Whereas, as we have shown, according to the Cartesian tradition madness is
    a form of simulation and medical diagnostic truth must be clear and distinct
    enough to codify madness in the concrete terms of mental illness, for Freud
    madness contains a core of truth which is repressed from consciousness, and
    simulation is on the side of diagnosis. See Jacques Derrida, *Archive Fever,
    a Freudian Impression,* trans. Eric Prenowitz, Chicago and London: The
    University of Chicago Press, 1998a, p. 87.

11 For Foucault's discussion of prophecy as I present it here, see Foucault, *The
    Courage of Truth,* pp. 15–16. See also, John Toews, 'Foucault and the Freudian
    Subject, Archeology, Genealogy and the Historicization of Psychoanalysis',
    in Jan Goldstein (ed.), *Foucault and the Writing of History,* Oxford and
    Cambridge: Blackwell, 1994, p. 118. On the affiliation of psychoanalysis with
    prophecy, see the case of Erich Fromm: Michael Maccoby, 'The Two Voices
    of Erich Fromm: The Prophetic and the Analytic', *Society* (July/August 1994);
    and Cortina Mauricio, *A Prophetic Analyst: Erich Fromm's Contributions to
    Psychoanalysis,* Northvale, NJ: Jason Aronson Inc., 1996.

12 Foucault, *The Courage of Truth*, p. 15.

13 On Lacan's contribution to the study of the subject on the basis of the
    unconscious, see Foucault, 'The Subject, Knowledge and the "History of Truth"',
    Remarks on Marx, p. 57.

14 On the notion of the logic of the unconscious see Foucault, 'The Confession of
    the Flesh', *Power/Knowledge,* p. 213.

15 Foucault, *The Order of Things'*, p. 414.

16   Ibid., p. 408.

17   Ibid., pp. 409, 414.

18   Ibid., p. 409.

19   Foucault, 'Christianity and Confession' *The Politics of Truth,* p. 219.

20   Slavoj Žižek, *For They Know Not What They Do, Enjoyment as a Political Factor,*
      London and New York: Verso, 2002, p. 149.

21   Foucault, 'Christianity and Confession', *The Politics of Truth,* p. 219.

22   For the differences between phenomenological hermeneutics and
      psychoanalytic semiology, see Foucault, 'Dream, Imagination and Existence',
      pp. 34–42. See also, Žižek, 'For Lacan, there is no need for psychoanalytic
      hermeneutics — religion does this job quite well … for Lacan, interpretation
      is to be opposed to hermeneutics, since it involves the reduction of meaning
      to the signifier's nonsense, not the unearthing of secret meaning,' in
      'Psychoanalysis this Side of the Hermeneutic Delirium', in Josefina Ayerza
      (ed.), *Lacanian Ink 34,* New York: The Wooster Press, Fall 2009a, pp. 139–40.
      Foucault, however, would oppose this view: 'for Freud the unconscious
      has a language-like structure; but one should bear in mind that Freud is an
      exegete and not a semiologist; he is an interpreter and not a grammarian'
      (Foucault, 'Philosophy and Psychology', *Michel Foucault, Aesthetics*,
      pp. 252–3).

23   Foucault, 'Madness, the Absence of an Oeuvre', *History of Madness*, p. 546. For
      psychoanalysis there is a signifier unlike all others, an empty signifier which
      belongs to the domain of the real: and it is in the symptom where things
      refer to it and converge to attain unity. The symptom is the embodiment of
      the empty signifier. Žižek, *The Sublime Object of Ideology*, pp. 104–10. See
      Foucault's relevant remark on the semiology of psychoanalysis: 'proceeding
      from the apparent elision of the signified in a neurosis to the lacuna in the
      signifying system through which the neurosis finds expression', in Foucault, *The
      Order of Things*, p. 415.

24   Foucault, 'The Social Extension of the Norm', *Foucault Live,* p. 198.

25   Foucault, *Lectures on the Will to Know*, pp. 13, 14.

26   Foucault, *Abnormal*, p. 313.

27   Foucault, *Psychiatric Power*, p. 252.

28   Ibid., pp. 278–82.

29   Foucault, *Abnormal*, p. 158.

30   Foucault, *Order of Things,* p. 409. This is a common accusation leveled against
      psychoanalysis, namely that it tends to treat otherness as nothing more than
      a symptom of reason, reducing it to the dialectic of the unconscious psyche.

See Richard Kearney, *Strangers, Gods and Monsters, Interpreting Otherness,* New York: Routledge: Routledge, 2003, pp. 72–5, 95–100. See also, Roland Littlewood and Maurice Lipsedge, *Aliens and Alienists, Ethnic Minorities and Psychiatry,* London and New York: Routledge, 1997, p. 29. Also, Ian Almond, *The New Orientalists: Postmodern Representations of Islam from Foucault to Baudrillard,* London and New York: I.B. Tauris, 2007, pp. 176–93.

31 Foucault, 'Rituals of Exclusion', *Foucault Live,* p. 69. This is a crucial divergence from psychoanalysis. As Joan Copjec notes, the notion of a 'repressed person' or a 'repressed people' is an 'unpsychoanalytic idea' (Joan Copjec, 'Introduction: Islam & the Exotic Science', in *UMBR(a) Islam,* New York: The State University of New York at Buffalo, 2009, p. 8).

32 Foucault, *Psychiatric Power,* p. 283.

33 Sigmund Freud, *The Psychopathology of Everyday Life,* trans. trans. Anthea Bell, London: Penguin Classics, 2002.

34 Wilhelm Reich, *The Function of the Orgasm*, New York: Farrar, Straus and Giroux, 1979; Wilhelm Reich, *Bioelectrical Investigation of Sexuality and Anxiety*, New York: Farrar, Straus and Giroux, 1984.

35 Foucault, *Abnormal,* p. 311.

36 Elizabeth Roudinesco, *Jacques Lacan: An Outline of a Life and History of a System of Thought*, Columbia: Columbia University Press, 1999, pp. 21–31.

37 Deleuze aptly describes the Lacanian hypothesis of psychosis: 'psychotic foreclosure … operates in the symbolic order as the very level of the 'signifier,' a kind of hole in the structure, an empty place, which causes whatever is foreclosed in the symbolic to reappear as hallucination in the real' (Deleuze, *Two Regimes of Madness,* p. 24).

38 Foucault, *Psychiatric Power,* pp. 166–7.

39 Ibid., pp. 147–64. Michel Foucault, *Wrong-Doing Truth-Telling: The Function of Avowal in Justice*, trans. Stephen W. Sawyer, Fabienne Brion and Bernard E. Harcourt (eds), Chicago: The Chicago University Press, 2014, pp. 11–19. Žižek affirms this difference in *The Fragile Absolute, or, Why is the Christian Legacy Worth Fighting For?*, London and New York: Verso, 2000, p. 98.

40 Alain Badiou, *The Century*, trans. Alberto Toscano, London: Polity Press, 2007.

41 Foucault, *Psychiatric Power,* p. 138.

42 Slavoj Žižek, *The Indivisible Remainder: On Schelling and Related Matters*, London: Verso, 2007, pp. 163–5.

43 Peter Sifneos, 'Is Dynamic Psychotherapy Contraindicated for a Large Number of Patients with Psychosomatic Disease?', *Psychotherapy and Psychosomatics* 21

(1972–3): 133–6. Also, Peter Sifneos, 'Alexithymia: Past and Present', *American Journal of Psychiatry* 153 (1996): 137–42.

44 Otto Kernberg, *Borderline Conditions and Pathological Narcissism,* London and New York: Jason Aronson, Inc., 1995.

45 Monica Greco, *Illness as a Work of Thought,* London and New York: Routledge, 1998. Talal Asad, discussing hypochondriasis and hysteria from an anthropological point of view, remarks that these conditions denote 'private spaces of freedom', 'secret spaces of "sickness"', which 'secular power cannot legally invade' but strives to 'penetrate and identify if it is to defend the equal freedom of each body against internal and external enemies'. Talal Asad, 'Thinking about the Secular Body, Pain and Liberal Politics', *Cultural Anthropology* 26 (4) (2011): 657–75.

46 Nancy Potter, *Mapping the Edges and the In-between: A Critical Analysis of Borderline Personality Disorder*, Oxford: Oxford University Press, 2009.

47 Foucault, *Psychiatric Power*, p. 343.

48 Ibid., p. 343.

49 Ibid., p. 344.

50 Ibid., p. 343. On the attempts of psychoanalysis to bypass the game of truth and falsity posed by the patients, see John Forrester, 'Lying on the Couch', in *Truth Games, Lies, Money, and Psychoanalysis,* Cambridge, MA: Harvard University Press, 1997, pp. 67–109.

51 Ibid., p. 343.

52 Foucault, 'The Social Extension of the Norm', *Foucault Live,* p. 198. Also, 'The Crisis of Medicine or the Crisis of Antimedicine?, *Foucault Studies,* pp. 14–15. Derrida comments on this inherent ambiguity of psychoanalysis in '"To Do Justice to Freud": The History of Madness in the Age of Psychoanalysis', in Peggy Kamuf, Pascale-Anne Brault and Michael Naas (trans.), *Resistances of Psychoanalysis,* Stanford: Stanford University Press, 1998b, pp. 70–132.

53 Baudrillard, *Simulations,* p. 138.

54 Felix Guattari, *Soft Subversions, Texts and Interviews*, *1977–1985*, trans. Chet Wiener and Emily Wittman, New York: Semiotext(e), Foreign Agents, 2009b.

55 D. E. Fujii and I. Ahmed (eds), *The Spectrum of Psychotic Disorders: Neurobiology, Etiology and Pathogenesis'*, Cambridge: Cambridge University Press, 2007; Phillips K. A., D. J. Stein, S. L. Raush et al., 'Should an Obsessive-Compulsive Spectrum Grouping of Disorders be Included in DSM-V?', *Depr Anx* 27 (2010): 528–55. For the notion of spectrality in Freud's system, see Derrida, *Archive Fever, a Freudian Impression,* p. 87.

56 Foucault, 'What Our Present Is', *Foucault Live*, p. 165.

57   The hysterics were fully aware of the prerogatives offered them by their unique
      position in the diagnostic system. They enjoyed a privilege among other
      patients in rendering the doctor dependent on the symptoms that hysteria
      abundantly produced as a response to his demand; they knew well what the
      doctor was looking for and they provided the answers he wanted to hear. They
      made calculated efforts to trap the doctor in their game of truth and falsity
      so as to ensure their discharge from the asylum and their transfer to a proper
      hospital. Foucault, *Psychiatric Power*, pp. 308–16. Their strategy was precisely
      to create a confusion between unconscious hyperconformity and voluntary
      insubordination.

58   Greco, *Illness as a Work of Thought*, p. 44.

59   Potter, *Mapping the Edges and the In-between*.

60   As Judith Butler notes, the break with the epistemological field in which one
      lives is the marker of dissent (see 'What is Critique? An Essay on Foucault's
      Virtue', in *The Political: Readings in Continental Philosophy,* London: Basil
      Blackwell, 2002b, pp. 212–28).

61   Foucault, 'The Subject and Power', *Michel Foucault, Power*, p. 347. Discussing
      the notion of the 'pleb' as a category that stands for the irreducible and
      singular part of social relations, Foucault notes that in dissent there is always
      something that escapes power relations; the 'pleb' is not an entity but an energy
      which retains an exteriority to power, by being at its limits, at the point of its
      possible reversal: 'The measure of the plebs is not so much what stands outside
      relations of power as their limit, their underside, their counter-stroke, that
      which responds to every advance of power by a movement of disengagement'
      (Foucault, 'Power and Strategies', *Power/Knowledge*, p. 138).

62   John Iliopoulos, 'Foucault, Biopower and Psychiatric Racism', in *Materiali
      Foucaultiani* I (2) (July–December 2012a), pp. 83–106.

63   Copjec, 'Introduction: Islam & the Exotic Science', *UMBR(a) Islam,* p. 8.

64   Foucault, 'Schizo-culture: Infantile Sexuality', *Foucault Live,* pp. 156–61.

65   Foucault, *Society Must be Defended,* pp. 9–10. In the same way that Lacan
      called into question the epistemology of psychology on the basis of the
      unconscious and Levi-Strauss transformed sociology as a positive scientific
      enterprise with his linguistic analysis, Althusser challenged a certain
      academism of Marxism by offering a historical and political, rather than
      merely scientific, interpretation of its theory ('The Subject, Knowledge and
      the "History of Truth," *Remarks on Marx*, pp. 57–8, and 'Return to History', in
      Michel Foucault, Aesthetics, p. 422).

66   Foucault, *Society Must be Defended*, p. 182.

67   Foucault's comments on the alleged scientificity of Marxism and
      psychoanalysis are very eloquent as well as caustic. About Marxism, he
      notes: 'Marxism claimed to be a science or at least a general theory of the
      "scientificity" of science: a kind of tribunal of reason which would permit
      us to distinguish what was science from what was ideology. That is, a
      general criterion of the rationality of every form of knowledge' (Foucault,
      'The Subject, Knowledge and the "History of Truth"', *Remarks on Marx*. pp.
      59–60). About the power effects of scientific psychoanalysis, he points out:
      'One becomes the professional analyst of culture, condemned to do nothing
      else, and enraptured by having nothing to do but to speak in place of, or to
      make speak, the silence of the hysterics, of undergraduates, and all of history's
      speechless oppressed, speak.' 'Schizo-culture: Infantile Sexuality', *Foucault Live*,
      p. 160.
68   Foucault, 'Schizo-culture: Infantile Sexuality', *Foucault Live*, pp. 157–60.
      Psychoanalysis has been involved in political struggles within the field of
      psychiatric practice, both as a factor of oppression and a force of liberation.
      Foucault mentions the case of a psychoanalyst in Brazil who was an official
      adviser to the police on torture ('Schizo-culture: On Prisons and Psychiatry',
      Foucault Live, p. 173.). He also notes that, in the same country, psychoanalysts
      have been victims of political oppression, and have participated in political
      activism ('Confinement, Psychiatry, Prison' *Politics, Philosophy, Culture*, p. 193,
      and 'Body/Power', pp. 60–1, *Foucault Live, 1966–1984*). For the involvement
      of psychoanalysis in the political struggles of psychiatry in Latin America, see
      Astrid Rusquellas, 'Psychoanalysis and Social Change: the Latin American
      Experience,' in Carl Cohen and Sami Timini (eds), *Liberatory Psychiatry,
      Philosophy, Politics and Mental Health*, Cambridge: Cambridge University Press,
      2008, pp. 257–74.
69   Foucault, *Society Must be Defended*, p. 6.
70   Ibid., pp. 7–8.
71   Foucault uses the term 'agonistics' to denote combat, struggle and debate
      which for the Greeks was the way of exercising free speech and engaging in
      truthful discourse: '*parrhesia* consists in making use of this true, reasonable,
      agonistic discourse, this discourse of debate, in the field of the *polis*' (Foucault,
      The Government of Self and Others, p. 105). It is this antagonism, rather than
      peaceful dialogue, which determined the status of truth among interlocutors
      in ancient Greece, and later, as Foucault illustrates, in Kant's conception of the
      Enlightenment. For an analysis of the notion of 'agonistics' as a struggle in the

field of communication, see Jean-François Lyotard, *The Postmodern Condition,* pp. 10, 16, 25, and Jean-François Lyotard, *Just Gaming,* p. 81.

72   See Žižek's remark that 'Marxism and Psychoanalysis […] are both struggling theories, not only theories about struggle, but theories which are themselves engaged in a struggle: their histories do not consist in an accumulation of neutral knowledge', in Slavoj Žižek, *In Defense of Lost Causes*, London and New York: Verso, 2009b. p. 3.

73   Foucault, *Society Must be Defended*, pp. 178–9.

74   This confrontation between various regimes of truth is for Foucault an essential element of ancient Greek theatre, evident not only in Oedipus, but also in Euripides' Ion. See Foucault, *The Government of Self and Others*, pp. 152–3. The same confrontation takes place in the everyday reality of the psychiatric institution, whose architectural space constitutes the scene of different and opposed truth regimes. See Foucault, *Psychiatric Power*, pp. 102, 180.

75   Foucault's notion of the 'insurrection of subjugated knowledges' refers to the unsettling effect of local modes of truth on the hegemony of official discourse, Foucault, *Society Must be Defended*, p. 7. This is why none of these local truths is meant to prevail over others. See for example, the effort of narrative psychotherapy to replace the scientific explanation imposed by psychiatric power with the latent, narrative discourse of the patient. See Michael White and David Epston, who, in their work, *The Narrative Means to Therapeutic Ends,* New York: W. W. Norton, 1993, attempt to apply Foucault's concept of 'subjugated knowledges' to a therapeutic context. See also, G. Proctor, *The Dynamics of Power in Counselling and Psychotherapy: Ethics, Politics and Practice,* Monmouth: PCCS Books, 2002; C. Brown and T. Augusta-Scott, *Narrative Therapy: Making Meaning, Making Lives,* London: Sage, 2006; H. O'Grady, *Woman's Relationship with Herself: Gender, Foucault and Therapy,* London: Routledge, 2004. Julie Hepworth disputes the possibility of such a project, insofar as it aspires to transform a subjugated knowledge (in this case, narration) into a unified, continuous and systematic knowledge, thus misconstruing Foucault's agonistic critique (Julie Hepworth, *The Social Construction of Anorexia Nervosa,* London: Sage, 1999, pp. 110–20).

76   Foucault, *The Courage of Truth*, p. 340

Chapter 7: The Psychiatrist as an Intellectual

1   Foucault, 'Discourse on Power', *Remarks on Marx*, p. 157.

2   Foucault, 'Truth and Power', *Michel Foucault, Power*, p. 126.

3   Ibid., p. 127.

4   Michel Foucault, 'A Dialogue between Michel Foucault and Baqir Parham', *Foucault and the Iranian Revolution*, p. 184.

5   Foucault, Truth and Power', *Michel Foucault, Power* p. 127.

6   Michel Foucault, 'Is it Useless to Revolt?', *Foucault and the Iranian Revolution,* p. 266.

7   *History of Madness*; see also, Foucault, 'The Father's "No"', in *Michel Foucault, Aesthetics,* pp. 5–20.

8   Foucault, *The Government of Self and Others*, pp. 35–6.

9   As Foucault notes in an interview, 'I believe that there are instances when it is necessary to resist the phenomenon of integration' (Foucault, *The Risks of Security, in Michel Foucault, Power,* p. 367).

10   Foucault, 'Truth and Power', *Michel Foucault, Power*, p. 132.

11   Ibid., p. 133.

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